

## USC/NORRIS COMPREHENSIVE CANCER CENTER - BUSINESS OFFICE

### Pre-New Hire Process

*Cancer Center Business Office clients, please contact your analyst (Margaret, Nathan, or Mark) for guidance.*

#### Pre-New Hire Process:

**1 On Line Application**

Must be completed by applicants at the same time of Background Screening

Background Screening Forms should be given to the top three applicants **for signatures**. All four forms should be fill out and signed; then fax copy to Employee Recruitment Services for clearance, fax no. 213-740-8784.

**2 University Background Screening Procedure : (7 steps)**

**Pre Screen process may take approximately two weeks to complete**

USC Background Screening Request Cover Sheet

[http://www.usc.edu/bus-affairs/ers/images/USC\\_Screening\\_forms.pdf](http://www.usc.edu/bus-affairs/ers/images/USC_Screening_forms.pdf)

Notification and Authorization to Obtain Information

Disclosure and Authorization

Email Confirmation of Background Screen Completed

**Once background screening is cleared, an offer of employment than can be extended to the applicant.**

**3 Standard Types of Offer Letter**

<http://policies.usc.edu/>

I General

[Standard Letters and Forms](#)

II Position Funded by Contract or Grant

[Standard Letters and Forms](#)

III Specified Term of Employment

[Standard Letters and Forms](#)

**4 Arbitration Agreement**

[Standard Letters and Forms](#)

**5 At-Will Employment Agreement**

[Standard Letters and Forms](#)

**Additional Forms must be completed before the interview at the Cancer Center Business Office. Any uncertainties on forms can be answered at Cancer Center Business Office.**

**Please Note:** The Office of USC Legal Council will accept only original forms and can not have any white out on forms. Corrections can be cross out and initialed. next to it.

**6 Check Off List**

**7 New Employee Orientation Flyer**

**8 Data Form**

**9 Emergency Information**

**10 Staff Equity and Diversity**

**11 I-9 & Supporting Documents**

**12 W-4 2003**

**13 Direct Deposit Form**

**14 DE-4 (optional)**

**15 Biweekly Time Report**

**16 Hazard Communication Worksheet**

## USC Background Screening Request Cover Sheet

**ATTN: USC Hiring Manager: Please complete this form and **fax** it along with:**

1. The attached two disclosure forms signed by the candidate; and
2. The candidate's **signed** online employment application

Please fax to:

Employee Recruitment Services, Background Screening Program: **213-740-8784**.

This program is applicable to all final candidates for employment per university policy 1.4-1. Please note that this includes **one** final candidate per job requisition number. The requesting department must keep the original signed disclosure forms (2) and original signed employment application and forward said documents to Payroll Services along with all other new hire paperwork once the candidate is hired. Please do not extend an offer of employment (verbal or otherwise) until you receive a confirmatory e-mail from Employee Recruitment Services indicating the candidate's suitability for hire. Due to confidentiality, please be advised that any reason(s) for ineligibility will not be released to the hiring department. As soon as the background screening request is received, an e-mail will be sent to the e-mail address you provide on this form and shall serve as confirmation that your request has been received by the Employee Recruitment office and is pending. When the background screen has been completed, you will also be notified via e-mail. *Please note: incomplete forms will delay the screening process. Please type or print neatly so that all information is legible. Thank you!*

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

Final candidate's full name: \_\_\_\_\_

Position for which candidate is being considered (job title): \_\_\_\_\_

Job requisition number: \_\_\_\_\_

Hiring manager's name and extension: \_\_\_\_\_

Hiring manager's e-mail address (where results will be sent): \_\_\_\_\_

Department: \_\_\_\_\_

Please darken below circles to ensure all proper documentation is attached (checklist)

Cover sheet ☐

Disclosure forms (2) ☐

Copy of signed application ☐

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### Screen Confirmation Results

**For Employee Recruitment use only: (not for departmental use)**

Is the above candidate suitable for hire?

Yes

No

Date screen was completed: \_\_\_\_\_ Date results were sent to candidate: \_\_\_\_\_

ERS Screener's initials: \_\_\_\_\_

## DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION



UNIVERSITY OF SOUTHERN CALIFORNIA  
Employee Recruitment Services

In connection with my employment with **UNIVERSITY OF SOUTHERN CALIFORNIA**, I understand that prior to or at any time after my employment commences a Consumer Report may be requested for employment purposes from **InfoLink Screening Services, Inc.** (herein: "**InfoLink**") from public records including; but not limited to, Social Security number, motor vehicle operation history, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that a Credit Report may be requested from Experian (formally TRW) Employment Insight Report, Trans Union Pre-Employment Evaluation Report or Equifax Credit Report for Employment. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1), I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, COLLECTION AGENCY, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY INFOLINK.

In accordance with the Fair Credit Reporting Act, the California Consumers Investigative and Credit Reporting Agencies Acts, and the Federal Trade Commission, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name and address of the agency including their toll free number, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency, and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice, **InfoLink** will supply me with investigative information in my file during normal business hours in person or upon written request, by mail or telephone as permitted by law.

I understand that InfoLink is a Consumer Reporting Agency and it is InfoLink's policy to not be involved in or make hiring decisions or recommendations. InfoLink's privacy policy limits the information it provides to the Subscriber named herein, however I hereby authorize the Subscriber to share such information with parties in interest who have a "need to know" such information to protect them and their employees. Such information may include names and dates of other Subscriber inquiries to InfoLink. InfoLink does not sell or otherwise provide any of the information found in its background investigations to any other party.

I understand that *any* Consumer Report or Investigative Consumer Report requested will be used strictly for employment purposes as defined under the Fair Credit Reporting Act §603(h), as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand that request for workers' compensation information shall be after a conditional job offer is made and may include "any and all" injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. In addition, *any* offer of employment, promotion, or reassignment will be conditional upon the receipt of satisfactory information as required and that to be considered for employment, promotion, or reassignment, I must authorize the procurement of such Report(s). A photographic or faxed copy of this Notification and Authorization shall be as valid as the original.

\*\*\*\*\*  
The following must be filled out completely and signed for your application to be considered  
(Please print)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME/INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

FOR IDENTIFICATION PURPOSES, PLEASE PROVIDE: MONTH OF BIRTH \_\_\_\_\_ (Jan-Dec) DAY of MONTH BORN \_\_\_\_\_ (1-31)  
(PLEASE DO NOT SUPPLY YEAR OF BIRTH - CALL INFOLINK @ (800) 990-4473 Ext. 2321)

HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN ABOVE? [ ] Yes [ ] No

Please List Other Names Used \_\_\_\_\_ Please List Other SS Number Used \_\_\_\_\_

(Please sign)

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

I understand that in California, Minnesota, or Oklahoma if a Consumer Report/Investigative Consumer Report (including any Credit Report) was requested, I may order a copy of such report and it will be mailed to me immediately: ☐ Yes, please send me a copy of my Report



9201 Oakdale Avenue, Suite 100, Chatsworth, CA 91311-6520  
PHN: (818) 990-HIRE \* (800) 990-HIRE \* FAX: (818) 709-2345

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# DISCLOSURE AND AUTHORIZATION

In connection with my application for employment with **UNIVERSITY OF SOUTHERN CALIFORNIA** (herein "**Company**"), I understand that prior to or at any time after my employment commences a Consumer Report may be requested for employment purposes from **InfoLink Screening Services, Inc.** (herein: "**InfoLink**"). I understand that the information in the Report is obtained by accessing public records from various local, state, and federal agencies to the extent permitted by law; which may include; but is not limited to, a Social Security Trace report, driving history report, and criminal history information. In addition, if the position for which I'm seeking or occupy would require protection of "persons at risk", in the sole discretion of **Company**.

