

PERSONNEL DATA – PLEASE PRINT – FILL OUT IN BLUE INK

DWP EMP NO _____ **DRIVER'S LIC #** _____ **EXP DATE** _____

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#

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 NATURALIZATION # CITY ISSUED DATE
NO 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

BENEFICIARY-to receive all payments due upon my death under the terms of the Retirement Plan: IF MARRIED AND OTHER THAN SPOUSE IS NAMED, CAN BE CONTESTED UNDER CALIFORNIA COMMUNITY PROPERTY LAW:

LAST NAME FIRST MIDDLE In Full Relationship to Me

whose address is _____
ADDRESS CITY STATE ZIP CODE

BENEFICIARY'S: Sex BIRTH: MM/DD/YYYY RACE

EMP 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

Employees of the Department are not to engage in outside employment except where such conforms to the requirement Rule Section 8.1 and only after a report of same has been forwarded to the General Manager on the form provided.

SIGNATURE OF EMPLOYEE

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: _____ Home Address: _____
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

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.

**CORPORATE HEALTH AND SAFETY
DRIVER LICENSE VALIDATION INFORMATION**

EMPLOYEE'S FULL NAME: _____
First Middle Last

NAME AS SHOWN ON DMV RECORD: _____
(License or ID) First Middle Last

EMPLOYEE NUMBER: _____ **TODAY'S DATE:** _____
month/day/year

CALIFORNIA DRIVER LICENSE INFORMATION

DATE OF BIRTH AS IT APPEARS ON LICENSE OR ID: _____

CALIFORNIA DL OR ID CARD NUMBER AND CLASS: _____

or

OUT OF STATE DRIVER LICENSE INFORMATION

DATE OF BIRTH AS IT APPEARS ON LICENSE OR ID: _____

OUT OF STATE LICENSE NUMBER: _____

STATE WHERE ISSUED: _____

Employee Acknowledgment and Pull Notice (driver record): I understand that I may not operate a City vehicle without a valid California Driver License and that it is my responsibility to notify my supervisor in the event that my license is suspended or revoked. I understand that false or incomplete statements will be cause for Disqualification or Dismissal. I certify that the foregoing is true and correct and acknowledge that LADWP will use the above information to obtain my driver record.

EMPLOYEE SIGNATURE: _____

EMPLOYMENT INFORMATION-To be completed by Personnel Office only

ORGANIZATION/BUSINESS UNIT: _____

CIVIL SERVICE CLASSIFICATION: _____

CIVIL SERVICE CLASS CODE: _____

PAYROLL/SECTION NUMBER: _____

COMMERCIAL DRIVER: Yes / No

REQUIRED TO DRIVE COMMERCIAL?

This section completed by: _____ **Phone:** _____

Distribution: Corporate Health and Safety, Commercial Driver Program

Mail to: Cheryl Ann Santos Central District 1350 S Wall St

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):

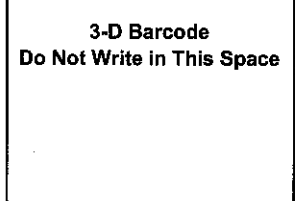
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field.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



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):
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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:
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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

**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 _____



Welcome to Human Resources' (HR) eBenefits & Self Service Website!

We are pleased to provide you with access to HR's eBenefits & Self Service website. If you have access to the Internet at home or the Intranet at work, you now have the option of making changes to your personal information online.

The eBenefits & Self Service website was developed to allow you to manage your personal and work-related information. Specifically the site allows you to manage:

- Administration of Medical and Dental benefits;
 - Medical & Dental plan changes can only be made during the Los Angeles Department of Water & Power's Annual Open Enrollment Period, which generally occurs each Spring.
 - Addition of eligible dependents, such as a newborn child or a spouse, can be made at anytime.
- Changes to personal home or mailing address;
- Identification and designation of your Emergency Contacts;
- Updates to personal phone numbers including: home phone, personal cell phone, and pager.

