

**DELANO UNION SCHOOL DISTRICT**  
**Human Resources Department**  
**1405 12<sup>th</sup> Avenue**  
**Delano, CA 93215**

Substitute Teacher Applicant – Please submit the following items with your completed application packet:

- ☐ Copy of Driver's License
- ☐ Copy of Social Security Card
- ☐ Paperwork provided to you by KCSOS
  - Copy of credential / Info Necessary for sub teaching form / Temporary County Certificate
  - Fingerprint Clearance
  - TB
  - Mandated certificates

**\*Substitute\***

DATE \_\_\_\_\_

**DELANO UNION SCHOOL DISTRICT  
HUMAN RESOURCES EMERGENCY INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_ CELL PHONE: (    ) \_\_\_\_\_

IN CASE OF EMERGENCY, CALL:

1. NAME: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_ RELATIONSHIP TO EMPLOYEE: \_\_\_\_\_

2. NAME: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_ RELATIONSHIP TO EMPLOYEE: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

KNOWN MEDICAL CONDITIONS / ALLERGIES: \_\_\_\_\_

*\*Please note, this information is for emergency contact purposes only.*

# **DELANO UNION SCHOOL DISTRICT**

## **FEDERAL DRUG-FREE WORKPLACE ACT OF 1988**

The Federal Drug-Free Workplace Act of 1988 requires that ALL employees read and sign the following statement “as a prerequisite to” employment, and as a condition of continued employment.

The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance (drug) is prohibited in all of the workplace of this District. Violation of this prohibition may result in disciplinary action, up to and including dismissal. In addition, violation may constitute violation of the California Education Code and other state laws and may result in immediate suspension without pay in the event that criminal charges are filed.

“As a condition of being employed to work under any federal grant received by this District, employees are required to abide by the terms of this statement. These employees are further required to notify their supervisors [or the Personnel Department or the Superintendent] of any conviction for criminal drug statute violation occurring in the workplace within five days after such conviction.”

I acknowledge that I have read the above statement and its contents. I will abide by the terms contained therein.

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

- 11 ☐ Member  
 02 ☐ Non-member  
 61 ☐ Retired  
 81 ☐ Elect into STRS (form attached)

Date Received at District \_\_\_\_\_

OFFICE OF JOHN G. MENDIBURU  
 KERN COUNTY SUPERINTENDENT OF SCHOOLS

**CERTIFICATED RATE REQUEST**

FULL NAME

\_\_\_\_\_  
 Last First M.I./Maiden SOCIAL SECURITY # \_\_\_\_\_  
 BIRTHDATE \_\_\_\_\_  
 SEX: ☐ M ☐ F

**RETIREMENT STATUS**

This questionnaire is required to determine your current STRS status. Please answer all questions accurately and completely. An incorrect status can result in mandatory collection of contributions due STRS.

List previous CALIFORNIA teaching, and show County:

(month) \_\_\_\_\_, (year) \_\_\_\_\_ through (month) \_\_\_\_\_, (year) \_\_\_\_\_ in \_\_\_\_\_ County  
 (month) \_\_\_\_\_, (year) \_\_\_\_\_ through (month) \_\_\_\_\_, (year) \_\_\_\_\_ in \_\_\_\_\_ County

1. Do you currently have funds on deposit with STRS? Answer NO if you have recently applied for a refund. ☐ Yes ☐ No  
 If you had a refund, when \_\_\_\_\_
2. Have you retired from STRS and are receiving a monthly pension from them? ☐ Yes ☐ No  
 If retired, have you a physical exam form on file? ☐ Yes ☐ No
3. Are you retired from another system? ☐ Yes ☐ No
4. Do you currently have funds on deposit with PERS (Public Employees Retirement System) from service performed as a classified (non-teaching) school employee? ☐ Yes ☐ No
5. Are you currently working in a full-time position that is supported by public funds? (County, State, Federal, etc.) ☐ Yes ☐ No  
 If so, where \_\_\_\_\_
6. Are you currently working full time in a school district that is in another county? ☐ Yes ☐ No  
 If so, where \_\_\_\_\_
7. Are you currently employed full time in any other school district in Kern County? ☐ Yes ☐ No  
 If yes, District \_\_\_\_\_  
☐ certificated  
☐ classified
8. If you are not a current STRS member and do not qualify for STRS membership with your current employment, would you like to elect membership? If so, an election form must be attached. ☐ Yes ☐ No

**PRESENT TEACHING STATUS**

District DELANO UNION SCHOOL DISTRICT Beginning Date of Work \_\_\_\_\_  
☐ Full-time Contract ☐ Part-time Contract ☐ Hourly (adult education)  
☐ Extended Day ☐ Home Teaching ☐ Substitute

**Permissive Membership**  
ES 0350 REV 04/23

[For CalSTRS' Official Use Only]

**CALSTRS**

California State Teachers' Retirement System  
P.O. Box 15275, MS 17  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

**PERMISSIVE MEMBERSHIP ELECTION AND/OR ACKNOWLEDGEMENT OF RECEIPT  
OF CALSTRS DEFINED BENEFIT PROGRAM MEMBERSHIP INFORMATION**

This form is used to permissively elect membership in the CalSTRS Defined Benefit Program and/or to acknowledge receipt of information provided by an employer about the right to elect membership in the CalSTRS Defined Benefit Program. Please read all instructions before completing the form.

