

EMERGENCY NOTIFICATION DATA

EMPLOYEE INFORMATION

Name (Last, First, Middle)

Employee ID

SSN

Address (Street Address, City, State, and Zip)

Home Phone Number

Cell Phone Number

Alternate Phone Number

Driver's License No.

Expiration Date

Class

Doctor

Phone Number

Medical ID Number

Blood Type

Drug Allergies

No

Yes

Do you wear a medic alert?

If yes, please describe

EMERGENCY CONTACT

Name (Last, First, MI)

Relationship

Address (Street Address, City, State, and Zip)

Phone Number

ALTERNATE CONTACT (Relative, Family Friend, Neighbor, Clergy)

Name (Last, First, MI)

Relationship

Address (Street Address, City, State, and Zip)

Phone Number

Name (Last, First, MI)

Relationship

Address (Street Address, City, State, and Zip)

Phone Number

REMARKS

Signature

Date

CITY OF SACRAMENTO
DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS
Government Code § 53245

EMPLOYEE INFORMATION (Please Print)

Name (Last, First, Middle) Employee ID Social Security Number

Address (Street Address, City, State and Zip Code)

I hereby designate the following person who, notwithstanding any other provision of the law, shall be entitled **upon my death** to receive all City of Sacramento warrants that would have been payable to me had I survived.

NOTE: Direct deposit payments are not subject to the provisions of this designation.

Important: This is NOT a designation for payment of CalPERS death benefits or refund of employee CalPERS retirement contributions. The CalPERS Pre-Retirement Lump-Sum Beneficiary Designation form must be completed to file a designation with California Public Employees' Retirement System (CalPERS) for death benefits. <https://www.calpers.ca.gov/>

DESIGNEE INFORMATION (Must be 18 years of age or older)

Name (Last, First, Middle) Telephone Number

XXX-XX-_____
Social Security Number

Date of Birth

Address (Street Address, City, State and Zip Code)

I hereby revoke any previous designations filed by me.

If the above-named designee does not file a written request with the Benefits/Retirement office of City of Sacramento for such warrants within sixty (60) days after the date of my death, this designation shall become null and void.

This designation will remain in full force and effect during my employment with the City of Sacramento until revoked or changed in writing by me.

Employee Signature

Date

Signature of Authorized HR Personnel

Date

Name of Authorized HR Personnel (Please Print)

Reciprocal Self-Certification Form

Complete the following information and return this form to your employer within 10 business days to determine your eligibility for benefits in CalPERS. To ensure this form is completed correctly, please reference the enclosed **List of Qualifying Reciprocal Retirement Systems in California**.

Section 1: Member Information

| Member Name (Last) | (First) | (Middle) |
|----------------------|-------------------|---|
| Date of Birth | CalPERS ID | Enrollment Date with this Employer |

Are you a member of CalPERS with funds on deposit? Yes No

Are you a member of the defined benefit plan of one of the retirement systems listed on the attached **List of Qualifying Reciprocal Retirement Systems in California**? Yes No If yes, complete Section 2 with membership information for each qualifying reciprocal retirement system. Do not provide CalPERS data on this form. If no, skip to Section 3.

Section 2: Qualifying Reciprocal Membership Information

Data must be validated with reciprocal system prior to completion. Failure to validate information may result in enrollment errors. Refer to the **List of Qualifying Reciprocal Retirement Systems in California**. Only include details on this form if you are a member under the retirement systems listed and not CalPERS-covered.

1) Full name of most recent reciprocal retirement system (do not provide an acronym):

Membership date in most recent reciprocal system (MM/DD/YYYY):

Are you currently active with this reciprocal system? Yes No, provide separation date (or last activity date if a member of CalSTRS (MM/DD/YYYY):

Did you receive a refund from this reciprocal system? No Yes, provide refund date (MM/DD/YYYY):

Did you retire from this reciprocal system? No Yes, provide retirement date (MM/DD/YYYY):

Note: If you have additional reciprocal membership, provide the details below for reciprocal system #2. If you do not, skip to Section 3.

