

**PERSONNEL DATA – PLEASE PRINT
PLEASE FILL OUT IN BLUE INK**

FOR EXEMPT/PART-TIME ONLY

EMP NO _____ DRIVER'S LIC # _____ EXP DATE
MM/DD/YY _____

PAYCHECK NAME IS 17 CHARACTERS MAXIMUM. IF NAME IS LONGER THAN 17 LETTERS ONLY THE FIRST INITIAL OF YOUR FIRST NAME AND REMAINING SPACES WILL BE FOR LAST NAME. THIS IS HOW IT WILL APPEAR ON YOUR PAYCHECK

LAST NAME FIRST FULL MIDDLE SOCIAL SECURITY NO

RESIDENCE ADDRESS (NO PO BOX) CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT THAN RESIDENTIAL ADDRESS)

(AREA CODE) PHONE NO HEIGHT WEIGHT HAIR COLOR EYE COLOR

RACE SEX BIRTH MM/DD/YYYY BIRTH PLACE: City/US State or City/Foreign Country
U.S. CITIZENSHIP: YES NO NATURALIZATION # CITY ISSUED DATE
ALIEN REG # CITY ISSUED DATE

MARITAL STATUS: Single Married
Separated Divorced
(Final) SPOUSE LAST NAME FIRST

RESIDENCE ADDRESS OF SPOUSE CITY STATE ZIP CODE

EDUCATION: Years of College completed COLLEGE DEGREE
Highest Grade Completed 1-12 AA/BA/BS/MA/PHD

DRAFT STATUS _____ MILITARY SERVICE DATE: FROM TO
BRANCH TYPE OF DISCHARGE

NOTIFY IN EMERGENCY _____
LAST NAME FIRST MIDDLE RELATIONSHIP

ADDRESS CITY STATE ZIP CODE (AREA CODE) PHONE NO

Prior D.W.P. Employment? NO YES If so, were deductions for Retirement made? NO YES
Other L.A. City Service? NO YES If so, were deductions for Retirement made? NO YES

Dept _____ Cvl Svc Title _____ Date _____ To _____

Dept _____ Cvl Svc Title _____ Date _____ To _____

SIGNATURE _____ **DATE** _____

Federal Law P.L. 93-579 Sec. 7...requires you to be informed when asked for your Social Security Number that it must be provided for use in employment, personnel & payroll processes. Authority for requiring this information is based upon provisions of the City's payroll & personnel candidate processing system operational prior to January 1, 1975 and applicable federal law.

PAYROLL NUMBER _____ CIVIL SERVICE CLASS _____

**LOS ANGELES DEPARTMENT OF WATER AND POWER
SECURITY SERVICES DIVISION**

**SECURITY AGREEMENT
ACCESS CONTROL OF DEPARTMENT FACILITIES**

The undersigned agrees as follows:

1. I will not allow any other person to have, or use my Department Identification Badge, nor will I use any Department Identification Badge other than the one issued to me.
2. I will not provide access with my Department Identification Badge to a Department facility for any person other than myself (unless authorized to do so).
3. I will not knowingly attempt to use my Department Identification Badge to obtain access to any Department facility, area, or room for which I am not authorized or which is not a requirement of my employment unless I am directed to do so by Department management.
4. I will not subject my Department Identification Badge to extremes of temperature, immerse in liquid, subject it to undue mechanical stress, or cause stress by bending.
5. Employees whose encoded Identification Badge has been lost, stolen or damaged due to negligence or other fault of the employee, will be responsible for obtaining a replacement Badge at the current cost of replacement.

I fully understand that *any violation of this agreement* may result in discipline, up to and including discharge. My signature below indicates I have read, understood and accept the terms and conditions of this agreement. I further acknowledge I have received a copy of this form.

NAME (PRINT)

SIGNATURE

EMPLOYEE IDENTIFICATION NUMBER

DATE

Original – Submit to LADWP Human Resources Division, Personnel Services Office, JFB-546, to be filed in employee folder
Copy – Provide to employee

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. Paper copies can be requested by email at 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.

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

Employee Name _____ Employee ID# _____

Employer Name LADWP Employer ID# _____

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. 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 _____



**Beneficiary Designation
Governmental 457(b) Plan**

City of Los Angeles Pension Savings Plan

98994-02

For My Information

- For questions regarding this form, visit the website at [or](#) contact Service Provider at 1-877-583-4015.
- Use black or blue ink when completing this form.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

Social Security Number (Must provide all 9 digits)

/ /

Last Name

First Name

M.I.

