

APPENDIX A

State Active Duty Position Request

- 1. Division/Activity: _____
- 2. Branch/Section: _____
- 3. Action Requested: New Position Retitle Position Reclass Position
- 4. Present Title/Grade: _____
Proposed Title/Grade: _____
- 5. Justification for action: (Also attach position description OTAG Form 900-13a)

- 6. Requesting Official: _____ Date: _____
- 7. Division/Activity Approval: _____ Date: _____
-
- 8. State Personnel Branch Concurrence: _____ Date: _____
- 9. Fund Verification: _____ Date: _____
- 10. AG/or Designated Representative Approval: _____ Date: _____
- 11. Department of Finance Approval: _____ Date: _____
- 12. OTAG Position # Assigned: _____ Date: _____

OTAG Form 900-13 (Jul 85)

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APPENDIX B

Position Description

Date: _____

Position Title: _____

Pay Grade: _____

Location: _____ Position Number: _____

The following duties, responsibilities and qualification requirements constitute minimum requirements for this position:

a. SUPERVISORY CONTROLS:

b. DUTIES AND RESPONSIBILITIES:

c. QUALIFICATIONS:

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APPENDIX B (Continued)

6. Identify by position title with whom frequent contacts might be made and purpose of contacts: _____

7. How are the majority of work assignments made:

- _____ Assigned by supervisor who instructs how to accomplish
- _____ Assigned by supervisor and incumbent decides how to accomplish
- _____ Incumbent will have responsibility for set of duties and will accomplish
- _____ Incumbent will develop projects as needed and accomplish

8. What percentage of work will be reviewed: (Percentage should be determined based on level of responsibility as indicated in seven above) _____

9. The most serious thing that could result from an error in the performance of duties: _____

10. Incumbent will supervise the following employees

| <u>NAME</u> | <u>TITLE</u> |
|-------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

11. Describe the nature and extent of supervisory responsibilities: (Plan work, prepare budget, assign and review work, evaluate performance, initiate action to fill vacancies and select employees, approve use of vacation, sick leave and other leave)

APPENDIX C

**State Active Duty
Personnel Action Request**

1. Action Requested: Appointment Reassignment Promotion
 Pay Rate Change Extension Other

2. Requesting Activity: _____

3. Position:

a. TO: _____
Title SAD Grade Position Number

b. FROM: _____
(not required for new appointments) Title SAD Grade Position Number

4. Individual's Name: _____
Last First MI

SSN: _____ Federally Recognized
Military Grade: _____

Military Unit: _____

5. a. Proposed Effective Date: _____ b. Period: _____

6. Vice: _____

7. Requesting Official: _____

8. Recommend Approval: _____

9. Position Verified: _____ Date: _____
State Personnel Office Representative

10. Funds Verified: _____ Date: _____
Military Department Comptroller Representative

11. Approved: _____ Date: _____
AG or Representative

Remarks:

APPENDIX D (continued)

CALIFORNIA NATIONAL GUARD
SAD APPOINTMENT APPLICATION
(CONTINUED)