2) Full name of reciprocal retirement system (do not provide an acronym):

Membership date (MM/DD/YYYY):

Are you currently active with this reciprocal system? Yes No, provide separation date (or last activity date if a member of CalSTRS (MM/DD/YYYY):

Did you refund from this reciprocal system? No Yes, provide refund date (MM/DD/YYYY):

Did you retire from this reciprocal system? No Yes, provide retirement date (MM/DD/YYYY):

Note: If you have additional reciprocal membership, attach a second form. If you do not, skip to Section 3.

Section 3: Sign and Certify

I understand that I am subject to the applicable laws and regulations of each system where I have membership. I also understand that completing this form will only determine my enrollment eligibility in CalPERS. It is not a request to establish reciprocity.

I certify that the information on this form has been verified with the qualifying reciprocal retirement system as true and correct and any information found to be incorrect may require corrections to my CalPERS account including, but not limited to, my retirement enrollment level or formula and adjustments to my member contributions. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.

Member Signature

Date

CalPERS and FICA Eligibility Questionnaire

EMPLOYEE INFORMATION

Please Print

Name (Last, First, Middle)

Social Security Number

In addition to working for the City of Sacramento, are you working for another employer, either Part-Time or Full-Time, contributing to the California Public Employee's Retirement System (CalPERS)?

- No
 Yes

Employer

Full Time Part Time

Status

Have you ever worked for the City of Sacramento?

- No
 Yes

When (dates)

Department

Are you currently a member of CalPERS?

- No
 Yes

Name of Employer

Are you still working for that CalPERS employer listed above?

- No
 Yes

What was your separation date?

How many hours do you work per week?

Do you still have money on account with CalPERS?

- No
 Yes

Are you receiving a retirement check from a public retirement system within the State of California, including CalPERS?

- No
 Yes

Name of Retirement System

Are you receiving retirement benefits from any retirement system, including Social Security?

- No
 Yes

Name of Retirement System

This form is required to determine if you are to be excluded from becoming a member of the California Public Employees' Retirement System (CalPERS) and/or mandated to pay into social security through Federal Insurance Compensation Act (FICA).

Signature of Employee

Date

Employee Name: _____

Employee ID: _____

NEW HIRE/REHIRE CHECKLIST: CAREER EMPLOYEE

1. Forms Requiring Signature

- ✓ Emergency Notification
- ✓ Designation of Last Warrant
- ✓ CalPERS Member Reciprocal Self-Certification Form
- ✓ CalPERS and FICA Eligibility Questionnaire
- ✓ Oath of Affirmation

3. Voluntary Deductions

- ✓ Liberty Mutual (home, auto, pet)
- ✓ Legal Shield (legal matter, identity theft, personal, etc.)
- ✓ Aflac (critical illness, hospital indemnity, accident)

2. Online Documents—Review Required

- ✓ Affordable Care Act Notice (ACA)
- ✓ Payroll/Payday Calendar
- ✓ SPEAK UP Flyer
- ✓ Healthy Workplace Act 2014
- ✓ Unemployment Booklet
- ✓ CA Disability Insurance Provisions
- ✓ Family Care and Medical/Pregnancy Leave
- ✓ Leave of Absences and Other Leaves
- ✓ Disaster Service Worker Requirements
- ✓ Nepotism Disclosure
- ✓ Worker's Comp Predesignation
- ✓ Worker's Comp Time Off
- ✓ Sexual Harassment Flyer
- ✓ Rights of Domestic Violence, Sexual Assault, and Stalking
- ✓ City of Sacramento Volunteer Program

4. Retirement

- ✓ CalPERS Retirement Booklet
- ✓ CalPERS Contributions
Classic _____ or PEPRA New _____
EE _____% and ER _____%
- ✓ CalPERS Special POA Booklet
- ✓ CalPERS Beneficiary Form
- ✓ 401(a) (MGT, MGT sprt, Conf, WCOE & Supv)
- ✓ 457 Deferred Comp
- ✓ Retiree HSA (SCXEA, 447, SPOA & WCOE)

By signing below, I acknowledge I have read and/or received all items outlined on this document. I understand items in section 2 and all City policies are available to me on the City's website at www.cityofsacramento.org.