Date of Birth

()

Email Address

Daytime Phone Number

Married

Unmarried

()

Alternate Phone Number

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)

- If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.
- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

%

/ /

% of Account Balance

Primary Beneficiary Name
(Name of Individual, Trust, Charity, etc.)

Relationship

Social Security or Taxpayer
Identification Number

Date of Birth
or Trust Date

Street Address

City

State

Zip Code

()

Phone Number (Optional)

%

/ /

% of Account Balance

Primary Beneficiary Name
(Name of Individual, Trust, Charity, etc.)

Relationship

Social Security or Taxpayer
Identification Number

Date of Birth
or Trust Date

Street Address

City

State

Zip Code

()

Phone Number (Optional)

%

/ /

% of Account Balance

Primary Beneficiary Name
(Name of Individual, Trust, Charity, etc.)

Relationship

Social Security or Taxpayer
Identification Number

Date of Birth
or Trust Date

Street Address

City

State

Zip Code

()

Phone Number (Optional)

Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% in whole percentages.)

%

/ /

% of Account Balance

Contingent Beneficiary Name
(Name of Individual, Trust, Charity, etc.)

Relationship

Social Security or Taxpayer
Identification Number

Date of Birth
or Trust Date

Street Address

City

State

Zip Code

()

Phone Number (Optional)

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

Number _____

B Beneficiary Designation *(Attach an additional sheet to name additional beneficiaries.)*

Contingent Beneficiary Designation *(Contingent beneficiary designations must total 100% in whole percentages.)*

%	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
_____	_____	_____	_____	____/____/____
Street Address (_____)		City	State	Zip Code
Phone Number <i>(Optional)</i>				

%	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
_____	_____	_____	_____	____/____/____
Street Address (_____)		City	State	Zip Code
Phone Number <i>(Optional)</i>				

C Signatures and Consent *(Signatures must be on the lines provided.)*

Participant Consent for Beneficiary Designation *(Please sign on the 'Participant Signature' line below.)*

I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. **Primary and contingent beneficiaries must separately total 100% in whole percentages.**

I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC website at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Important Notice: If I am married and I elect a primary beneficiary other than my spouse or in addition to my spouse, my spouse must consent by signing the Spousal Consent for Beneficiary Designation section of this form.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Participant Signature _____ **Date (Required)** _____

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

Number _____

C Signatures and Consent *(Signatures must be on the lines provided.)*

Spousal Consent for Beneficiary Designation *(If applicable, please have the Spouse sign on the 'Spouse's Signature' line below.)*

I, *(name of spouse)* _____, the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that my spouse's beneficiary designation means that I will not receive 100% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that my consent is irrevocable unless my spouse changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.

Spouse's Signature _____ **Date (Required)** _____

For Residents of all states (except California), please have your notary complete the section below.

Notice to California Notaries using the California Affidavit and Jurat Form the following items must be completed by the notary on the state notary form: the title of the form, the plan name, the plan number, the document date, the participant's name and participant spouse's name. The notary forms not containing this information will be rejected and it will delay this request.

My signature must be notarized by a Notary Public. The date I sign this form must match the date on which my signature is notarized.

Statement of Notary

NOTE: Notary seal must be visible.

The consent to this request was subscribed and sworn *(or affirmed)*

State of _____) to before me on this _____ day of _____, year _____, by _____

SEAL

)ss. *(name of spouse)* _____

County of _____) proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his/her free and voluntary act.

Notary Public _____ My commission expires ____ / ____ / ____

D Mailing Instructions

After all signatures have been obtained, this form can be sent by

Fax to:
Empower Retirement
1-866-745-5766

OR

Regular Mail to:
Empower Retirement
PO Box 173764
Denver, CO 80217-3764

OR

Express Mail to:
Empower Retirement
8515 E. Orchard Road
Greenwood Village, CO 80111

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.