In addition, I understand that a search of the "State Sexual Offender Database" (registration of convicted sex offenders) will be conducted and the results reported to the Company if the position for which I am applying or occupy involves or would involve working directly and in an unaccompanied setting with minor children or have supervision or disciplinary power over minor children.

I UNDERSTAND THAT THE COMPANY MAY USE THE INFORMATION OBTAINED FROM THE SEARCHES DESCRIBED ABOVE FOR EMPLOYMENT PURPOSES, INCLUDING, BUT NOT LIMITED TO, HIRING, TERMINATION, ASSIGNMENT, REASSIGNMENT, PROMOTION, RETENTION AND REHIRING, EXCEPT THAT INFORMATION OBTAINED FROM THE SEXUAL OFFENDER IDENTIFICATION LINE WILL BE USED FOR THESE PURPOSES ONLY TO THE EXTENT THE COMPANY DETERMINES THERE IS A NEED TO PROTECT "PERSONS AT RISK," AS THAT TERM IS USED IN CALIFORNIA PENAL CODE SECTION 290.4(E)(1). I HEREBY KNOWINGLY AND VOLUNTARILY AUTHORIZE INFOLINK TO SEEK THE INFORMATION DESCRIBED ABOVE ON BEHALF OF THE COMPANY AND AUTHORIZE THE COMPANY TO USE THAT INFORMATION (INCLUDING INFORMATION OBTAINED FROM THE SEXUAL OFFENDER IDENTIFICATION LINE) AS AUTHORIZED UNDER APPLICABLE LAWS.

I further understand that *any* offer of employment, promotion, or reassignment will be conditional upon the receipt of satisfactory information as determined by the Company and that to be considered for employment, promotion, or reassignment, I must authorize this release form. Further, I understand that I will be provided and must authorize a separate disclosure form as required under the Fair Credit Reporting Act. A photographic or faxed copy of this Release and Authorization Form shall be as valid as the original.

*The Report shall be provided by **INFOLINK***



YOUR HIRING ADVANTAGE

9201 Oakdale Ave., Chatsworth, CA 91311-6520  
PHN: (818/800) 990-HIRE ☎ FAX: (818) 709-2345

.....  
The following must be filled out completely and signed for your application to be considered

(Please print)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME/INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

(Please sign)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
TODAY'S DATE



[Date]

[Name]

[Address]

Re: Offer of Employment

Dear [Candidate Name]:



On behalf of the University of Southern California, I am pleased to offer you the position of [title], in the department of [name of department]. The salary for this [exempt/non-exempt] position is [\$ Amount] per [monthly salary or hourly/weekly rate for some non-exempt employees] [For non-exempt employees: Overtime compensation will be based on your hourly rate of (full-time annual salary ÷ 260 ÷ hours per day; for part-time employees or those on alternative work schedules, please consult your Home Department Coordinator or University Payroll Services for assistance).] Your expected starting date of employment is [starting date; department also may include factors on which this date is contingent]. Please report to [who to report to, location and time to report].

[The department may inform the job candidate of the University Compensation job title or the internal working title, or both.]

Title [University Compensation job title, job code (optional)]

Internal title: [internal working title, if applicable]

Grade: [grade, exempt/non-exempt status]

Percent of time employed: [XX%]

This offer is contingent upon your signing both an agreement that the employment relationship is at-will and an arbitration agreement. Both agreements are enclosed for your signature to be returned to me along with a signed copy of this letter.

[The department also may cite important departmental policies and fulfillment of policies specific to the position (for example, drug testing policies for drivers of university vehicles) in the following paragraph.]

Should you accept this offer, your continued employment will require both satisfactory job performance and compliance with existing and future university and departmental policy. Your compliance with university policy includes the responsibility to respect the highest level of privacy for all members of the university community. Because many of our faculty and staff handle a variety of proprietary and private information concerning colleagues, students, patients, alumni, donors, and others associated with the university, protecting privacy is the responsibility of all university employees. Therefore, a further condition of your employment is that you agree to not disclose or discuss any confidential information obtained from the university, school or departmental records, either during or after employment with the university (unless such disclosure is a normal requirement of your position and has been authorized). This includes, but is not limited to, intellectual property, proprietary trade information, student records, payroll figures, personal data such as employee home addresses, patient records and donor files.

You also will be required to verify your eligibility to work in the United States. Please bring with you on your first day of employment the enclosed I-9 form along with documents that will establish your identity and employment eligibility. Also enclosed is a list of acceptable documents.

At USC Employee Orientation, you will be provided with information about your eligibility for employee benefits, the enrollment process, and the effective dates of coverage. Your enrollment in benefits programs for which you are eligible must be completed within the first 60 days of your employment or you must wait until the next open enrollment period. Your supervisor will schedule you to attend orientation within your first three weeks of employment. You will need to provide certified documentation for any dependents you wish to include in benefits programs. In the meantime, I encourage you to review the Web resources identified below for further information about your employment and the university.

I am pleased that you are joining the university and hope you will find your employment with USC to be a rewarding experience. If you have any questions, please call me at [Phone Number].

Please signify your acceptance of my offer by signing and returning to me the enclosed copy of this letter along with the signed arbitration and at-will agreements [*other signed agreements required by department*] no later than [date].

Sincerely,

[Name]

[Title]

I hereby accept employment on the conditions set forth in this letter.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

Enclosures:    Arbitration Agreement  
                  At-Will Agreement  
                  I-9 Form and List of Acceptable Documents  
                  [*Other Departmental Agreements*]

Web  
Resources:    Employee Benefits [WWW.USC.EDU/BENEFITS](http://WWW.USC.EDU/BENEFITS)  
                  Parking [WWW.USC.EDU/DEPT/TRANSPORTATION](http://WWW.USC.EDU/DEPT/TRANSPORTATION)  
                  Payroll Services [WWW.USC.EDU/PAYROLL/](http://WWW.USC.EDU/PAYROLL/)  
                  University Policies [WWW.USC.EDU/POLICIES](http://WWW.USC.EDU/POLICIES)  
                  USC Home Page [WWW.USC.EDU](http://WWW.USC.EDU)  
                  [*Department Home Page*]



[Date]

[Name]

[Address]

Re: Offer of Employment

Dear [Candidate Name]:



On behalf of the University of Southern California, I am pleased to offer you the position of [title], in the department of [name of department]. The salary for this [exempt/non-exempt] position is [\$\$ Amount] per [monthly salary or hourly/weekly rate for some non-exempt employees] [For non-exempt employees: Overtime compensation will be based on your hourly rate of (full-time annual salary ÷ 260 ÷ hours per day; for part-time employees or those on alternative work schedules, please consult your Home Department Coordinator or University Payroll Services for assistance).] Your expected starting date of employment is [starting date; department also may include factors on which this date is contingent] for a term of employment that ends no later than the date specified below. Please report to [who to report to, location and time to report].