**Section 1: Employee Information (to be completed by employee)**

Provide either your CalSTRS Client ID or Social Security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

TELEPHONE

**Section 2: Employee Election (to be completed by employee)**

**Check One:**

- ☐ **I elect membership in the CalSTRS Defined Benefit Program as of:** \_\_\_\_\_  
MEMBERSHIP DATE (MM/DD/YYYY)\*\*

I understand this election applies to all future creditable service performed for any current or future employer unless another election is made as allowed by law. I understand my membership is irrevocable and may only be cancelled by terminating all employment to perform creditable service and receiving a refund of my accumulated retirement contributions from the CalSTRS Defined Benefit Program.

**\*\*Membership Date may be no earlier than the first day of the pay period in which the election is made, or the first day of employment, whichever is later. Please work with your employer to select the most beneficial, valid membership date.**

- ☐ **I decline membership in the CalSTRS Defined Benefit Program at this time**

I understand that I can elect membership in the CalSTRS Defined Benefit Program at any time while I am employed to perform creditable service.



ES0350

## Section 3: Required Signature (to be completed by employee)

I certify that I have received information from my employer concerning the CalSTRS Defined Benefit Program and understand the criteria for membership in the program.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

EMPLOYEE SIGNATURE

DATE (MM/DD/YYYY)

## Section 4: Employee Position Information (to be completed by employer)

POSITION TITLE

POSITION HIRE DATE

## Section 5: Employer Information and Certification (to be completed by employer) Required Signature

I certify that the above-named employee was provided information about their right to elect membership in the CalSTRS Defined Benefit Program and, if electing membership, is eligible to elect membership in the CalSTRS Defined Benefit Program as of the membership date provided.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

EMPLOYER OFFICIAL'S SIGNATURE

DATE (MM/DD/YYYY)

EMPLOYER NAME

COUNTY AND DISTRICT CODE

EMPLOYER OFFICIAL'S NAME AND TITLE



## Welcome to CalSTRS

Benefits and services  
for new educators



Welcome to CalSTRS booklet received:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To obtain a copy of the CalSTRS booklet:

<https://www.calstrs.com/files/828157851/WelcomeToCalSTRS2024.pdf>

Dear CalSTRS member,

Welcome to CalSTRS! As your retirement plan, we are dedicated to your secure financial future and helping you get there.

This booklet provides a quick overview of your benefits as a CalSTRS member, including your monthly retirement benefit, which is calculated using a formula that provides a fixed percentage of your final compensation based on your age at retirement and your years of service.

Your income in retirement is a shared responsibility between CalSTRS and you. On average, the CalSTRS retirement benefit replaces approximately 50% of a career educator's salary. Need more for your future? Pension2®, the CalSTRS voluntary supplemental savings plan, can help fill the gap.

If you haven't already done so, be sure to register for *myCalSTRS*, our secure online website for managing your CalSTRS accounts and personal information. Also check out **CalSTRS.com** to sign up for workshops, view member education videos and download publications and forms.

Thank you for choosing education for your career.

Sincerely,



Cassandra Lichnock  
Chief Executive Officer

## Sustainability for the future

CalSTRS was established more than a century ago in 1913 as the pension plan for California's public school educators. We have since grown to represent more than 1 million dedicated educators and their beneficiaries. Our membership spans from new teachers just starting out to retired educators enjoying the fruits of decades of teaching in the classroom. As a global investor, we have a fiduciary duty to be principled and effective within our operations to meet our financial commitments to our members this century and beyond.

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## Statement Concerning Your Employment in a Job Not Covered by Social Security

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Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_  
Employer Name Delano Union School District Employer ID# 956000993

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.**

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

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## Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto:ofsm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

**Employee's Withholding Certificate**

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.

OMB No. 1545-0074

**2025****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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**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.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total 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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

**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)

## Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City State 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

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.

- |   |   |
|---|---|
| 1a. Number of Regular Withholding Allowances ( <b>Worksheet A</b> )                           | 0 |
| 1b. Number of allowances from the Estimated Deductions ( <b>Worksheet B</b> , if applicable.) | 0 |
| 1c. Total Number of Allowances you are claiming   | 0 |

2. Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**)  
OR

### Exemption from Withholding

3. I claim exemption from withholding for 2024, and I certify I meet both of the conditions for exemption. (Check box here) ☐
- OR
4. 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 and the Veterans Benefits and Transition Act of 2018. (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.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number
Delano Union School District 1405 12th Avenue Delano, CA 93215	

**Purpose:** The *Employee's Withholding Allowance 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.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form DE 4 to determine the appropriate California PIT withholding.