This page is for informational purposes only - Do not return with the Beneficiary Designation form

EXAMPLE BENEFICIARY DESIGNATIONS

Example 1: Multiple Individuals as Beneficiaries

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>				
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% in whole percentages.)</i>				
<ul style="list-style-type: none"> If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. 				
33 %	John M. Doe	Brother	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
111 Elm Street	Anytown	MO	60000	
Street Address	City	State	Zip Code	
(XXX) XXX-XXXX				
Phone Number <i>(Optional)</i>				
33 %	Don M. Doe	Brother	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
222 North Avenue	Anytown	CA	90000	
Street Address	City	State	Zip Code	
(XXX) XXX-XXXX				
Phone Number <i>(Optional)</i>				
34 %	Michelle L. Doe	Sister	XXX-XX-XXXX	01/06/1957
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
333 West Blvd	Anytown	CO	80000	
Street Address	City	State	Zip Code	
(XXX) XXX-XXXX				
Phone Number <i>(Optional)</i>				

Example 2: Trust as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>				
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% in whole percentages.)</i>				
<ul style="list-style-type: none"> If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. 				
100 %	Trust of Jane Doe	Trust	XX-XXXXXXXX	06/30/2015
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
150 Main Street	Anytown	MO	60000	
Street Address	City	State	Zip Code	
(XXX) XXX-XXXX				
Phone Number <i>(Optional)</i>				

Example 3: Estate as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>				
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% in whole percentages.)</i>				
<ul style="list-style-type: none"> If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. 				
100 %	Estate of Anne Doe	Estate	/ /	/ /
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
45 East Road	Anytown	MO	60000	
Street Address	City	State	Zip Code	
(XXX) XXX-XXXX				
Phone Number <i>(Optional)</i>				

Example 4: Charity as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>				
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% in whole percentages.)</i>				
<ul style="list-style-type: none"> If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. 				
100	ABC Charity	Charity	XX-XXXXXXX	/ /
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
75 South Place	Anytown	CO	80000	
Street Address	City	State	Zip Code	
(XXX) XXX-XXXX				
Phone Number <i>(Optional)</i>				



City of Los Angeles Pension Savings Plan for Part-Time, Temporary, and Seasonal Employees

Highlights of the Pension Savings Plan

The Pension Savings Plan ("PSP") is a retirement plan for part-time, temporary, and seasonal employees who are not eligible to participate in the retirement programs provided through the Los Angeles City Employees' Retirement System (LACERS), Los Angeles Fire and Police Pension System (LAFPP), or Water and Power Employees' Retirement Plan (WPERP). The PSP helps you prepare for your retirement and includes a City contribution. The PSP is a defined contribution plan administered by the Personnel Department. An account will be established in your name, where both your contributions and the City's contributions will be invested with the objectives of asset preservation and earning interest. The funds may be withdrawn after you retire or terminate from City service. If you leave before retirement age, you may withdraw from your account as a taxable distribution, or you may leave the funds in your account to continue accumulating interest on a tax-deferred basis. There is no early withdrawal penalty for taking a distribution of your account upon separation from service, regardless of your age.

Participation

You will automatically be enrolled in the PSP upon establishing your eligibility as a City employee. Participation is a condition of City employment for part-time, seasonal and temporary employees (with the exception of temporary craft employees from the Hiring Hall). In 1990, the United States Congress passed the Federal Omnibus Budget Reconciliation Act of 1990. The Act requires that, beginning July 1, 1991, all City employees not participating in a qualified retirement plan, such as those listed in the paragraph above, be placed in Social Security or another program meeting federal requirements. The PSP meets the federal requirements to provide a retirement program for those City employees not covered by one of the City's other plans. **Your participation in the PSP is in lieu of Social Security. You do not have the option to contribute to Social Security in addition to, or instead of, participating in the PSP.**

Statements

You will receive semi-annual statements showing contributions, earnings, fees, distributions and the total value of your account. *It is extremely important that you keep the Plan Administrator advised of your current address so that you can manage your account over time.*

Employee Contributions

Participants in the Plan have a fixed employee contribution of 4.5% of compensation. This contribution is deducted on a pre-tax basis, reducing your taxable income. This means that you will not pay any tax on this money until it is distributed from your account. Your withholding tax rate will determine the amount your net take-home pay is reduced.

City Contribution

The City contribution is 3% of the same pay base used for your employee contribution.

Maximum Contribution

The maximum amount that may be put into your Plan is subject to annual limits set by the Internal Revenue Service (IRS). The maximum allowable contribution is the total of your Plan contributions, the City's contribution, and any money you may be contributing to any other defined contribution plans.

Vesting

Vesting refers to the portion of a defined contribution plan that belongs to you when you leave City service. All of your Plan contributions and the City contributions are 100% vested, meaning all contributions belong to you.