[The department may inform the job candidate of the University Compensation job title or the internal working title, or both.]

Title [job title, job code (optional)]

Internal title: [internal working title, if applicable]

Grade: [grade, exempt/non-exempt status]

Contract/grant name: [contract/grant name]

Start date of employment: [start date]

End date of employment: [end date]

Percent of time employed: [XX%]

This position is funded solely by a research [contract or grant]. Accordingly, your position is contingent upon receipt of the necessary funding under [contract or grant name]. This offer also is contingent upon your signing both an agreement that the employment relationship is at-will and an arbitration agreement. Both agreements are enclosed for your signature to be returned to me along with a signed copy of this letter.

[The department also may cite important departmental policies and fulfillment of policies specific to the position (for example, drug testing policies for drivers of university vehicles) in the following paragraph.]

Should you accept this offer, your continued employment will require both satisfactory job performance and compliance with existing and future university and departmental policy. Your compliance with university policy includes the responsibility to respect the highest level of privacy for all members of the university community. Because many of our faculty and staff handle a variety of proprietary and private information concerning colleagues, students, patients, alumni, donors, and others associated with the university, protecting privacy is the responsibility of all university employees. Therefore, a further condition of your employment is that you agree to not disclose or discuss any confidential

information obtained from the university, school or departmental records, either during or after employment with the university (unless such disclosure is a normal requirement of your position and has been authorized). This includes, but is not limited to, intellectual property, proprietary trade information, student records, payroll figures, personal data such as employee home addresses, patient records and donor files.

You also will be required to verify your eligibility to work in the United States. Please bring with you on your first day of employment the enclosed I-9 form along with documents that will establish your identity and employment eligibility. Also enclosed is a list of acceptable documents.

At USC Employee Orientation, you will be provided with information about your eligibility for employee benefits, the enrollment process, and the effective dates of coverage. Your enrollment in benefits programs for which you are eligible must be completed within the first 60 days of your employment or you must wait until the next open enrollment period. Your supervisor will schedule you to attend orientation within your first three weeks of employment. You will need to provide certified documentation for any dependents you wish to include in benefits programs. In the meantime, I encourage you to review the Web resources identified below for further information about your employment and the university.

According to university policy, no separation pay (severance pay) or layoff benefits are paid to employees hired under contracts or grants. When you leave, your final paycheck will include pay for days worked, and for accrued and unused vacation and personal days. The university does not pay for accrued and unused sick days upon termination. You will receive written notification when funding for your position changes due to a renewal in the grant, a change in grant status or transfer to another grant.

I am pleased that you are joining the university and hope you will find your employment with USC to be a rewarding experience. If you have any questions, please call me at [Phone Number].

Please signify your acceptance of this offer by signing and returning to me the enclosed copy of this letter along with the signed arbitration and at-will agreements [*other signed agreements required by department*] no later than [date].

Sincerely,

[Name]  
[Title]

I hereby accept employment on the conditions set forth in this letter.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date



Enclosures: Arbitration Agreement  
At-Will Agreement  
I-9 Form and List of Acceptable Documents  
[*Other Departmental Agreements*]

Web

Resources: Employee Benefits [www.usc.edu/Benefits](http://www.usc.edu/Benefits)  
Parking [www.usc.edu/dept/transportation/](http://www.usc.edu/dept/transportation/)  
Payroll Services [www.usc.edu/payroll](http://www.usc.edu/payroll)  
University Policies [www.usc.edu/policies](http://www.usc.edu/policies)  
USC Home Page [www.usc.edu](http://www.usc.edu)  
[*Department Home Page*]



[Date]

[Name]

[Address]

Re: Offer of Employment



Dear [Candidate Name]:

On behalf of the University of Southern California, I am pleased to offer you the position of [title], in the department of [name of department]. The salary for this [exempt/non-exempt] position is [\$\$ Amount] per [monthly salary or hourly/weekly rate for some non-exempt employees] [For non-exempt employees: Overtime compensation will be based on your hourly rate of (full-time annual salary ÷ 260 ÷ hours per day; for part-time employees or those on alternative work schedules, please consult your Home Department Coordinator or University Payroll Services for assistance).] Your expected starting date of employment is [starting date; department also may include factors on which this date is contingent] for a term of employment that ends no later than the date specified below. Please report to [who to report to, location and time to report].

[The department may inform the job candidate of the University Compensation job title or the internal working title, or both.]

Title [University Compensation job title, job code (optional)]

Internal title: [internal working title, if applicable]

Grade: [grade, exempt/non-exempt status]

Start date of employment: [start date]

End date of employment: [end date]

Percent of time employed: [XX%]

This offer is contingent upon your signing both an agreement that the employment relationship is at-will and an arbitration agreement. Both agreements are enclosed for your signature to be returned to me along with a signed copy of this letter.

[The department also may cite important departmental policies and fulfillment of policies specific to the position (for example, drug testing policies for drivers of university vehicles) in the following paragraph.]

Should you accept this offer, your continued employment will require both satisfactory job performance and compliance with existing and future university and departmental policy. Your compliance with university policy includes the responsibility to respect the highest level of privacy for all members of the university community. Because many of our faculty and staff handle a variety of proprietary and private information concerning colleagues, students, patients, alumni, donors, and others associated with the university, protecting privacy is the responsibility of all university employees. Therefore, a further condition of your employment is that you agree to not disclose or discuss any confidential information obtained from the university, school or departmental records, either during or after employment with the university (unless such disclosure is a normal requirement of

your position and has been authorized). This includes, but is not limited to, intellectual property, proprietary trade information, student records, payroll figures, personal data such as employee home addresses, patient records and donor files.

You also will be required to verify your eligibility to work in the United States. Please bring with you on your first day of employment the enclosed I-9 form along with documents that will establish your identity and employment eligibility. Also enclosed is a list of acceptable documents.

At USC Employee Orientation, you will be provided with information about your eligibility for employee benefits, the enrollment process, and the effective dates of coverage. Your enrollment in benefits programs for which you are eligible must be completed within the first 60 days of your employment or you must wait until the next open enrollment period. Your supervisor will schedule you to attend orientation within your first three weeks of employment. You will need to provide certified documentation for any dependents you wish to include in benefit programs. In the meantime, I encourage you to review the Web resources identified below for further information about your employment and the university.