| 12. EMPLOYMENT HISTORY (Show last 10 years) | | | |
|--|-----|-----------------|---------|
| a. FROM: | TO: | POSITION TITLE: | SALARY: |
| EMPLOYER'S NAME & ADDRESS: | | | |
| DESCRIPTION OF DUTIES: | | | |
| REASON FOR LEAVING: | | | |
| b. FROM: | TO: | POSITION TITLE: | SALARY: |
| EMPLOYER'S NAME & ADDRESS: | | | |
| DESCRIPTION OF DUTIES: | | | |
| REASON FOR LEAVING: | | | |
| c. FROM: | TO: | POSITION TITLE: | SALARY: |
| EMPLOYER'S NAME & ADDRESS: | | | |
| DESCRIPTION OF DUTIES: | | | |
| REASON FOR LEAVING: | | | |
| d. FROM: | TO: | POSITION TITLE: | SALARY: |
| EMPLOYER'S NAME & ADDRESS: | | | |
| DESCRIPTION OF DUTIES: | | | |
| REASON FOR LEAVING: | | | |
| e. FROM: | TO: | POSITION TITLE: | SALARY: |
| EMPLOYER'S NAME & ADDRESS: | | | |
| DESCRIPTION OF DUTIES: | | | |
| REASON FOR LEAVING: | | | |
| f. FROM: | TO: | POSITION TITLE: | SALARY: |
| EMPLOYER'S NAME & ADDRESS: | | | |
| DESCRIPTION OF DUTIES: | | | |
| REASON FOR LEAVING: | | | |
| g. FROM: | TO: | POSITION TITLE: | SALARY: |
| EMPLOYER'S NAME & ADDRESS: | | | |
| DESCRIPTION OF DUTIES: | | | |
| REASON FOR LEAVING: | | | |
| I certify all of the above information to be true and correct. | | | |
| SIGNATURE: | | | |

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APPENDIX E

Statement of Service

Date

I, _____
(Name) (Grade) (Social Security No.)

hereby certify that I am entitled to service credit in accordance with paragraph 10101, Military Pay and Allowance Entitlements Manual (See reverse), for service indicated below. I have attached documents to verify all periods of service other than California National Guard.

| Service or component | Day | From Month | Year | Day | To Month | Year |
|----------------------|-------|---------------|-------|-------|-------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

AUTHENTICATION BY
STATE PERSONNEL OFFICE

SIGNATURE _____

APPENDIX E (continued)

PART ONE
BASIC AND SPECIAL PAY
CHAPTER 1
SERVICE CREDITABLE

10101. Service Creditable

Basic pay varies with the number of years' service a member has credited. In computing cumulative years of service for this purpose, members are credited full-time service as follows:

- a. Organizations in General. Active or inactive service as an officer, warrant officer, or enlisted member in any of the following:
 - Air Force Reserve
 - Air Force of the United States (without specification of component)
 - Air National Guard
 - Air National Guard of the United States
 - Army of the United States (without specification of component)
 - Army National Guard
 - Army National Guard of the United States
 - Army Reserve
 - Coast Guard Reserve
 - Marine Corps Reserve
 - National Guard
 - National Guard of the United States
 - National Oceanic and Atmospheric Administration (see c. below)
 - Naval Reserve
 - Nurse Corps of the Public Health Service
 - Nurse Corps Reserve of the Public Health Service
 - Public Health Service
 - Regular Air Force
 - Regular Army
 - Regular Army Reserve
 - Regular Coast Guard
 - Regular Marine Corps
 - Regular Navy
 - Reserve Corps of the Public Health Service
- b. Nurse Service Before 16 Apr 1947. Creditable periods are those during which members held appointments as a nurse, Reserve nurse, or commissioned officer in the Army Nurse Corps or the Navy Nurse Corps, or the Reserve components thereof, as they existed before 16 Apr 1947.

c. National Oceanic and Atmospheric Administration (NOAA). Periods during which a member was an officer, deck officer, or junior engineer in the NOAA (includes periods served in the former corps of the Environmental Science Services Administration or the Coast and Geodetic Survey) is creditable service.

d. Service Counted on 10 Jan 1962. All service is creditable which, under any law in effect on 10 Jan 1962, was creditable in computing basic pay.

e. Service on Desired List or as Member of Fleet Reserve or Fleet Marine Corps Reserve. Creditable periods are those while on a temporary disability retired list, honorary retired list, or retired list of any uniformed service; and periods while entitled to retired pay, retirement pay, or retained pay from any uniformed service or the Veterans Administration as a member of the Fleet Reserve or Fleet Marine Corps Reserve.

f. Women's Army Auxiliary Corps. Effective 7 Aug 1959, active service during the period 14 May 1942 through 29 Sep 1943 as a member of the Women's Army Auxiliary Corps (WAAAC) may be counted if active military service is performed after 29 Sep 1943.