Investment Option

All contributions to your Plan will be invested in a fund designed to protect your principal and maximize earnings. Your account will earn interest based upon the prevailing rates for this type of investment.

Fees

Fees for administrative expenses related to the Plan will be deducted from your interest earnings as a percentage of the interest rate you are credited. This is an implicit fee; therefore, you will not see a fee appear on your statements. Fees are used to pay for investment management and administrative expenses. Please contact the Plan for the current fee.

Withdrawals

Your PSP account is intended to be used for your retirement. It cannot be withdrawn while you are still employed with the City of Los Angeles, but can be withdrawn when you separate from City service and are removed from the City's payroll system. Funds may also be transferred to the City's Deferred Compensation Plan if you become eligible to participate in that program by being hired as a permanent employee and contributing to one of the City's three primary retirement plans.

All withdrawals are subject to applicable federal and/or state income tax.

Distributions

When you terminate City service, your distribution options are:

1. *Lump Sum*: You can withdraw all the funds in your account as a single lump-sum payment. This amount becomes taxable income to you in the year of distribution.
2. *Periodic Payment*: You may elect to receive monthly periodic payments of a fixed dollar amount if you have a minimum balance of \$2,000 and you elect a minimum payment of \$50. Your remaining account balance will continue to earn interest. The amounts distributed each year become taxable income to you.
3. *Rollover*: If you leave City employment, you may roll over your balance to an IRA, 401(k), 403(b), 457(b) or other similar plan. This permits you to continue to defer taxes on your account.

Disability

If you become completely and continuously disabled to the point that you can no longer

perform the duties of your job with the City, or with your current employer, you can receive your Plan account funds through any of the distribution options outlined above. You will need to provide verification of your disability.

Beneficiaries and Death

If you die before receiving all of funds accumulated in your account, the funds will go to your designated beneficiary. If you do not designate a beneficiary, your funds will be paid to your estate and distributed in accordance with California probate law. A Beneficiary Designation form must be completed and signed to direct payments to specified individuals rather than to your estate. ***It is extremely important that you keep the Plan Administrator advised of your beneficiary designations.***

Converting to Full-Time Status

If your City employment status changes from a part-time, temporary, or seasonal employee to a half-time or full-time employee who is a member of one of the City's three primary retirement systems, you are eligible to:

- Enroll in the City's Deferred Compensation Plan and transfer your PSP account to the Deferred Compensation Plan; or
- Leave the funds in the PSP account and continue to earn interest until you separate from Cityservice.

Plan Administration

The Plan will be administered by the City's Personnel Department. The City has contracted with Empower Retirement ("Empower") to provide administrative and other support services.

More Information

To obtain additional information, please call Empower Retirement toll-free at (877) 583-4015.

This communication was created by and is being provided by the Plan Sponsor. Neither Great-West Life & Annuity Insurance Company nor any of its subsidiaries or affiliates have reviewed or approved these materials or are responsible for the materials or for providing updated information with respect to the materials. (3/2016)

YOUTH SERVICES ACADEMY
CONSENT TO MEDICAL AID RELEASE OF ALL CLAIMS
18 YEARS OLD +

I, the undersigned, _____ understand the Los Angeles Department of Water and Power does not provide health and medical insurance for the participants of the Youth Services Academy. I the undersigned hereby authorizes the City of Los Angeles acting by and through the Los Angeles Department of Water and Power to provide medical aid as may be required in the case of an emergency or injury on duty.

I hereby also release and discharge the City of Los Angeles acting by and through the Los Angeles Department of Water and Power, and each and all of their respective officers, agents, servants, and other employees, and all other persons, firms, associations, and corporations, and each of them (hereinafter collectively referred to as "releaseEs"), of and from any and all claims, demands, actions, or causes of action, which are had or claimed to be had, against them or any of them, because of any and all damages or injuries whatsoever, and any and all consequences, effects, and results thereof (whether the same be known, expected, or suspected, or unknown, unexpected, or unsuspected, and whether the same have already appeared or developed, or may now be latent, or may appear or develop in the future) that is sustained or to be sustained, either directly or indirectly or in any manner arising out of an accident or occurrence because of participation in the Youth Services Academy, including any and all medical aid that may be provided or not provided in the event of an emergency.

Please list all medication allergies, if any. State "none" if worker does not have any known drug allergies.

Please list all medications the worker is taking, including over-the-counter drugs. State "none" if the worker is not taking any medications.