According to university policy, no separation pay (severance pay) or layoff benefits are paid to employees hired under a specified term of employment. When you leave, your final paycheck will include pay for days worked, accrued and unused vacation and personal days. The university does not pay accrued sick days upon termination. You will receive written notification if your term of employment is extended.

I am pleased that you are joining the university and hope you will find your employment with USC to be a rewarding experience. If you have any questions, please call me at [Phone Number].

Please signify your acceptance of this offer by signing and returning to me the enclosed copy of this letter along with the signed arbitration and at-will agreements [other signed agreements required by department] no later than [date].

Sincerely,

[Name]

[Title]

I hereby accept employment on the conditions set forth in this letter.

---

Signature of Candidate

---

Date

Enclosures: Arbitration Agreement  
At-Will Agreement  
I-9 Form and List of Acceptable Documents  
[*Other Departmental Agreements*]

Web

Resources: Employee Benefits [www.usc.edu/Benefits](http://www.usc.edu/Benefits)  
Parking [www.usc.edu/dept/transportation/](http://www.usc.edu/dept/transportation/)  
Payroll Services [www.usc.edu/payroll/](http://www.usc.edu/payroll/)  
University Policies [www.usc.edu/policies/](http://www.usc.edu/policies/)  
USC Home Page [www.usc.edu](http://www.usc.edu)  
[*Department Home Page*]

## AGREEMENT TO ARBITRATE CLAIMS

The University and \_\_\_\_\_ ("Employee") agree to the resolution by arbitration of all claims, whether or not arising out of Employee's University employment, remuneration or termination, that Employee may have against the University, its officers, trustees, administrators, employees or agents, in their capacity as such or otherwise, and all claims that the University may have against Employee. Any claim that otherwise would have been decidable in a court of law—whether under local, state or federal law—will instead be decided by arbitration. The claims covered by this Agreement include, but are not limited to, claims for wages or other compensation due; claims for breach of any contract or covenant (express or implied); claims for personal, physical, or emotional injury, or for any tort; claims for discrimination or harassment (including, but not limited to, race, sex, religion, national origin, age, marital status, sexual orientation, or medical condition or disability); claims for benefits; and claims for violation of any federal, state or other governmental law, statute, regulation, or ordinance. The parties agree that final and binding arbitration shall be the sole and exclusive remedy for resolving any claims covered by this Agreement, instead of any court action, which is hereby expressly waived.

Any arbitration conducted pursuant to this Agreement shall be held either in Los Angeles, California, or in the city in which the Employee is or was employed by the University. Any arbitration conducted pursuant to this Agreement shall be in accordance with the then-current employment arbitration rules and procedures of the American Arbitration Association ("AAA") except to the extent such rules conflict with the procedures set forth herein; provided, however, that Employee's share of the arbitrator's fee and the AAA filing fee shall be no more than the then-current filing fee in the California Superior Court or the equivalent state court in the event the arbitration is filed outside California. Employee and the University shall each bear their own costs relating to the arbitration, and their own attorneys' fees. This Agreement supersedes any prior or contemporaneous agreement on the subject, shall survive the termination of Employee's employment, and may only be revoked or modified in a written document that expressly refers to the "Agreement to Arbitrate Claims" and is signed by Employee and the Senior Vice President for Administration of the University.

Employee or the University must give written notice of any claim to the other party within the time prescribed by the state or federal statute of limitations applicable to the claim being made. In the event that multiple claims are asserted by Employee or the University, any claim of which notice is not given within the time prescribed by the applicable state or federal statute of limitations shall be barred. The written notice shall identify and factually describe the nature of all claims asserted, and in case of notice to the University, it shall be directed to the Senior Vice President for Administration.

Employee and the University agree that the arbitrator may provide all appropriate remedies at law and equity. The arbitrator shall afford the parties adequate discovery, including deposition discovery, taking into account their mutual desire to have a fast, cost-effective dispute-resolution mechanism. Except as provided in this Agreement, the Federal Arbitration Act shall govern the interpretation, enforcement and all proceedings pursuant to this Agreement. To the extent that the Federal Arbitration Act either is inapplicable, or held not to require arbitration of a particular claim or claims, California law pertaining to agreements to arbitrate shall apply. The arbitrator shall have the authority to entertain a motion to dismiss and/or a motion for summary judgment by any party and shall apply the standards governing such motions under the Federal Rules of Civil Procedure. The arbitrator shall render an award and a written, reasoned opinion in support thereof. Judgment on the award may be entered in any court having jurisdiction thereof.

Notwithstanding the foregoing, claims that Employee may have for workers' compensation or unemployment compensation benefits are not covered by this Agreement. This Agreement shall not be interpreted to preclude Employee from filing an administrative charge with the Equal Employment Opportunity Commission, the California Department of Fair Employment and Housing, or any similar fair employment practices agency, or with the National Labor Relations Board. If any provision of this Agreement is adjudged to be void or otherwise unenforceable, this shall not affect the validity of the remainder of the Agreement.

**EMPLOYEE UNDERSTANDS AND AGREES THAT BY SIGNING THIS AGREEMENT, HE/SHE AND THE UNIVERSITY ARE GIVING UP THEIR RESPECTIVE RIGHTS TO A JURY TRIAL.**

Agreed:

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

By: \_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Full Name of Employee*

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

By: \_\_\_\_\_  
*University of Southern California (Signature of University Representative)*

\_\_\_\_\_  
*Full Name of University Representative*

**Assistant Dean**

\_\_\_\_\_  
*Official Title of University Representative*

### **At-Will Employment Agreement**

In consideration of my employment with the University of Southern California (the "University"), I understand that my employment and compensation are at-will and therefore can be terminated, with or without cause, at any time without prior notice, at my option or the University's option. This at-will employment relationship will remain in effect throughout my employment with the University unless it is specifically modified by an express written employment agreement executed by an authorized representative of the University and me. I understand that this at-will employment relationship may not be modified by any oral or implied agreement, and that no employee handbook, nor any course of conduct, practice, policy, award, promotion, performance evaluation, transfer, or length of service can modify this at-will relationship.

I acknowledge that I have carefully read this Agreement, that I understand its terms, and that I have entered into this agreement voluntarily. I further acknowledge that I have been given the opportunity to discuss this Agreement with my private legal counsel before signing it and have availed myself of that opportunity to the extent I wish to do so.

Agreed:

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

By: \_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Full Name of Employee)

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

By: \_\_\_\_\_  
University of Southern California  
(Signature of University Representative)

\_\_\_\_\_  
(Full Name of University Representative)

\_\_\_\_\_  
(Title of University Representative)

School of Medicine  
Cancer Center  
1503-12-0000

New Hire/ Rehire Staff Document Check off List

Please note: This check-off list is provided to assist you in gathering all the required documents for new or rehire staff.