Employee Signature

Date

Benefits Personnel Signature

Date

OATH OF AFFIRMATION OF ALLEGIANCE FOR PUBLIC EMPLOYEES

State of California
County of Sacramento

I, _____

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

Signature

Title or Department

(Official Use Only)

The above oath was taken and subscribed to before me this _____ day of
_____ 20_____.

Authorized Personnel Department Employee

Title

(Article 20, Section 3 of the California Constitution)

**THIS PAGE IS LEFT
BLANK
INTENTIONALLY**



**PLEASE DETACH
PACKET HERE**

ECAPS SELF SERVICE CHECKLIST

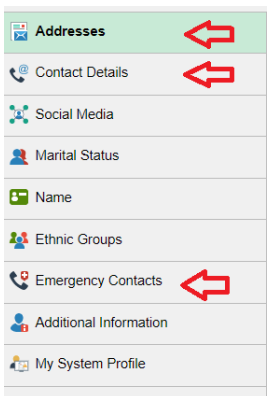
Log into [eCaps](#) and review and update the following upon hire/re-hire. For assistance with accessing eCAPS, contact IT at (916) 808-7111. Checklist items are available in eCAPS > Employee Self Service.

TO DO:

1. Add Emergency Contact Information. A minimum of two (2) emergency contacts should be listed.
2. Add/Review Phone Number on file for contact by telephone.
3. Add preferred Email Address for email communication sent out via eCaps.
4. Complete W-4 Tax Information – failure to complete your W-4 Tax information in eCaps will cause your tax filing status to default to “Single or Married filing separately”. Your W-4 information is used to withhold the proper amount of income tax from your paycheck. For more information, go to <https://www.irs.gov/pub/irs-pdf/fw4.pdf>.



1. To complete the TO DO list, sign into eCaps. Click the Personal Details tile.



2. Click and visit at least these 3 areas.

Addresses

Home Address ↓

_____ Current

Mailing Address ↓

_____ Current

3. If the information needs to be updated, click the gray arrows.

Cancel Address Save

Employee Instruction

To save United States addresses at least one of the following fields must get populated: Address 1, Address 2, Address 3

Change As Of

Address Type Home

Country

Address 1

Address 2

Address 3

City

State

Postal

County

4. Complete the necessary areas, then click SAVE.



5. To confirm your W-4 withholdings go back to the home screen and click the Payroll tile.

Employee Self Service Payroll

Paychecks

W-2/W-2c Consent

View W-2/W-2c Forms

Voluntary Deductions

W-4 Tax information

W-4 Withholding Certificate Social Security Number

City of Sacramento

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

Step 1: Personal Information

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at (800-772-1213) or go to www.ssa.gov

Address

131 Fifth Avenue
Vacaville CA 94967

Filing Status

Single or Married filing separately
 Married filing jointly (or Qualifying widow(er))
 Head of Household (Check only if you are unmarried and pay more than half the cost of keeping up a home for yourself and a qualifying individual)

Complete Steps 2 through 4 (Only if they apply to you. To see if you are exempt from withholding or you have concerns about your paycheck, see instructions for Form W-4 on the IRS website.)

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 these jobs.

View Instructions

Multiple Jobs or Spouse Works

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

Step 3: Claim Dependents

View Instructions

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

Multiply the number of qualifying children under age 17 by \$3,000

Multiply the number of other dependents by \$500

Other tax credits

Total

Step 4: Other Adjustments

View Instructions

(a) Other Income

(b) Deductions

(c) Extra Withholding

Claim Exemption from Withholding

I claim exemption from withholding for the year 2020 and I certify that I meet BOTH of the following conditions for exemption from withholding:

- Last year I owed no federal income tax.
- This year I expect to owe no federal income tax.