Please list any and all medical conditions that the worker has or is currently being treated for. State "none" if the worker does not have any medical problems.

Please provide the name and office telephone number of the worker's regular doctor.

Student Worker's Regular Physician: _____ Telephone: _____

Emergency Contact Telephone: _____ Date: _____

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 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. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties 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.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for yourself **A** _____
- B** Enter "1" if you will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D** Enter "1" if: {
 - You're single, or married filing separately, and have only one job; or
 - You're married filing jointly, have only one job, and your spouse doesn't work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.} **D** _____
- E Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **E** _____
- F Credit for other dependents.**
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" **F** _____
- G Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . **G** _____
- H** Add lines A through G and enter the total here **H** _____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

- 1** Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details **1** \$ _____
- 2** Enter: {
 - \$24,000 if you're married filing jointly or qualifying widow(er)
 - \$18,000 if you're head of household
 - \$12,000 if you're single or married filing separately} **2** \$ _____
- 3 Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) **4** \$ _____
- 5 Add** lines 3 and 4 and enter the total **5** \$ _____
- 6** Enter an estimate of your 2018 nonwage income (such as dividends or interest) **6** \$ _____
- 7 Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . **7** \$ _____
- 8 Divide** the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H above **9** _____
- 10 Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1, page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **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 through 9 below to figure 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 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. 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				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

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. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. 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 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, the District of Columbia, and

U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's 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 average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

PR NO

Applicant Submission

ORI: A1977 Type of Application: EMPLOYMENT
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

CITY OF LA PERSONNEL DEPT 04640
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

700 E TEMPLE ST, RM 235
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)

LOS ANGELES, CA 90012 ()
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MIDDLE NAME

Alias: _____
Last First Driver's License No:

Date of Birth: _____ Sex: Male Female Misc. No. BIL - 144030
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____
CA ID OR OUT OF STATE D/L #

Eye Color: _____ Hair Color: _____
Street No. Street or PO Box

Place of Birth: _____
US CITY & STATE OR CITY & FOREIGN COUNTRY City, State and Zip Code

Social Security Number: _____

EMPLOYEE#
Your Number: _____
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI
Number: _____

Level of Service: DOJ FBI

Employer: (Additional response for agencies specified by statute)

Los Angeles Dept of Water & Power
Employer Name

111 N Hope St, Rm 546
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

Los Angeles, CA 90012 (213) 367-1934
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

LADWP ACC
Transmitting Agency ATI No. Amount Collected/Billed

Read carefully, sign, and return to your supervisor or appointing authority.

CODE OF ETHICS

I have received a copy of the City's Code of Ethics as contained in the Resolution adopted by the City Council on July 21, 1959 and amended August 23, 1979 by Council Resolution, I have read and understand the intent of this Code, and I will apply it in my duties with the City.

SIGNATURE

PRINT NAME

DATE

FEDERAL PRIVACY ACT

Use of Social Security Numbers

Federal law (Title 5 United States Code section 552a, subdivision (e)(3)) requires you be informed of the following when asked to supply your Social Security number:

- (A) the authority which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary;
- (B) the principal purpose or purposes for which the information is intended to be used;
- (C) the routine uses which may be made of the information; and
- (D) the effects, if any, of not providing the requested information

This is to inform you that when, as an official/employee of the City, you are requested to supply your Social Security number on any department form, disclosure of such information is mandatory and it is required for use in the employment, personnel or payroll process. The authority for requiring this information is based upon provisions of the City's payroll and personnel candidate processing systems and applicable Federal Law.

SIGNATURE

PRINT NAME

DATE

City of Los Angeles
CODE OF ETHICS
STATEMENT OF APPROVED PRINCIPLES FOR PUBLIC SERVICE
IN THE GOVERNMENT OF THE CITY OF LOS ANGELES
Adopted by Council Resolution, July 21, 1959 and Amended August 23, 1979 by Council resolution

I

General Rule with Respect to Conflicts of Interest

Persons in the public service shall not engage in nor shall they have any interest, direct or indirect, in any business or transaction, nor incur obligation which is in substantial conflict with the proper discharge of their official duties in the public interest or which impairs their independence of judgment in the discharge of such duties.

II

Actions and Conduct Designed to Build Public Confidence

Persons in the public service shall not only be ever conscious that public service is a public trust but also shall be impartial and devoted to the best interests of the City, and shall so act and conduct themselves, both inside and outside the City's service, as not to give occasion for distrust of their impartiality or of their devotion to the city's best interests.