Type of Document:

_____	USC Background Screening Procedure (7 steps)
_____	USC Background Screening Request Cover Sheet
_____	Notification and Authorization to Obtain Information
_____	Disclosure and Authorization
_____	Email Confirmation of Background Screen Completed
_____	
_____	New Employee Orientation Flyer for employee information
_____	Data Form signed by employee, Payroll Coord. & Sr. Business Officer
_____	Emergency Information
_____	Arbitration Agreement signed by employee and Sr. Business Officer
_____	At-Will Employment Agreement signed by employee & Sr. Business Officer
_____	PS130 signed by Sr. Business Officer
_____	Job Description signed by employee and supervisor
_____	Job Questionnaire signed by supervisor
_____	Staff Equity and Diversity signed by supervisor
_____	On Line Application ( ONLY ) signed by employee
_____	I-9 & supporting Documents signed by employee and Payroll Coordinator
_____	W-4 signed by employee
_____	Offer Letter signed by employee and supervisor
_____	Direct Deposit Form signed by employee
_____	DE-4 (optional )
_____	Biweekly Time Report for Non Exempt Staff
_____	Hazard Communication Worksheet

**USC/Norris Cancer Center  
NEW EMPLOYEE ORIENTATION MEETING**

**TUESDAYS**

**8:45 AM to 12:00 Noon**

**KEITH ADMINISTRATION      ROOM 308**

**NEW EMPLOYEES WORKING WITH PATIENTS WILL  
RETURN FROM 1:00 TO 3:00 FOR ADDITIONAL  
INFORMATION**

**NOTE: NEW HIRES WORKING IN OUR RESEARCH LABS  
MUST ATTEND LABORATORY SAFETY TRAINING TO  
INCLUDE BIOHAZARD MATERIALS, RADIATION  
PROTECTION AND CHEMICAL SAFETY**

**AT THE MEETING YOU WILL BE GIVEN AN  
APPOINTMENT TO RETURN ON THURSDAY TO SIGN UP  
FOR BENEFITS.**

**NEW HIRES ARE REQUIRED TO ATTEND ORIENTATION  
AND ENROLL FOR THEIR BENEFITS WITHIN 60 DAYS  
OF HIRE. OTHERWISE MAY NOT ENROLL UNTIL THE  
OPEN ENROLLMENT PERIOD**



UNIVERSITY PAYROLL SERVICES  
**EMPLOYEE DATA FORM**

Name: _____	Employee #: _____
Address: _____ _____	Social Sec # _____
Phone: 0 _____	<b>ACTION</b> (check one)
Prior Name: _____	<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Promotion <input type="checkbox"/> Reclassification <input type="checkbox"/> Late Pay <input type="checkbox"/> PCR <input type="checkbox"/> OTHER: _____

Home Department #: _____	Department Name: _____
Work Address: _____	Phone: _____ Mail Code: _____
Marital Status: _____	Dependents: _____ Disab: _____ Union: _____
Date of Birth: _____	Gender: _____ Veteran: _____
Ethnic: _____	Country of Citizenship: _____

Hire Date: _____	Job Code: _____	Job Title: _____
Perm/Flrnp: _____	Pay Frequency: _____	Start Date: _____
Reg/Cas: _____	Pay Option: _____	Annual FTE: _____
Bene Elig: _____	Percent: _____	Fiscal/Acad: _____
Hours per Week: _____	Staff: _____	Faculty: _____ Student: _____

Em Line	Account Number	Obj Code	Regular Rate	Start Date	End Date	Pct	Irreg Rate	Amt to Pay

Reason: \_\_\_\_\_ NET PAY DUE: \_\_\_\_\_

Em Line	Account Number	Amount

Batch Number: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

HOME DEPARTMENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYEE SIGNATURE (NEW/REHIRE) \_\_\_\_\_ DATE \_\_\_\_\_

DEAN/DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_  
04/98

PAYROLL SERVICES \_\_\_\_\_ DATE \_\_\_\_\_

### EMERGENCY INFORMATION

Person to contact in ~~case of~~ emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_

---

### DEPENDENT INFORMATION

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ USC Student? -
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ USC Student? -
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ USC Student? -
- 

### EDUCATION INFORMATION (faculty only)

List ~~earned~~ degrees, do not list work in progress:

Institute: \_\_\_\_\_ Degree: \_\_\_\_\_  
Major: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

Institute: \_\_\_\_\_ Degree: \_\_\_\_\_  
Major: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

Institute: \_\_\_\_\_ Degree: \_\_\_\_\_  
Major: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

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### COMMENTS

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# UNIVERSITY OF SOUTHERN CALIFORNIA STAFF EQUITY AND DIVERSITY DATA FORM

In accordance with USC policy and in compliance with Federal laws and regulations, this form must be completed for all new or transferred regular full-time employees, with the exception of full-time faculty expected to be employed for more than three months (in which case, the Faculty Pre-Recruitment and Equity and Diversity Data Form should be used). Please sign and send the three top copies of this form with all employment papers to your Department Coordinator for processing.

POSITION FILLED: ..... PERSONNEL REQUEST# .....

HIRE ..... PROMOTION. .... TRANSFER.. ..... GRADE. ....

DEPARTMENTNAME & NUMBER: ..... hours per week  
or % of time. ....

IF THERE IS A MINORITY OR WOMAN UNIVERSITY GOAL FOR THIS POSITION AND A MINORITY OR WOMAN WAS **NOT** SELECTED, PLEASE EXPLAIN: .....

**LIST ~~ALL~~ CANDIDATES INTERVIEWED:**

[illegible]**HIRE/NO HIRE**

- 1 HIRED - Best Education ☐
- 2 HIRED - Best Employment History ☐
- 3 HIRED - Best Qualified ☐
- 4 HIRED - Previous USC Experience
- 5 NOT HIRED - Applicant **Declined**
- 6 NOT HIRED - Less Qualified
- 7 NOT HIRED - No Degree
- 8 NOT HIRED - No Show for Interview
- 9 NOT HIRED - Not Enough Experience
- 10 NOT HIRED - Not Qualified

## ETHNICITY

- 1 Black/African American ☐  
2 Asian/Pacific Islander ☐  
3 American Indian ☐  
4 Hispanic  
5 Other: \_\_\_\_\_  
6 White/Caucasian (Not Hispanic)

## VETERAN STATUS

- 1 Vietnam Veteran ☐  
2 Disabled Veteran ☐  
3 Other Veteran ☐  
4 Non-Veteran

## DISABILITY

- 1 Not Disabled ☐  
2 Hearing ☐  
3 Sight ☐  
4 Mobility/Orthopedic  
5 Circulatory  
8 Other: \_\_\_\_\_

### MEANS OF RECRUITMENT

- Recruitment:**
- 1 USC Jobs Bulletin ☐
  - 2 Word of Mouth ☐
  - 3 USC Employment Office ☐
  - 4 Advertisement: \_\_\_\_\_
  - 5 State Employment Office
  - 6 Executive Search: \_\_\_\_\_
  - 7 Other: \_\_\_\_\_

Date **Job** Opened. . . . . Date **Job** Filled . . . . .

Hiring Official's Signature ..... Title .....

WHITE COPY TO PAYROLL

YFI LOW COPY TO EQUITY AND DIVERSITY OFFICE

PINK COPY TO DEPARTMENT

## Employment Eligibility Verification

### INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1 - Employee.** All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1.