Check this box if you meet both conditions to claim exemption from tax withholding

DE 4 California Tax Data

*Indicate State Marital Status Single, or Married with two or more *

Withholding Allowances

SWT Additional Amount

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

Submit

6. Then click the W-4 tax information option. Complete the form and click save.

List of Qualifying Reciprocal Retirement Systems in California

Only provide membership information on the **Reciprocal Self-Certification** form for membership in the defined benefit plan of the following systems. CalPERS data should **not** be included on the form.

| Name of Reciprocal Retirement System | Qualifications: |
|---|---|
| Alameda County Employees' Retirement Association | |
| City and County of San Francisco Employees' Retirement System * | |
| City of Concord Retirement System* | |
| City of Costa Mesa Public Retirement System* | Safety only |
| City of Delano Retirement System* | |
| City of Fresno Retirement System | |
| City of Pasadena Fire and Police Retirement System | Fire and police only |
| City of San Clemente* | Non-safety (miscellaneous) only |
| Contra Costa County Employees' Retirement Association | |
| Contra Costa Water District | |
| East Bay Municipal Utility District | |
| East Bay Regional Park District | Safety only |
| Fresno County Employees' Retirement Association | |
| Imperial County Employees' Retirement Association | |
| Judges Retirement System II | |
| Kern County Employees' Retirement System | |
| Legislators' Retirement System | |
| Los Angeles City Employees' Retirement System | Non-safety (miscellaneous) only; L.A. Fire and Police Pension System and L.A. Water and Power Employees' Retirement System not eligible |
| Los Angeles County Employees' Retirement Association | |
| Los Angeles County Metropolitan Transportation Authority* | Non-contract Employees' Retirement Income Plan, formerly Southern California Rapid Transit District |
| Marin County Employees' Retirement Association | |
| Mendocino County Employees' Retirement Association | |
| Merced County Employees' Retirement Association | |
| Oakland Municipal Employees' Retirement System (City of Oakland)* | Non-safety (miscellaneous) only |
| Orange County Employees' Retirement System | |
| Sacramento City Employees' Retirement System* | |
| Sacramento County Employees' Retirement System | Defined benefit plan only; cash balance plans not eligible |
| San Bernardino County Retirement Association | |
| San Diego City Employees' Retirement System | Defined benefit plan only; cash balance plans not eligible |
| San Diego County Employees' Retirement Association | |
| San Joaquin County Employees' Retirement Association | |
| San Jose City Employees' Retirement Systems | Safety and miscellaneous |
| San Luis Obispo County Pension Trust | |
| San Mateo County Employees' Retirement Association | |
| Santa Barbara County Employees' Retirement System | |
| Sonoma County Employees' Retirement Association | |
| Stanislaus County Employees' Retirement Association | |
| State Teachers' Retirement System | Defined benefit plan only; cash balance plans not eligible |
| Tulare County Employees' Retirement Association | |
| University of California Retirement Program | Defined benefit plan only; cash balance plans not eligible |
| Ventura County Employees' Retirement Association | |

*CalPERS-covered agency – *Only include details on this form if you were a member under the reciprocal retirement systems listed and not CalPERS-covered

CalPERS Privacy Notice

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected either on a mandatory or voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

1. Social Security numbers are used for the following purposes:
2. Enrollee identification
3. Payroll deduction/state contributions
4. Billing of contracting agencies for employee/employer contributions
5. Reports to CalPERS and other state agencies
6. Coordination of benefits among carriers
7. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by CalPERS. For questions about this notice, our Privacy Policy, or your rights, write to:

CalPERS

CalPERS Privacy Officer
400 Q Street
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888-225-7377**).

EMPLOYEE RESOURCE GROUPS

Employee Resource Groups (ERGs) are voluntary, employee-led groups that generally are organized around shared identities, interests or backgrounds.

ERGs help to create a sense of community for people who may otherwise feel isolated. They also help to build engagement and trust within an organization by fostering discussions about meaningful topics and connecting people with important information, resources and support.

INTERESTED IN JOINING AN ERG?

Here is contact information for the following groups:



African American Employee Leadership Council (AAELC)

contact@aaelc.org



Asian/Pacific Islander (API) Employee Resource Group

Candace Noguchi,
cnoguchi@cityofsacramento.org



LGBTQ+ Employee Resource Group

sacitylgbtqi@gmail.com



Women's Employee Resource Group

Lindsay Brown,
lkbrown@cityofsacramento.org

You can also find information regarding ERGs on the City's Nexus page:

<https://nexus.sacramento.ca.gov/>

If you are interested in starting a new ERG at the City of Sacramento, please contact the City's Office of Diversity and Equity by emailing equity@cityofsacramento.org.