g. Army and Air Force Officers Restored to Duty Under Act of 29 Jan 1948. The period between date of removal and date of restoration of an Army or Air Force officer restored to the active list under the Army and Air Force Equalization and Retirement Equalization Act of 1948 is creditable.

h. Retention for Medical Care After Expiration of Term of Service. Any period on and after 12 Dec 1941 when an enlisted member of an Armed Force is retained in service after expiration of his or her term of service, for medical treatment or hospitalization for disease or injury incident to service and not due to his or her misconduct is creditable.

i. Service Before Attainment of Statutory Age for Enlistment. Any service which is otherwise creditable may be counted even if the service was performed before a member attained the statutory age for enlistment. Such service

may not be counted if it is determined to be fraudulent and is voided for that reason.

j. Temporary Member of Coast Guard Reserve. Active service performed as a temporary member of the Coast Guard Reserve is creditable.

k. Army of the United States Commands—World War II. Appointments made on and after 7 Dec 1941 in the Army of the United States, without component, under the Joint Resolution of 22 Sep 1941, are considered to have continued in effect through 31 Mar 1953 unless terminated before that date by administrative action or specific law. The period from the date of separation through 31 Mar 1953 may be credited for officers who:

- (1) Did not have Reserve or National Guard status,
- (2) Did not accept a Reserve commission, and
- (3) Were separated on or before 31 Mar 1953 without vacating their AUS status.

l. Warrant Officer Appointment—World War II. For a temporary appointment as a warrant officer under section 3 of the Act of 21 Aug 1941, the period from separation from active duty through 1 Apr 1953 is creditable unless the appointment was expressly terminated earlier.

m. Flight Officer Appointment—World War II. For an appointment as a flight officer under the Flight Officer Act of 8 Jul 1942, the period from separation from active duty through 27 Oct 1952 is creditable unless the appointment was expressly terminated earlier.

n. Service Terminated by Desertion or Dishonorable Discharge. Service in an enlistment terminated by desertion or dishonorable discharge is creditable unless the enlistment was fraudulent and was voided for that reason.

o. Women's Army Corps. Appointments in the Women's Army Corps in the Army of the United States, without component, if not previously terminated, were terminated on 31 Mar 1953. Such service is creditable for basic pay purposes.

p. Service as Cadet or Midshipman. Cadet or midshipman service is creditable in computing basic pay of enlisted members. For officers, see table 1-1-1.

q. Detail to Agencies Such as the Agency for International Development (AID). Department

of State. Service with AID and certain other agencies under agreement such as that between the Department of Defense and AID is creditable.

r. Reserve Officers' Training Corps. Service as a member of the Army, Navy, or Air Force Reserve Officers' Training Corps is creditable service as follows:

- (1) Before 14 Oct 1964. Any member who had concurrent Reserve status.
- (2) After 13 Oct 1964. An enlisted member who had concurrent Reserve status.

s. Aviation Midshipman. Service in the aviation midshipman program, Act of 13 Aug 1946, chapter 962, 60 Stat 1057, is creditable service for basic pay purposes effective on and after 26 Dec 1974.

1. Delayed Enlistment (Entry) Program:

- (1) For a Regular Component. Service as an enlisted member in the Reserves before beginning active duty in a Regular component is creditable service if the member enlisted in the Reserve component before 1 Jan 1985.
- (2) For a Reserve Component. All service as an enlisted member in the Reserves before beginning initial active duty for training is creditable.

APPENDIX F

Certificate of Dependents

| Last Name | First Name | Initial | Grade | SSN |
|-----------|------------|---------|-------|-----|
|-----------|------------|---------|-------|-----|

1. I have no dependents.
2. I certify the following named persons are my dependents for the purpose of receiving basic allowance for quarters:

a. **Lawful Spouse:**

| NAME | ADDRESS | DATE OF MARRIAGE |
|------|---------|------------------|
|------|---------|------------------|

b. **Children:**

| NAME | ADDRESS | AGE | *STATUS |
|------|---------|-----|---------|
|------|---------|-----|---------|

3. I further certify that my dependents are/are not occupying public (State or Federal) quarters without charge or if occupying such quarters the occupancy charge is \$ _____ per month.