**Section 2 - Employer.** For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. However, employers are still responsible for completing the I-9.

**Section 3 - Updating and Reverification.** Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers CANNOT specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
  - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
  - record the document title, document number and expiration date (if any) in Block C, and complete the signature block.

**Photocopying and Retaining Form I-9.** A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the **INS Handbook for Employers, (Form M-274)**. You may obtain the handbook at your local INS office.

**Privacy Act Notice.** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

**Reporting Burden.** We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9  
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO INS**

Form I-9 (Rev. 11-21-91)N

## LISTS OF ACCEPTABLE DOCUMENTS

LIST A		LIST B		LIST C
Documents that Establish Both Identity and Employment Eligibility	OR	Documents that Establish Identity	AND	Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address		1. U.S. social security card issued by the Social Security Administration ( <i>other than a card stating it is not valid for employment</i> )
4. Unexpired foreign passport, with <i>I-551</i> stamp or attached <i>INS Form 1-94</i> indicating unexpired employment authorization		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address		2. Certification of Birth Abroad issued by the Department of State ( <i>Form FS-545 or Form DS-1350</i> )
5. Alien Registration Receipt Card with photograph ( <i>INS Form I-151 or I-551</i> )		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
6. Unexpired Temporary Card ( <i>INS Form I-688</i> )		4. Voter's registration card		4. Native American tribal document
7. Unexpired Employment Authorization Card ( <i>INS Form I-688A</i> )		5. U.S. Military card or draft record		5. U.S. Citizen ID Card ( <i>INS Form I-797</i> )
		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States ( <i>INS Form I-779</i> )
		7. U.S. Coast Guard Merchant Mariner Card		7. Unexpired employment authorization document issued by the INS ( <i>other than those listed under List A</i> )
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age <b>18</b> who are unable to present a document listed above:		
10. Unexpired Employment Authorization Document issued by the <b>INS</b> which contains a photograph ( <i>INS Form I-688B</i> )		10. School record or report card		
		11. Clinic, doctor or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part **8** of the Handbook for Employers (**M-274**)

## Employment Eligibility Verification

Please 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 eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

### Section 1. Employee Information and Verification.

To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
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):	
		<input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A_____ <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

**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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

### Section 2. Employer Review and Verification.

To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____				
Expiration Date (if any): ____/____/____				

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)
University of Southern California	837 W. 37th Place, Los Angeles 90089-1140	

### Section 3. Updating and Reverification.

To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____ Document #: _____ Expiration Date (if any): ____/____/____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 (month/day/year)

# Form W-4 (2003)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**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 2003 expires February 16, 2004. See **Pub. 505**, Tax Withholding and Estimated Tax.

**Note:** You cannot claim exemption from withholding if: (a) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. **However, you may claim fewer (or zero) allowances.**

**Head of household.** Generally, you may 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 line **E** below.

**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. 919**, How Do I Adjust My Tax Withholding? 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.

**Two earners/two 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.

**Nonresident alien.** If you are a nonresident alien, see the **Instructions for Form 8233** before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2003. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

## Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	A	_____						
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td><td rowspan="3">. . . . .</td><td rowspan="3">B _____</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</td></tr></table>	• You are single and have only one job; or	}	. . . . .	B _____	• 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 \$1,000 or less.		
• You are single and have only one job; or	}	. . . . .				B _____			
• 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 \$1,000 or less.									
C	Enter "1" for your <b>spouse</b> . 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 <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	D	_____						
E	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	E	_____						
F	Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	F	_____						
<b>(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</b>									
G	<b>Child Tax Credit</b> (including additional child tax credit): <ul style="list-style-type: none"><li>• If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$65,000 if married), enter "1" for each eligible child plus <b>1 additional</b> if you have three to five eligible children or <b>2 additional</b> if you have six or more eligible children.</li><li>• If your total income will be between \$42,000 and \$80,000 (\$65,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children.</li></ul>	G	_____						
H	Add lines A through G and enter total here. <b>Note:</b> This may be different from the number of exemptions you claim on your tax return. ▶	H	_____						
For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</td><td rowspan="3">}</td><td rowspan="3">▶</td><td rowspan="3">H _____</td></tr><tr><td>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$35,000, see the <b>Two-Earner/Two-Job Worksheet</b> on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>				• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	}	▶	H _____	• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$35,000, see the <b>Two-Earner/Two-Job Worksheet</b> on page 2 to avoid having too little tax withheld.	• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.
• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	}	▶	H _____						
• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$35,000, see the <b>Two-Earner/Two-Job Worksheet</b> on page 2 to avoid having too little tax withheld.									
• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.									

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0010 <b>2003</b>	
▶ <b>For Privacy Act and Paperwork Reduction Act Notice, see page 2.</b>					
1 Type or print your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		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 new card. ▶ <input type="checkbox"/>	
City or town, state, and ZIP code		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 2003, and I certify that I meet <b>both</b> of the following conditions for exemption: <ul style="list-style-type: none"><li>• Last year I had a right to a refund of <b>all</b> Federal income tax withheld because I had <b>no</b> tax liability and</li><li>• This year I expect a refund of <b>all</b> Federal income tax withheld because I expect to have <b>no</b> tax liability.</li></ul> If you meet both conditions, write "Exempt" here . . . . . ▶				7 _____	
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.					
<b>Employee's signature</b> (Form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number	

**Deductions and Adjustments Worksheet****Note:** Use this worksheet **only** if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2003 tax return.

**1** Enter an estimate of your 2003 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2003, you may have to reduce your itemized deductions if your income is over \$139,500 (\$69,750 if married filing separately). See **Worksheet 3** in Pub. 919 for details.) . . . **1** \$ \_\_\_\_\_

**2** Enter:  $\left\{ \begin{array}{l} \$7,950 \text{ if married filing jointly or qualifying widow(er)} \\ \$7,000 \text{ if head of household} \\ \$4,750 \text{ if single} \\ \$3,975 \text{ if married filing separately} \end{array} \right\}$  . . . **2** \$ \_\_\_\_\_

**3** **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . **3** \$ \_\_\_\_\_

**4** Enter an estimate of your 2003 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . **4** \$ \_\_\_\_\_

**5** **Add** lines 3 and 4 and enter the total. Include any amount for credits from **Worksheet 7** in Pub. 919 . . . **5** \$ \_\_\_\_\_

**6** Enter an estimate of your 2003 nonwage income (such as dividends or interest) . . . **6** \$ \_\_\_\_\_

**7** **Subtract** line 6 from line 5. Enter the result, but not less than "-0-" . . . **7** \$ \_\_\_\_\_

**8** **Divide** the amount on line 7 by \$3,000 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-Earner/Two-Job 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-Earner/Two-Job Worksheet****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 . . . **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 4-9 below to calculate 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 2003. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2002. 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: Two-Earner/Two-Job Worksheet**