If you do not provide your employer with a DE 4, the employer must use Single with Zero withholding allowance.

**Check Your Withholding:** After your 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 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

1. You did not owe any federal/state income tax last year, and
2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating **exempt** must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

**Member Service Civil Relief Act:** Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

- (i) Your spouse is a member of the armed forces present in California in compliance with military orders;
- (ii) You are present in California solely to be with your spouse; and
- (iii) You maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.



# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 05/31/2027

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number (if any)	City or Town		State ZIP Code	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1			CDL		SOCIAL SECURITY
Issuing Authority			CA DEPT. MOTOR VEHICLES		SOCIAL SECURITY ADMIN.
Document Number (if any)					
Expiration Date (if any)					N/A
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					

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

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code	
DELANO UNION SCHOOL DISTRICT		1405 12TH AVE., DELANO, CA 93215	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p>For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p>The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p style="text-align: center;"><b>Acceptable Receipts</b></p> <p style="text-align: center;">May be presented in lieu of a document listed above for a temporary period.</p> <p style="text-align: center;">For receipt validity dates, see the M-274.</p>			
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

# ***Delano Union School District***

Office of Rosalina C. Rivera – Superintendent  
Department of Human Resources  
Ricardo Chavez, Assistant Superintendent - Human Resources  
1405 - 12<sup>th</sup> Avenue, Delano, California 93215  
(661) 721-5000 Ext. 00131 ~ Fax (661) 721-5014

## **NOTIFICATION OF REASONABLE ASSURANCE** **FOR THE 2025-2026 SCHOOL YEAR**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: Ricardo Chavez,   
Assistant Superintendent – Human Resources

SUBJECT: Notification of Reasonable Assurance for 2025 - 2026

☐ **Newly-Hired Certificated/Classified Substitute Employee**

You are hereby notified that you have reasonable assurance of returning to work at the close of all holiday and recess periods during the current school year. Your services will not be needed during the recess periods unless you are notified in writing.

☐ **Newly-Hired Classified Employee**

You are hereby notified that you have reasonable assurance of returning to work at the close of all holiday and recess periods during the current school year. Your services will not be needed during the recess periods unless you are notified in writing.

You may, nonetheless, file an Unemployment Insurance (UI) claim. Your eligibility for benefits will be determined by the Employment Development Department (EDD) and not by this district. If you are not offered an opportunity to perform services in the next academic year/term, you may be entitled to UI benefits retroactive to the date you filed an initial claim; provided that you are otherwise eligible and you filed a claim for each week benefits are claimed, and if the claim for benefits is made within 30 days after the start of the next academic year/term.

The official mailing address provided below should be given to the Employment Development Department when filing a claim for unemployment insurance benefits:

Delano Union School District  
c/o SISC  
P.O. Box 1808  
Bakersfield, CA 93303-1808

\_\_\_\_\_  
Signature of receipt

\_\_\_\_\_  
Date

*Working Together For A Better Education -- The Delano Way!*  
**AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYEE**

**DELANO UNION SCHOOL DISTRICT**  
**PROFESSIONAL STANDARDS**  
**Board Policy 4119.21 - Certificated**

The Board of Trustees expects district employees to maintain the highest ethical standards, behave professionally, follow district policies and regulations, abide by state and federal laws, and exercise good judgment when interacting with students and other members of the school community. Employees shall engage in conduct that enhances the integrity of the district, advances the goals of the district's educational programs, and contributes to a positive school climate.

The Board encourages district employees to accept as guiding principles the professional standards and codes of ethics adopted by educational or professional associations to which they may belong.

Each employee is expected to acquire the knowledge and skills necessary to fulfill his/her responsibilities and to contribute to the learning and achievement of district students.

**Inappropriate Conduct**

Inappropriate employee conduct includes, but is not limited to:

1. Engaging in any conduct that endangers students, staff, or others, including, but not limited to, physical violence, threats of violence, or possession of a firearm or other weapon.
2. Engaging in harassing or discriminatory behavior towards students, parents/guardians, staff, or community members, or failing or refusing to intervene when an act of discrimination, harassment, intimidation, or bullying against a student is observed.
3. Physically abusing, sexually abusing, neglecting, or otherwise willfully harming or injuring a child.
4. Engaging in inappropriate socialization or fraternization with a student or soliciting, encouraging, or maintaining an inappropriate written, verbal, or physical relationship with a student.
5. Possessing or viewing any pornography on school grounds, or possessing or viewing child pornography or other imagery portraying children in a sexualized manner at any time.
6. Using profane, obscene, or abusive language against students, parents/guardians, staff, or community members.
7. Willfully disrupting district or school operations by loud or unreasonable noise or other action.
8. Using tobacco, alcohol, or an illegal or unauthorized substance, or possessing or distributing any controlled substance, while in the workplace, on district property, or at a school-sponsored activity.
9. Being dishonest with students, parents/guardians, staff, or members of the public, including, but not limited to, falsifying information in employment records or other school records.
10. Divulging confidential information about students, district employees, or district operations to persons or entities not authorized to receive the information.

