



NEW EMPLOYEE AUTHORIZATION TRANSMITTAL

EMPLOYEE INFORMATION:	
District Name: _____	District Number: _____
Employee Name: _____ (Last) (First) (MI)	Employee Type: <input type="checkbox"/> 1 – CE (Certificated) <input type="checkbox"/> 2 – CL (Classified) <input type="checkbox"/> 3 – NE (Student) <input type="checkbox"/> 4 – BM (Board Member)
Social Security Number (SSN): _____	
RETIREMENT STATUS:	
Check applicable status and complete information requested under the appropriate retirement system.	
<input type="checkbox"/> ___Current ___Former ___Retired Member of: ___ PERS ___ STRS ___ PERS & STRS ___ Alt. FICA ___ None	
<input type="checkbox"/> District has verified the employee's PERS status by contacting the county office.	
<input type="checkbox"/> District has verified the employee's STRS status in the CalSTRS Secured Employer Website (SEW).	
Verified by _____ Phone _____ Ext. _____ Date _____ (District Representative)	
<input type="checkbox"/> Employee has been set up in Galaxy as a ___ PERS ___ STRS member for the current position.	
BACKUP INFORMATION TO BE INCLUDED WITH FORM:	
<input type="checkbox"/> Copy of Employee's Withholding Allowance Certificate (W-4) Form is invalid if it has been altered. Employee must receive an official W-4 that includes the information on the back of the form.	
<input type="checkbox"/> Copy of Employee's Withholding Allowance Certificate (DE-4) If withholding allowance is different for the State.	
<input type="checkbox"/> Copy of Social Security Card (legible copy) If copy is not legible district must write the employee's name and SSN next to the copy, sign and date.	
<input type="checkbox"/> Original PERS or STRS Election form (PERS: AEDS-1 or STRS: ES350 or ES372) If applicable.	
AUTHORIZATION:	
Information indicated in this section will be verified with the district's current Certification of Signatures form. Please note that only original signatures from an authorized agent will be accepted.	
Name: _____	Title: _____
Authorized Signature: _____	Date: _____
SUBMITTAL INFORMATION:	
<ul style="list-style-type: none">▪ District is to keep original copies of all backup information in employee's personnel file.▪ W-4/DE-4:<ul style="list-style-type: none">▪ Tax Allowance Status: Married, Single, Head of Household must be indicated (unless filing exempt).▪ Withholding allowances must be indicated (unless filing exempt).▪ Additional withholding amount, if any.▪ Please note: W-4 or DE-4 with ten or more allowances, or exempt must be submitted to: W-4 Unit, Franchise Tax Board MS F 180, P.O. Box 2952, Sacramento, California 95812-2952.▪ The employee's name entered in Galaxy must match what is stated on the Social Security Card.▪ Do not submit form to the Riverside County Office of Education if employee data has not been entered in Galaxy.▪ For forms previously submitted, please write "Previously Submitted" on the original form before resubmitting.	

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