4. I will immediately notify the Directorate of State Personnel Programs of any changes in the status of my dependents.

Signature

date

*Legitimate
Step Child
Adopted

OTAG Form 900-12 (Apr 89)

APPENDIX G

1989 Form W-4



Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 6 of the certificate below to see if you can claim exempt status. If exempt, only complete the certificate; but do not complete lines 4 and 5. No Federal income tax will be withheld from your pay.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are

entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two-Earner/Two-Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form

W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Advance Earned Income Credit. If you are eligible for this credit, you can receive it added to your paycheck throughout the year. For details, obtain Form W-5 from your employer.

Check Your Withholding. After your W-4 takes effect, you can use Publication 919, *Is My Withholding Correct for 1989?*, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Call 1-800-424-3676 (in Hawaii and Alaska, check your local telephone directory) to obtain this publication.

Personal Allowances Worksheet

- A Enter "1" for yourself if no one else can claim you as a dependent A _____
- B Enter "1" if:
 - 1. You are single and have only one job; or
 - 2. You are married, have only one job, and your spouse does not work; or
 - 3. Your wages from a second job or your spouse's wages (or the total of both) are \$2,500 or less. B _____
- C Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld) C _____
- D Enter number of dependents (other than your spouse or yourself) whom you will claim on your tax return D _____
- E Enter "1" if you will file as a head of household on your tax return (see conditions under "Head of Household," above) E _____
- F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F _____
- G Add lines A through F and enter total here G _____

For accuracy, do all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, turn to the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job and your combined earnings from all jobs exceed \$25,000 OR if you are married and have a working spouse or more than one job, and the combined earnings from all jobs exceed \$40,000, then turn to the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If neither of the above situations applies to you, stop here and enter the number from line G on line 4 of Form W-4 below.

Cut here and give the certificate to your employer. Keep the top portion for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010

1989

► For Privacy Act and Paperwork Reduction Act Notice, see reverse.

| | | | | | |
|---|--|-----------|--|---|--|
| 1 Type or print your first name and middle initial | | Last name | | 2 Your social security number | |
| Home address (number and street or rural route) | | | | 3 Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</small> | |
| City or town, state, and ZIP code | | | | | |
| 4 Total number of allowances you are claiming (from line G above or from the Worksheets on back if they apply) | | | | 4 _____ | |
| 5 Additional amount, if any, you want deducted from each pay | | | | 5 \$ _____ | |
| 6 I claim exemption from withholding and I certify that I meet ALL 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; AND • This year if my income exceeds \$500 and includes nonwage income, another person cannot claim me as a dependent. | | | | | |
| If you meet all of the above conditions, enter the year effective and "EXEMPT" here ► 6 19 | | | | | |
| 7 Are you a full-time student? (Note: Full-time students are not automatically exempt.) | | | | | |
| 7 <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status. | | | | | |
| Employee's signature ► | | | | Date ► | |
| 8 Employer's name and address (Employer: Complete 8 and 10 only if sending to IRS) | | | | 9 Office code (optional) | |
| | | | | 10 Employer identification number | |

APPENDIX G (continued)

Form W-4 (1989)

Page 2

Deductions and Adjustments Worksheet

Note: Use this worksheet only if you plan to itemize deductions or claim adjustments to income on your 1989 tax return.