Married Filing Jointly				All Others			
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$4,000 . . . . .	0	44,001 - 50,000 . . . . .	8	\$0 - \$6,000 . . . . .	0	75,001 - 100,000 . . . . .	8
4,001 - 9,000 . . . . .	1	50,001 - 60,000 . . . . .	9	6,001 - 11,000 . . . . .	1	100,001 - 110,000 . . . . .	9
9,001 - 15,000 . . . . .	2	60,001 - 70,000 . . . . .	10	11,001 - 18,000 . . . . .	2	110,001 and over . . . . .	10
15,001 - 20,000 . . . . .	3	70,001 - 90,000 . . . . .	11	18,001 - 25,000 . . . . .	3		
20,001 - 25,000 . . . . .	4	90,001 - 100,000 . . . . .	12	25,001 - 29,000 . . . . .	4		
25,001 - 33,000 . . . . .	5	100,001 - 115,000 . . . . .	13	29,001 - 40,000 . . . . .	5		
33,001 - 38,000 . . . . .	6	115,001 - 125,000 . . . . .	14	40,001 - 55,000 . . . . .	6		
38,001 - 44,000 . . . . .	7	125,001 and over . . . . .	15	55,001 - 75,000 . . . . .	7		

**Table 2: Two-Earner/Two-Job Worksheet**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$50,000 . . . . .	\$450	\$0 - \$30,000 . . . . .	\$450
50,001 - 100,000 . . . . .	800	30,001 - 70,000 . . . . .	800
100,001 - 150,000 . . . . .	900	70,001 - 140,000 . . . . .	900
150,001 - 270,000 . . . . .	1,050	140,001 - 300,000 . . . . .	1,050
270,001 and over . . . . .	1,200	300,001 and over . . . . .	1,200

**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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. **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 also 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, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and 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 time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 46 min.; **Learning about the law or the form**, 13 min.; **Preparing the form**, 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send the tax form to this address. Instead, give it to your employer.





**UNIVERSITY OF SOUTHERN CALIFORNIA**  
**University Payroll Services**

**DIRECT DEPOSIT APPLICATION FORM**

☐ Initial Application

☐ Change Existing Information

**Employee Name:** \_\_\_\_\_  
Last First M.I.

**Social Security #** \_\_\_\_\_

**Department Number or Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

- You may split your deposit among several accounts and/or institutions. The totals must equal 100%.
- You **must** attach a ***Voided Check*** to this form for each checking account you wish to deposit to, and a deposit slip for each savings account
- You must complete a "Cancellation of Direct Deposit" form ***before*** closing any designated Direct Deposit account. Failure to do so will result in delays in making your funds available to you.
- Your account number and all other information must be complete and accurate.
- Your first Direct Deposit will take a minimum of **3-4** weeks to process in order that all data may be verified. Your check will continue to be routed as per current instructions during this period. Payroll Services will pre-notify your bank of your Direct Deposit; we encourage you to notify them as well.
- The direct deposit instructions will apply to all "system generated" checks. All "out of cycle" payments will be made via hand drawn check.

Deposit my **net** earnings as follows:

Institution Name	Account Number	Account Type (checking or savings)	Percentage (whole number only)

*I hereby authorize the University of Southern California to initiate deposits (credits) and/or corrections to the prior deposits (previous credits) to the financial institution(s) indicated. The financial institution is authorized to credit and/or correct the amounts to my accounts. **This authority is to remain in full force and effect until either I revoke it by giving at least 20 days prior written notice to the University of Southern California, University Payroll Services, or, upon one full quarter of inactivity or termination of my employment***

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

This form **will not** be processed without your signature.

**Prenote by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PS Disp by** \_\_\_\_\_ **Date** \_\_\_\_\_

**DE 4**

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Status <input type="checkbox"/> SINGLE or MARRIED (with two or more incomes)
City, State and ZIP Code	Withholding Allowances <input type="checkbox"/> MARRIED (one income)
	<input type="checkbox"/> HEAD OF HOUSEHOLD

1. Number of allowances you are claiming for this job from the Regular Withholding Allowances Worksheet A ..... 1 \_\_\_\_\_
2. Number of allowances from the Estimated Deductions Worksheet B ..... 2 \_\_\_\_\_
3. Additional amount to be withheld each pay period (if employer agrees) Worksheet C ..... 3 \_\_\_\_\_

If employer does not agree, you may file quarterly estimates on Form 540ES with the Franchise Tax Board.

**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 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 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 withholding** purposes only. You should complete this form if either:

- (1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California personal income tax withholding than you claim for federal income tax withholding or,
- (2) You claim additional allowances for estimated deductions.

The DE 4 should be used to properly compute the amount of taxes to be withheld from your wages to accurately reflect your state tax situation.

**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 personal income tax withholding tables.

**If you rely on the number of withholding allowances you claim on your Federal 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 W-4 and/or DE 4 takes effect, compare the dollar amounts that are being withheld with your estimated total annual tax. You can use the worksheets in this DE 4 for California withholding and the Internal Revenue Service (IRS) Publication 919 for federal withholding calculations.

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

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

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 1-800-852-5711

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

FOR THE HEARING IMPAIRED 1-800-822-6268

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**NOTIFICATION:** Your employer is required to send a copy of your DE 4 to the Employment Development Department (EDD) with his or her next quarterly tax return **if** Form W-4 is not reportable to the IRS **and** you claim more than 10 withholding allowances on the DE 4.

IF THE IRS INSTRUCTS YOUR EMPLOYER TO WITHHOLD FEDERAL INCOME TAX BASED ON A CERTAIN WITHHOLDING STATUS, YOUR EMPLOYER **IS** REQUIRED TO USE THE SAME WITHHOLDING STATUS FOR STATE INCOME TAX WITHHOLDING **IF** YOUR WITHHOLDING ALLOWANCES FOR STATE PURPOSES MEET THE REQUIREMENTS LISTED UNDER "NOTIFICATION." IF YOU FEEL THAT THE FEDERAL DETERMINATION IS NOT CORRECT FOR STATE WITHHOLDING PURPOSES, YOU MAY REQUEST A REVIEW.

To do so, write to:

Franchise Tax Board  
Sacramento CA 95867

Your letter should contain the basis of your request for review. You will have the burden of showing the federal determination incorrect for state withholding purposes. The Franchise Tax Board (FTB) will limit its review to that issue. FTB will notify both you and your employer of its findings. Your employer is then required to withhold state income tax as instructed by FTB. In the event FTB or IRS finds there is no reasonable basis for the number of withholding exemptions that you claimed on your W-4/DE 4, you may be subject to a penalty.

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

## INSTRUCTIONS — 1 — ALLOWANCES

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

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

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

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

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

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

### WORKSHEET A

### REGULAR WITHHOLDING ALLOWANCES

- |  |           |
|--|-----------|
| (A) Allowance for yourself — enter 1 .....   | (A) _____ |
| (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 .....             | (B) _____ |
| (C) Allowance for blindness — yourself — enter 1 .....   | (C) _____ |
| (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 ..... | (D) _____ |
| (E) Allowance(s) for dependent(s) — do not include yourself or your spouse .....                     | (E) _____ |
| E-1. Please enter the number of dependents for which you are claiming allowances: _____              |           |
| E-2. Please multiply the number entered in E-1 by 3 and enter on line E _____                        |           |
| (F) Total — add lines (A) through (E) above .....  | (F) _____ |

## INSTRUCTIONS — 2 — ADDITIONAL WITHHOLDING ALLOWANCES

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use this worksheet to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. If you have a complex tax situation or numerous itemized deductions use last year's FTB 540 form as a model to calculate this year's withholding amounts.