**DELANO UNION SCHOOL DISTRICT**  
**Professional Standards - Certificated (Continued)**

11. Using district equipment or other district resources for the employee's own commercial purposes or for political activities.

12. Using district equipment or communications devices for personal purposes while on duty, except in an emergency, during scheduled work breaks, or for personal necessity.

Employees shall be notified that computer files and all electronic communications, including, but not limited to, email and voice mail, are not private. To ensure proper use, the Superintendent or designee may monitor employee usage of district technological resources at any time without the employee's consent.

13. Causing damage to or engaging in theft of property belonging to students, staff, or the district.

14. Wearing inappropriate attire

**Reports of Misconduct**

An employee who observes or has evidence of another employee's inappropriate conduct shall immediately report such conduct to the principal or Superintendent or designee. An employee who has knowledge of or suspects child abuse or neglect shall file a report pursuant to the district's child abuse reporting procedures as detailed in AR 5141.4 - Child Abuse Prevention and Reporting.

Any reports of employee misconduct shall be promptly investigated. Any employee who is found to have engaged in inappropriate conduct in violation of law or Board policy shall be subject to disciplinary action and, in the case of a certificated employee, may be subject to a report to the Commission on Teacher Credentialing. The Superintendent or designee shall notify local law enforcement as appropriate.

An employee who has knowledge of but fails to report inappropriate employee conduct may also be subject to discipline.

The district prohibits retaliation against anyone who files a complaint against an employee or reports an employee's inappropriate conduct. Any employee who retaliates against any such complainant, reporter, or other participant in the district's complaint process shall be subject to discipline.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Department/School

**DELANO UNION SCHOOL DISTRICT**  
**1405 – 12<sup>th</sup> Avenue**  
**Delano, CA 93215**

**PAY SCHEDULE FOR SUBSTITUTE EMPLOYEES**

Cut-off date for all substitute employees is **15<sup>th</sup> of each month**. You will receive your check on the tenth of the succeeding month of which you work.

Please check with the secretary in the school office. If your check is not there, it may be at the District Office in the Business Department. If the tenth is on a Saturday or Sunday, you will be paid on the Friday prior to the weekend.

If you have not picked up your check by 1:00 p.m., it will be mailed to you. Please be sure to notify the Human Resources Department as soon as possible of a change of address. If you have any questions regarding payroll, please call (661) 721-5000 ext. 00134 or ext. 00151.

Thank you.

**Substitute Teacher Report Times:**

**Regular Day / Late Start Schedule:**

Elementary - 7:45 AM to 2:07 PM  
Middle - 7:45 AM to 2:32 PM  
With 30 minute unpaid lunch

**MINIMUM DAY SCHEDULE:**

Elementary - 7:45 AM to 1:05 PM  
Middle - 7:45 AM to 1:05 PM  
With 30 minute unpaid lunch

**PAY RATE**

\$180/Daily (credentialed & non-credentialed)  
Long Term \$220/Day (Non-Credentialed)  
Long Term \$255/day (Credentialed)  
Long term pay (after 21 consecutive days in the same assignment)

Work Hours: 7:45 AM to 3:30 PM  
With 30 minute unpaid lunch

**\*IF A LONG TERM SUB MISSES A DAY  
AFTER THE 21<sup>ST</sup> CONSECUTIVE DAY,  
MONIES REVERT BACK TO \$180/DAY**

**\$35.00 per hour for approved duties assigned  
after the regular or minimum day substitute  
work day.**

<b><i>Pay Period</i></b>		<b><i>Pay Date</i></b>
<b><i>Start</i></b>	<b><i>End</i></b>	
Jan. 16	Feb. 15	Mar. 10
Feb. 16	Mar. 15	Apr. 10
Mar. 16	Apr. 15	May 10
Apr. 16	May 15	June 10
May 16	June 15	Jul. 10
June 16	Jul. 15	Aug. 10
Jul. 16	Aug. 15	Sept. 10
Aug. 16	Sept. 15	Oct. 10
Sept. 16	Oct. 15	Nov. 10
Oct. 16	Nov. 15	Dec. 10
Nov. 16	Dec. 15	Jan. 10
Dec. 16	Jan. 15	Feb. 10