

## 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)
<b>Date of Birth</b>	<b>CalPERS ID</b>	<b>Enrollment Date with this Employer</b>

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



# Notice of Exclusion from CalPERS Membership

## Public Agency and Schools

Your employer has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit which includes service retirement, death, and disability benefits.

### Section 1: Employee Information

---

Last Name	First	Middle	DOB	CID
-----------	-------	--------	-----	-----

### Section 2: Employer Information

---

Name of Department	Division	Position Title
--------------------	----------	----------------

Term of Appointment:  Permanent  Temporary

If Temporary, enter nearest number of whole months the appointment is expected to last: **Months** **Appointment Date**

Time Base:  Full Time  Intermittent  
 Indeterminate  Part Time if part time enter the fraction of full time:

**In your current position with this agency, you are excluded from CalPERS membership because:**

- Your full time seasonal or limited term appointment is limited to six months or less.
- Your part time appointment is limited to less than an average of 20 hours per week for less than one year.
- Your appointment is an on call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) in a fiscal year (July 1-June 30).
- Your position is excluded by law. Explain the exclusion that applies below:
- You are an independent contractor.
- You are employed to render professional legal service to a city. Exceptions include persons holding the office of city attorney, deputy city attorney, or assistant city attorney.
- You are employed as a student assistant by a school district in a position established for students only while attending school in the same district. (This only applies to County Schools.)
- You are a CalPERS retiree and have not reinstated from retirement.

**Note:** If you are a CalPERS member from previous employment and have not terminated membership (taken a refund of your contributions and service credit) exclusions 1, 2, and 3 do not apply to you. You should qualify for membership immediately in your current position. Please notify your employer to complete your enrollment and report your employment to CalPERS.

If you believe your employment does qualify you for CalPERS membership, ask your employer to provide you with an explanation. You can also contact CalPERS directly by sending a letter that provides the reasons why you feel you should be a member to the Employer Account Management Division, P.O. Box 942709, Sacramento, CA 94229-2709

---

Signature of Certifying Officer

Title

Date

---

Signature of Employee

Date

**Note:** Information regarding the benefits provided by CalPERS is available on the CalPERS website [www.calpers.ca.gov](http://www.calpers.ca.gov).

**The employer must retain this form in the employee's file for auditing purposes.**

## 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

## NEW HIRE/REHIRE CHECKLIST: TEMP. NON-BENEFIT ELIGIBLE

### 1. Forms Requiring Signature

- ✓ Emergency Notification Data
- ✓ Designation of Last Warrant
- ✓ CalPERS Member Reciprocal Self-Certification Form
- ✓ CalPERS Notice of Exclusion
- ✓ 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

- ✓ eCaps Self Service Checklist
- ✓ Affordable Care Act Notice (ACA)
- ✓ Payroll/Payday Calendar
- ✓ SPEAK UP Flyer
- ✓ Healthy Workplace Act 2014
- ✓ Unemployment Booklet
- ✓ Sexual Harassment
- ✓ Paid Family Leave
- ✓ Disability Insurance Provisions
- ✓ Leave of Absence & Other Leave Laws
- ✓ Nepotism Disclosure
- ✓ Worker's Comp links
- ✓ Sexual Harassment Flyer
- ✓ Victims of Domestic Violence Leave Notice
- ✓ City of Sacramento Volunteer Program

**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 referenced policies, are also available to me on the City's website at [www.cityofsacramento.org](http://www.cityofsacramento.org).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized 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

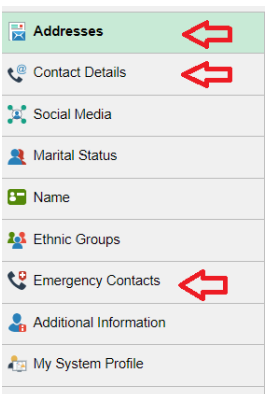
Log into [eCaps](#) and review and update the following upon hire/re-hire. For assistance with accessing eCAPS, contact IT at (916) 808-7111. Checklist items are available in eCAPS > Employee Self Service.

### 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](http://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](http://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 <b>not eligible</b>
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](mailto:contact@aaelc.org)



### Asian/Pacific Islander (API) Employee Resource Group

Candace Noguchi,  
[cnoguchi@cityofsacramento.org](mailto:cnoguchi@cityofsacramento.org)



### LGBTQ+ Employee Resource Group

[saccitylgbtqi@gmail.com](mailto:saccitylgbtqi@gmail.com)



### Women's Employee Resource Group

Lindsay Brown,  
[lkbrown@cityofsacramento.org](mailto: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](mailto:equity@cityofsacramento.org).