- 1 Enter an estimate of your 1989 itemized deductions. These include: qualifying home mortgage interest, 20% of personal interest, charitable contributions, state and local taxes (but not sales taxes), medical expenses in excess of 7.5% of your income, and miscellaneous deductions (most miscellaneous deductions are now deductible only in excess of 2% of your income) 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$5,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$4,550 \text{ if head of household} \\ \$3,100 \text{ if single} \\ \$2,600 \text{ if married filing separately} \end{array} \right.$ 2 \$ _____
- 3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter zero. 3 \$ _____
- 4 Enter an estimate of your 1989 adjustments to income. These include alimony paid and deductible IRA contributions. 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. 5 \$ _____
- 6 Enter an estimate of your 1989 nonwage income (such as dividends or interest income). 6 \$ _____
- 7 Subtract line 6 from line 5. Enter the result, but not less than zero. 7 \$ _____
- 8 Divide the amount on line 7 by \$2,000 and enter the result here. Drop any fraction. 8 _____
- 9 Enter the number from Personal Allowances Worksheet, line G, on page 1. 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter the total on line 1, below. Otherwise, stop here and enter this total on Form W-4, line 4 on page 1. 10 _____

Two-Earner/Two-Job Worksheet

Note: Use this worksheet only if the instructions at line G on page 1 direct you here.

- 1 Enter the number from line G on page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet). 1 _____
- 2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. 2 _____
- 3 If line 1 is GREATER 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 4, on 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 4, on page 1. Complete lines 4-9 to calculate the additional dollar withholding 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 amount needed. 8 \$ _____
- 9 Divide line 8 by the number of pay periods each year. (For example, divide by 26 if you are paid every other week.) Enter the result here and on Form W-4, line 5, page 1. This is the additional amount to be withheld from each paycheck. 9 \$ _____

Table 1: Two-Earner/Two-Job Worksheet

| 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 |
| 0 - \$4,000 | 0 | 0 - \$4,000 | 0 |
| 4,001 - 8,000 | 1 | 4,001 - 8,000 | 1 |
| 8,001 - 18,000 | 2 | 8,001 - 13,000 | 2 |
| 18,001 - 21,000 | 3 | 13,001 - 15,000 | 3 |
| 21,001 - 23,000 | 4 | 15,001 - 19,000 | 4 |
| 23,001 - 25,000 | 5 | 19,001 and over | 5 |
| 25,001 - 27,000 | 6 | | |
| 27,001 - 32,000 | 7 | | |
| 32,001 - 38,000 | 8 | | |
| 38,001 - 42,000 | 9 | | |
| 42,001 and over | 10 | | |

Table 2: Two-Earner/Two-Job Worksheet

| Married Filing Jointly | | All Others | |
|---------------------------------------|-----------------------|---------------------------------------|-----------------------|
| 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 - \$40,000 | \$300 | 0 - \$23,000 | \$300 |
| 40,001 - 84,000 | 560 | 23,001 - 50,000 | 560 |
| 84,001 and over | 660 | 50,001 and over | 660 |

Privacy Act and Paperwork Reduction Act Notice.—We ask for this information to carry out the Internal Revenue laws of the United States. We may give the information to the Department of Justice for civil or criminal litigation and to cities, states, and the District of Columbia for use in administering their tax laws. You are required to give this information to your employer.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping 46 mins., Learning about the law or the form 10 mins., Preparing the form 70 mins. If you have comments concerning the accuracy of these time estimates or suggestions for making this form more simple, we would be happy to hear from you. You can write to the Internal Revenue Service, Washington, DC 20224, Attention: IRS Reports Clearance Officer, TR:FP, or the Office of Management and Budget, Paperwork Reduction Project, Washington, DC 20503.

APPENDIX H

STATE OF CALIFORNIA

**OATH OF ALLEGIANCE AND DECLARATION OF PERMISSION TO WORK
FOR PERSONS EMPLOYED BY THE STATE OF CALIFORNIA**

STD. 689 (REV. 7-75)

(Complete Parts 1 and 3 or Parts 2 and 3)

PART 1 - OATH OF ALLEGIANCE

WHO MUST SIGN OATH - Every State employee before he/she enters upon the duties of his/her State employment, except legally employed noncitizens. The oath is not required of noncitizens; however, the Declaration of Permission to Work is required. If an alien employee becomes a naturalized citizen, an oath must then be obtained and filed.