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

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

### WORKSHEET B

### ESTIMATED DEDUCTIONS

1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the Schedules in the FTB 540 form .....
2. Enter \$5,622 if head of household or qualifying widow(er) with dependent(s) .....  
    \$2,811 if married filing jointly .....  
    \$2,811 if single .....  
    \$2,811 if married filing separately .....
3. Subtract line 2 from line 1, enter difference .....
4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) .....
5. Add line 4 to line 3, enter sum .....
6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) .....
- If line 5 is greater than line 6 (if less, see below);
7. Subtract line 6 from line 5, enter difference .....
8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number .....  
    Enter this number on line 2 of the DE 4. Complete Worksheet C, if needed.
- If line 6 is greater than line 5;
9. Enter amount from line 6 (nonwage income) ..... 9 \_\_\_\_\_
10. Enter amount from line 5 (deductions) ..... 10 \_\_\_\_\_
11. Subtract line 10 from line 9, enter difference ..... 11 \$ \_\_\_\_\_  
    Complete Worksheet C

\*Recent legislation increased allowances for dependents but not other exemption allowances.  
*Dependent allowances are approximately equal to three allowances.*

**WORKSHEET C**
**TAX WITHHOLDING AND ESTIMATED TAX**

1. Enter estimate of total wages for tax year 2001 ..... 1. \_\_\_\_\_
2. Enter estimate of nonwage income (line 6 of Worksheet B) ..... 2. \_\_\_\_\_
3. Add line 1 and line 2. Enter sum ..... 3. \_\_\_\_\_
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest) .... 4. \_\_\_\_\_
5. Enter adjustments to income (line 4 of Worksheet B) ..... 5. \_\_\_\_\_
6. Add line 4 and line 5. Enter sum ..... 6. \_\_\_\_\_
7. Subtract line 6 from line 3. Enter difference ..... 7. \_\_\_\_\_
8. Figure your tax liability for the amount on line 7 by using the 2001 tax rate schedules ..... 8. \_\_\_\_\_
9. Enter personal exemptions (line F of Worksheet A x \$75.00) ..... 9. \_\_\_\_\_
10. Subtract line 9 from line 8. Enter difference ..... 10. \_\_\_\_\_
11. Enter any tax credits. (See FTB Form 540) ..... 11. \_\_\_\_\_
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability ..... 12. \_\_\_\_\_
13. Calculate the tax withheld and estimated to be withheld during 2001. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2001. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2001 ..... 13. \_\_\_\_\_
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld ..... 14. \_\_\_\_\_
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 3 of the DE 4 ..... 15. \_\_\_\_\_

**NOTE:** Your employer is not required to withhold the additional amount requested on line 3 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540ES with the FTB to avoid a penalty.

*THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2001 ONLY*

**SINGLE OR MARRIED  
FILING SEPARATELY**

IF THE TAXABLE INCOME IS...		THE COMPUTED TAX IS...		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$5,459 ...	1.0%	\$0	\$0.00
\$5,459	\$12,939 ...	2.0%	\$5,459	\$54.59
\$12,939	\$20,421 ...	4.0%	\$12,939	\$204.19
\$20,421	\$28,348 ...	6.0%	\$20,421	\$503.47
\$28,348	\$35,826 ...	8.0%	\$28,348	\$979.09
\$35,826 and over ...		9.3%	\$35,826	\$1,577.33

**MARRIED FILING JOINT RETURN OR QUALIFYING  
WIDOW(ER) WITH DEPENDENT CHILD**

IF THE TAXABLE INCOME IS...		THE COMPUTED TAX IS...		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$10,918 ...	1.0%	\$0	\$0.00
\$10,918	\$25,878 ...	2.0%	\$10,918	\$109.18
\$25,878	\$40,842 ...	4.0%	\$25,878	\$408.38
\$40,842	\$56,696 ...	6.0%	\$40,842	\$1,006.94
\$56,696	\$71,652 ...	8.0%	\$56,696	\$1,958.18
\$71,652 and over ...		9.3%	\$71,652	\$3,154.66

**HEAD OF HOUSEHOLD**

IF THE TAXABLE INCOME IS...		THE COMPUTED TAX IS...		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$10,921 ...	1.0%	\$0	\$0.00
\$10,921	\$25,878 ...	2.0%	\$10,921	\$109.21
\$25,878	\$33,358 ...	4.0%	\$25,878	\$408.35
\$33,358	\$41,285 ...	6.0%	\$33,358	\$707.55
\$41,285	\$48,765 ...	8.0%	\$41,285	\$1,183.17
\$48,765 and over ...		9.3%	\$48,765	\$1,781.57

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

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES

1-800-852-5711

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES  
(Not Toll Free)

(916) 845-6500

FOR THE HEARING IMPAIRED

1-800-822-6268

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

## Biweekly Time Report

☐ **Non-Exempt Staff Employee**

☐ **Student**      ☐ **Work-Study**

**Name :**

**Payroll Number:****Account No. :**

**Department:**

**Period Covered:** \_\_\_\_\_ to \_\_\_\_\_

[illegible]

Hours are reported and paid in the nearest tenth of an hour as follows:

1-6 minutes=.1  
7-12 minutes=.2  
13-18 minutes=.3  
19-24 minutes=.4  
25-30 minutes=.5  
31-36 minutes=.6  
37-42 minutes=.7  
43-48 minutes=.8  
49-54 minutes=.9

Refer to the University Policies Web page for policies concerning overtime compensation and required rest and meal breaks.

**policies.usc.edu**

	Total Hours			
--	-------------	--	--	--

I certify that the hours recorded are an accurate record of hours worked and that I took the meal and rest periods I am entitled to by law.

---

Employee or Student Signature/ Date

I certify that this time report is an accurate statement of hours worked.

Supervisor Signature/Date

<b>For Dept. Use Only</b>	Hourly Rate				<b>Grand Total</b>
	Totals				

\*Hours worked excludes unpaid meal breaks and includes paid rest breaks.

# Hazard Communication Worksheet for New Employees

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

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Chemical and physical hazards  
with which I will be working:**

**Hazards that this material presents:**

ex) \_\_\_\_\_ Ethanol \_\_\_\_\_

\_\_\_\_\_ Flammable \_\_\_\_\_

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

4) \_\_\_\_\_

\_\_\_\_\_

5) \_\_\_\_\_

\_\_\_\_\_

MSDS's for these chemicals are stored: \_\_\_\_\_

**Specific protective equipment or work practices to be used with the above chemicals:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_