III

Acceptance of Favors and Gratuities

Persons in the public service shall not accept money or other consideration or favors from anyone other than the City for the performance of an act which they would be required or expected to perform in the regular course of their duties; nor shall such persons accept any gifts, gratuities or favors of any kind which might reasonably be interpreted as an attempt to influence their actions with respect to City business.

IV

Use of Confidential Information

Persons in the public service shall not disclose confidential information acquired by or available to them in the course of their employment with the City, or use such information for speculation or personal gain.

V

Use of City Employment and Facilities for Private Gain

Persons in the public service shall not use, for private gain or advantage, their City time or the City's facilities, equipment or supplies, nor shall they use or attempt to use their position to secure unwarranted privileges or exemptions for themselves or others.

VI

Contracts With the City

Persons in the public service shall not exercise any discretionary powers for, or make any recommendations on behalf of or to the City or any department or officer thereof with respect to any contract or sale to which the City or any department thereof is a party and in which such persons shall knowingly be directly or indirectly financially interested.

VII

Outside Employment Impairing Service to the City

Persons in the public service shall not engage in outside employment or business activity which involves such hours of work or physical effort that it would or could be reasonably expected to substantially reduce the quality or quantity of work or interfere with such persons' giving a full day's labor for a full day's pay.

VIII

Outside Employment Incompatible With Official Duties

Persons in the public service shall not engage in any outside employment which involves the performance by them of any work which will come before them as officers or employees of the City, or under their supervision, for approval or inspection; provided that nothing in this paragraph shall be taken to limit in any manner the outside employment of such persons where the interests of the City are protected under Section 222 of the Charter and ordinances adopted thereunder.

IX

Personal Investments

Persons in the public service shall not make personal investments in enterprises which they have reason to believe may be involved in decisions or recommendations to be made by the, or under their supervision, or which will otherwise create a substantial conflict between their private interests and the public interest. If, however, persons in the public service have financial interests in matters coming before them, or before the department in which they are employed, they shall disqualify themselves from any participation therein.

X

Discussion of Future Employment

Persons in the public service shall not negotiate for future employment outside the City service with any person, firm, or organization known by such persons to be dealing with the City concerning matters within such persons' areas of responsibility or upon which they must act or make a recommendation.

XI

Conduct With Respect to Performance on the Job

Persons in the public service shall perform their duties earnestly, economically and efficiently.

XII

Activities Incompatible With Official Duties and the Reporting of Improper Government Activities

Persons in the public service shall not engage in any improper governmental activity or in any actions or practices which should interfere with the proper performance of the duties of others. Persons in the City service are strongly encouraged to fulfill their own moral obligations to the City by disclosing to the extent not expressly prohibited by law, improper governmental activities within their knowledge. No officer or employee of the City shall directly or indirectly use or attempt to use the authority or influence of such officer or employee for the purpose of intimidating, threatening, coercing, commanding, or influencing any person with the intent of interfering with that person's duty to disclose such improper activity.

XIII

Loyalty

Persons in the public service shall uphold the Federal and California State Constitutions, laws and legal regulations of the United States, the State of California, the City of Los Angeles, and all other applicable governmental entities therein.

XIV

Equal Employment Opportunity

Persons in the public service shall not, in the performance of their service responsibilities, **discriminate** against any person on the basis of race, color, national origin, ancestry, sex (including sexual harassment and gender identity or expression, which includes actual or perceived transgender status), sexual orientation, age, religion, creed, marital status, disability, medical condition (cancer or genetic characteristics), HIV/AIDS (acquired or perceived) or retaliation for having filed a discrimination complaint or participating in a protected activity; and they shall cooperate in achieving the equal employment opportunity goals and objectives of the City.

**DISASTER SERVICE WORKER
TRAINING REQUIREMENT NOTICE**

The Oath of Loyalty that you just signed asserts your requirement to serve as a Disaster Service Worker. You are hereby advised to complete the mandatory Disaster Service Worker training (approx. thirty minutes) within ninety days. Please consult with the Administrative staff in your division or your direct supervisor for instruction.