WHEN OATH MUST BE SIGNED - Before entering upon the duties of their employment. For intermittent, temporary or emergency employments an oath or affirmation may, at the discretion of the employing agency, be effective for all successive periods of employment which commence within one calendar year from the date of the oath.

WHERE OATHS ARE FILED - All oaths for State employees, State Civil Defense Volunteers, members of the California National Guard or California Defense and Security Corps shall be filed in the official employee file within 30 days of the date the oath is executed.

FAILURE TO SIGN OATH - No compensation or reimbursement for expenses incurred shall be paid to any public employee or civil defense worker by any public agency unless such public employee or civil defense worker has taken and subscribed to the oath or affirmation.

PENALTIES (Government Code)

"3108. Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he/she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years."

(TYPE OR PRINT NAME OF EMPLOYEE)

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.

PART 2 - DECLARATION OF PERMISSION TO WORK

I am a lawful permanent resident alien of the United States. YES NO

If NO, please read the following:

I hereby certify, that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.

PART 3 - SIGNATURE AND CERTIFICATION (NO FEE MAY BE CHARGED FOR ADMINISTERING)

SIGNATURE OF EMPLOYEE

STATE DEPARTMENT OR AGENCY

SUBDIVISION OR UNIT

Taken and subscribed before me this

_____ day of _____

SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

(SEAL)

Oath may be administered by a person having general authority by law to administer oaths - or may be administered by the appointing power, or by a person for whom written authorization to witness oaths has been executed by the appointing power. The appointing power maintains a file of such authorizations.

27 April 1990

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APPENDIX I

STATE OF CALIFORNIA

DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS (Gov. C., Sec. 12479)

STD FORM 243 (REV. 4/78)

| | |
|--------------------------------|--|
| NAME OF EMPLOYING STATE AGENCY | NAME OF EMPLOYEE (FIRST, MIDDLE, LAST) |
| | SOCIAL SECURITY NO. |
| | CITY WHERE AGENCY LOCATED |

Pursuant to Section 12479 of the Government Code, I hereby designate the following person who, notwithstanding any other provision of law, shall be entitled upon my death to receive all state warrants, excluding warrants for payment of death benefits and refund of employee retirement contributions, that would have been payable to me had I survived:

DESIGNEE (MUST BE AT LEAST 18 YEARS OF AGE)

| | | | |
|----------------------------|----------------|----------|------------------|
| NAME (FIRST, MIDDLE, LAST) | RELATIONSHIP | AGE | TELEPHONE NUMBER |
| ADDRESS | CITY AND STATE | ZIP CODE | |

I hereby revoke any previous designations filed by me.

If the above-named designee does not file a written request with the personnel office of my employer state agency for such warrants within sixty (60) days after the date of my death this designation shall be and become null and void.

This designation will remain in full force and effect during my employment with any California state agency until revoked in writing by me. This designation will terminate on the date of my permanent separation from said employment.

| | | |
|-----------------------|--|------|
| SIGNATURE OF EMPLOYEE | FOR AGENCY USE ONLY | |
| ADDRESS | REVIEWED BY THE AGENCY PERSONNEL OFFICER AND FILED | |
| CITY, STATE, ZIP CODE | SIGNATURE OF AGENCY PERSONNEL OFFICER | |
| DATE SIGNED | TYPED NAME | DATE |

INSTRUCTIONS

1. Complete this form in duplicate; typewritten or in ink.
2. Show designee's full name; for example, "Mary Jane Smith," not Mrs. John E. Smith.
3. Show relationship of the person being designated such as wife, husband, daughter, son, mother, father, friend, etc.
4. Verify that the form is complete and correct. No erasures or corrections may be made in the writing of the name of the designee. If an error has been made, complete a new set of forms.
5. Sign both copies in ink. Submit both copies to your personnel office. The duplicate copy will be returned to you for your record.
6. You may change your designation at any time, by filing a new designation with your personnel office.
7. You may completely revoke a designation at any time by a letter to your employer signed by you in duplicate.
8. Inform your personnel office when a change occurs in your designee's address.
9. You may wish to file a new designation upon any change in your marital status.