To access the eBenefits & Self Service website, you will need the following User ID and Registration Code:

<p>User ID: Your Employee Number Registration Code: Last 4 Digits of Your (SSN)</p>

The Registration Code is unique to you and will be used the first time you access the eBenefits & Self Service website. You will choose your own password when you register at the website. The eBenefits & Self Service website is protected by Secure Sockets Layer (SSL). SSL is a protocol for transmitting private documents and data. The eBenefits & Self Service website is secure and operational 24 hours a day, 7 days a week, all year long.

We encourage you to review and update your personal and work-related information.

The eBenefits & Self Service website can be accessed on the Internet at

<https://ebenefits.ladwp.com>.

If you have problems accessing the eBenefits & Self Service website, please call the Human Resources Management System (HRMS) Help Desk at **(213) 367-2727** Monday through Friday between the hours of 7:30 a.m. and 5:00 p.m., or send an email to eBenefits@ladwp.com.

FLEX PLAN

As an eligible employee, you may participate in up to four types of Flex Plans. Enrollment in these plans is separate from your enrollment in the LADWP or IBEW Local 18-sponsored health and dental plans. You must sign up through the Flex Plan enrollment system. Your Flex Plan election automatically continues each plan year unless cancelled during Open Enrollment.

A TAX-FREE BENEFIT

The LADWP Flex Plan is governed by the Internal Revenue Service (IRS). It offers tax savings by reducing your taxable income and using pre-tax dollars for your out-of-pocket expenses. Your contributions are deducted from your paycheck before federal and Social Security taxes (and, in most cases, your state and local income

taxes) are withheld. When you set aside pre-tax dollars in a Flex Plan account you effectively lower your gross pay that is subject to tax, and your qualified purchases are paid for with your pre-tax dollars.

WHO IS ELIGIBLE?

You are eligible to participate in any of the LADWP Flex Plan benefits if you are

an active LADWP Civil Service employee regularly scheduled to work at least 20 hours per week. You are not eligible to participate in the LADWP Flex Plan if you are an exempt daily rate employee, a part-time exempt employee, or on a limited appointment.



YOUR FLEX PLAN OPTIONS

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HEALTH FSA)	DEPENDENT CARE ACCOUNT (DCA)	COMMUTER SPENDING ACCOUNTS	
		The Transportation Spending Account (TRANSIT)	The Parking Spending Account (PARK)
<p>The Health FSA allows you to set aside pre-tax money for eligible health-related expenses that are not covered by your health plan. The maximum amount you can set aside for a Health FSA is \$2,550 per plan year. These funds can be used to pay for out-of-pocket deductibles, co-payments, orthodontia services, chiropractic services, and other health care expenses. Equal installments of the total amount you elect will be deducted from each of your bi-weekly paychecks throughout the plan year.</p> <p>Unused funds of up to \$500 will be automatically carried over to the following plan year.</p>	<p>The DCA allows you to set aside up to \$5,000 per plan year of pre-tax money to pay for dependent care expenses so that you (or you and your spouse) can work. Equal installments of the total amount you elect will be deducted from each bi-weekly paycheck on a pre-tax basis throughout the plan year.</p>	<p>TRANSIT lowers your cost of living by reducing the cost of getting to work. Through TRANSIT, the IRS allows you to use up to \$130 pre-tax dollars per month (\$1,560 annually) to pay for your mass transit. However, \$960 is the annual maximum election for LADWP employees because of the \$50 pre-tax monthly subsidy (\$600 annually) provided through the CARS Office (\$1,560 IRS maximum – \$600 LADWP pre-tax subsidy = \$960 annual maximum election).</p>	<p>PARK allows you to set aside up to \$250 pre-tax dollars per month to pay for your non-LADWP-facility parking costs. Therefore, if you pay for parking at a location from where you commute to work, this expense could be paid for with pre-tax dollars. Please note: The parking fee at LADWP facilities is already a pre-tax deduction and is not eligible for this Flex Account.</p>