EMPLOYEE# _____ PR# _____ HIRE DATE: _____

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. 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-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Zip Code			Date of Birth (mm/dd/yyyy)		U.S. Social Security Number	
E-mail Address		Telephone Number				

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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

**3-D Barcode
Do Not Write in This Space**

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

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.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
Zip Code			



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Personnel Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name LA Dept of Water & Power	
Employer's Business or Organization Address (Street Number and Name) 111 N Hope St, Rm 546		City or Town Los Angeles	State CA	Zip Code 90012

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Los Angeles Department of Water & Power (LADWP)
Information Security Agreement

I, the undersigned, hereby promise and agree to comply with the following provisions of LADWP's Information Security Policy, any violation of which may result in discipline, up to and including discharge:

1. Unless otherwise ordered to do so in writing by LADWP management, the City Attorney's Office or law enforcement, I will not disclose or share any LADWP Security Access Device, Sign-on ID, system or user password, etc. (collectively "**Password**") officially issued to me by LADWP.
2. I will not solicit, possess or use any **Password** other than that which has been officially issued to me by LADWP.
3. I will treat all unpublished LADWP electronic data and information as confidential and will not disclose or disseminate it, unless authorized or required to do so by my Duties Description Record (DDR), or other official writing.
4. I will not seek, obtain, or possess any LADWP confidential information which I am not entitled or authorized to access.
5. I will neither seek nor gain entry by *any* means whatsoever, including use or misuse of my authority, to any secured LADWP facility, office, room, area, system, program or database which I am not officially authorized to access.
6. All information (including all e-mail and *personal* entries) which I input, process, transmit, store, save, download or receive on LADWP computers and peripherals remains at all times subject to retrieval, reconstruction, review and investigation by LADWP, and does not have or give rise to any expectation of privacy on my part.
7. I will use LADWP computers and peripherals for LADWP business purposes, regardless of the place or mode of access including access to the Internet/Intranet.

I understand and agree to use Internet and Intranet for official business. The Internet/Intranet will be used in a manner consistent with business goals and objectives directly related to my functions and responsibilities. And, I agree and acknowledge that it is my responsibility to periodically review policies, particularly upon becoming aware of or being informed that policies have been modified. The policies are available online at http://itsweb/Security_PoliciesGuidelines2.cfm. Should I not have access to the intranet, I understand that I can contact my division IT Coordinator for assistance in acquiring the policy.

8. **Electronic mail ("e-mail")**
 - a. **E-mail** shall be used for LADWP business purposes.
 - b. LADWP reserves the absolute right to review, audit, and disclose any e-mail message sent over the system or placed into its storage. All **e-mail** messages composed, sent, and received are and remain the property of LADWP.
 - c. LADWP can monitor **e-mail** for any reason without limitation.
 - d. The deletion of an **e-mail** message or file may not fully eliminate the message from the system. Therefore, there should be no expectation of privacy.
 - e. Any employee who is the recipient of an **e-mail** message which would be perceived by a

Original – Submit to LADWP Human Resources Division, Personnel Services Office, JFB-546, to be filed in employee folder

Copy – Provide to employee

Los Angeles Department of Water & Power (LADWP)
Information Security Agreement

reasonable person to be offensive or derogatory should bring the message to the attention of an immediate supervisor.

I fully understand that *any violation of this policy* may result in discipline, up to and including discharge, as well as possible civil and criminal liability. My signature below indicates I have read, understood and accept the terms and conditions of this agreement. I further acknowledge I have received a copy of this form.

Employee ID#: _____ IT Support Request ID#: _____

Print Employee Name: _____
(First Name) (Middle Name) (Last Name)

Employee Signature: _____ Date: _____

Division: _____ Section: _____

Original – Submit to LADWP Human Resources Division, Personnel Services Office, JFB-546, to be filed in employee folder
Copy – Provide to employee

**EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS
WHEN HIRED AND TO OTHER WORKERS WHO ASK FOR IT**

**RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE,
SEXUAL ASSAULT AND STALKING**

Your Right to Take Time Off:

- You have the right to take time off from work to get help to protect you and your children's health, safety or welfare. You can take time off to get a restraining order or other court order.
- If your company has 25 or more workers, you can take time off from work to get medical attention or services from a domestic violence shelter, program or rape crisis center, psychological counseling, or receive safety planning related to domestic violence, sexual assault, or stalking.
- You may use available vacation, personal leave, accrued paid sick leave or compensatory time off for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer before, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, court order or doctor's or counselor's note or similar document.

Your Right to Reasonable Accommodation:

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

Your Right to Be Free from Retaliation and Discrimination:

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, or stalking.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: www.dir.ca.gov/dlse/DistrictOffices.htm. If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.