REFERENCE: Government Code Section 12479
State Administrative Manual Sections 8429-8429.37

27 April 1990

APPENDIX J (continued)

| YES | NO | CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT |
|---|------|---|
| | | 15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc. B. Inability to perform certain motions. C. Inability to assume certain positions. D. Other medical reasons (if yes, give reasons.) |
| | | 16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.) |
| | | 17. Have you ever been denied life insurance? (If yes, state reason and give details.) |
| | | 18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.) |
| | | 19. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.) |
| | | 20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.) |
| | | 21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.) |
| | | 22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.) |
| | | 23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.) |
| | | 24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.) |
| I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service. | | |
| TYPED OR PRINTED NAME OF EXAMINEE | | SIGNATURE |
| NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY." 25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in Items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.) | | |
| TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER | DATE | SIGNATURE |
| | | NUMBER OF ATTACHED SHEETS |

REVERSE OF STANDARD FORM 93

U.S.G.P. 011979-111-153(5102)

APPENDIX L

Federal Privacy Act Information Statement

The Board of Administration, Public Employee's Retirement System, requires the disclosure of each member's Social Security account number on a mandatory basis to comply with Sections 6033 and 6041, Title 26, of the United States Code, and Sections 1.603-1(a)(3) and 1.604-2(b) of the Federal Tax Regulations, requiring reporting to the Internal Revenue Service of disbursements made by the System and to comply with its obligations under the Federal-State agreement imposed by Sections 404.1242, 404.1243, 404.1250, 404.1255 and 404.1256, Title 20, Code of Federal Regulations, requiring reporting to the Social Security Administration.

The Social Security account number is used for the following purposes and is included in the following documents:

1. Member identification on membership files, documents, and correspondence.
2. Annual report to the Franchise Tax Board and to the Internal Revenue Service of interest on refunds where the interest paid to an individual is \$600 or more.
3. Annual Statement of Member Contribution and Service Credit sent to employers for distribution to members.
4. Annual Listing of Member Contributions as of each June 30 sent to each employer.
5. All Refund Rolls submitted to the State Controller for processing.
6. Reports of benefit payments to the State Franchise Tax Board and to the Internal Revenue Service.
7. Annual return filed with the Internal Revenue Service.
8. Reports to the Internal Revenue Service of Federal income tax withheld from benefit payments.
9. Reports submitted to the Social Security Administration.

I have read the foregoing on _____
(date)

(Signature)

APPENDIX M

**STATEMENT OF
STATE ACTIVE DUTY
STATUS**

Date

1. The authority for State Active Duty is the California Military and Veterans Code, which directs that the duties of the Officers, Warrant Officers and Enlisted Personnel of the Office of the Adjutant General shall conform to the duties prescribed by regulations of the Department of Defense for like positions in the Army, Air Force and Navy. All activities or installations operated by the Military Department are considered extensions of the Office of the Adjutant General and the same provisions apply to State Active Duty employees at those locations.
2. All members appointed to State Active Duty regardless of Military affiliation are advised that:
 - a. They are subject to call to duty 24 hours a day, seven days a week.
 - b. There is no entitlement to compensatory time off.
 - c. They are required to meet the same physical standards as prescribed for federally recognized National Guard Members.
 - d. They must attain and maintain professional proficiency.
 - e. Federally recognized members of the National Guard will wear the appropriate Military Uniform while on duty and must comply with the appropriate Military dress and grooming code.

I acknowledge having read the above statement and agree to comply with the established provisions.

(Name)

(Position Title)

(date)