PRE-TAX PREMIUM PLAN

The Pre-Tax Premium Plan is a benefit that allows you to pay for your health care premium contributions on a pre-tax basis. You are eligible to participate in the Pre-Tax Premium Plan if you are enrolled in a LADWP or IBEW Local 18-sponsored health or dental plan. Your health and dental plan contributions are deducted from your paycheck before taxes are withheld. This lowers your taxable income, which means you pay less in taxes. Eligible employees are enrolled

in the Pre-Tax Premium Plan by default. Eligible employees wanting to opt out of the Pre-Tax Premium Plan must notify the Flex Plan Administrator during Open Enrollment. **If you are enrolled in the Flex Pre-Tax Premium Plan, you will not be able to stop or make changes to your benefit options until the next Open Enrollment period, unless you experience a qualifying status change.** Pre-tax health and dental premiums are paid directly to your health insurance carrier.

PLEASE NOTE:

If you do not pay monthly premium contributions (as most employees do NOT), or you are not enrolled in a LADWP or IBEW Local 18-sponsored health or dental plan, you are not eligible for the Pre-Tax Premium Plan.

HOW TO ENROLL OR MAKE CHANGES DURING THE OPEN ENROLLMENT PERIOD

From April 27 through May 8, 2015, you can enroll or make changes online at <https://employee.eflexgroup.com>, accessible 24 hours a day, 7 days a week.

If you do not have access to a computer, you need to complete the enrollment, change or cancellation forms by contacting the LADWP Flex Plan Administrator at (213) 367-2043, Room 559, John Ferraro Building.

The Flex Plan newsletter, which contains more detailed information regarding the Flex Plan, is mailed to all active employees prior to the Open Enrollment period. This newsletter is also available at <https://ebenefits.ladwp.com>.

Welcome to the Los Angeles Department of Water and Power

Health and Dental Benefits Information Sheet

- As a new LADWP employee, you may enroll in one Department-sponsored health plan and one Department –sponsored dental plan.
- You will have 31 days from your effective start date to enroll in a Health and Dental Plan.
- Your coverage will become effective the first of the following month your enrollment paperwork is received.
- If you are transferring/promoting from another City Department, you will have to re-enroll in to a health and dental plan with LADWP, your coverage with another City Department **does not** rollover, **you must re-enroll** and you have 31 days from your effective start date to enroll, although you have 31 days to enroll in a health and dental plan, please enroll early to avoid a break in coverage.
- If you are a member of IBEW Local 18, you have the option of enrolling in the IBEW Local 18 union sponsored health plan and/or dental plans instead of enrolling in the Department sponsored plan(s).
- If you elect to enroll in an IBEW Local 18 sponsored health and dental plan, you must contact the Local 18 Benefits Service Center to enroll in a health and/or dental plan. The IBEW Local 18 Benefit Service Center can be reached at 1-800-842-6635.
- Please use the Benefits Guide book to help you make the right election for you and your family, the guide provides you with a comparison of benefits for all the plans available
- If you are adding your spouse/domestic partner and children to the plan you must provide your dependents social security number and copies of your marriage certificate and birth certificates of your dependents
- If you are adding your domestic partner, you must also provide the supporting documents and meet the requirements listed in the benefits guide book.
- Department employees do not qualify for health or dental coverage as dependents if they are eligible for Department coverage as subscribers. This means that Department employees cannot cover each other as dependents on their respective plans.
- If both parents work for the Department, their dependent children can only be covered on one health plan and/or dental plan.
- Construction-exempt employees on Payroll 03 or 95 are not eligible to enroll in the Department-sponsored or Union sponsored health or dental plans. Construction-exempt employees on Payroll 02, 06 or 72 are eligible to enroll in Department-sponsored or union sponsored health or dental plans, however; they are not eligible for the Department's subsidy. Please check with your timekeeper if you are unsure of which payroll number you are on.
- If you have any questions, please feel free to call the Health Plans Office at 213-367-2023, our office hours are from 7:00 am – 11:30am and 12:30 pm – 4:00 pm daily.

PLEASE NOTE: COVERAGE IS NOT AUTOMATIC. PROTECT YOURSELF AND YOUR FAMILY BY ENROLLING WITHIN THE 31 DAY ESTABLISHED ENROLLMENT PERIOD.

**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.