

Short-Term, Substitute and Professional Expert Board Election Check Off List for New Employee

☐ Board Election Complete

a. Top Portion Filled Out Completely

b. Budget Officer Signature

c. All Appropriate Signatures

☐ Short-Term, Substitute & Professional Expert Employment Application

☐ Personal Data Report Form

☐ Employment Information

☐ Workers' Compensation: Pre-Designation of Personal Physician

☐ Notice of Exclusion from CalPERS Membership

☐ Member Reciprocal Self-Certification Form

☐ I-9 Employment Eligibility Verification

☐ W 4 Federal Withholding Allowance

☐ DE 4 EDD Withholding Allowance

☐ Payroll Information

☐ Direct Deposit Authorization Agreement/FAQ

☐ Sick Leave for Temp Employee

☐ Employee Survey

☐ Tuberculosis Clearance

☐ Fingerprint Processing Form

SHORT-TERM, SUBSTITUTE & PROFESSIONALEXPERT
ELECTION REQUEST

Work Location: ☐ District Office ☐ Evergreen Valley College ☐ San Jose City College
☐ Other: _____

Assignment: ☐ Professional Expert ☐ Substitute for Active Employee Max: 185 working days per fiscal year ☐ Substitute for Vacant Position Max: 60 working days, must be in recruitment

☐ Short-term 60 days per peak period _____ Name of Active Employee _____ Name of Former Employee _____

☐ Athletic Support Services Max: 60 days per peak period ☐ On-Call Substitute (Police and Cosmetology only) Max: 10 consecutive days

Employee Information:

Position ID# (For Timesheet) _____

Legal Last Name _____ Legal First Name _____ Legal M.I. _____ Social Security # _____ Employee ID # _____

Address (Street, City, State, Zip) _____ Phone Number _____ ☐ Cell ☐ Home

Gender: ☐ Male ☐ Female 1. Previously on District payroll? ☐ Yes ☐ No If yes, when? _____

Birthdate: _____ 2. Relatives in employment by District? ☐ Yes ☐ No If yes, name(s): _____

Department: _____ 3. Currently (or in this recent semester) working/volunteering for SJCC/EVC/DO? ☐ Yes ☐ No If yes, what dept.? _____ What is/was your title? _____

Position: Short-Term	Athletic Support Services	Professional Expert
<input type="checkbox"/> Accounting Assistant	<input type="checkbox"/> Assistant Head Coach	<input type="checkbox"/> Art Model
<input type="checkbox"/> Classroom/Lab/Tutor Aide	Sport/Level: _____	<input type="checkbox"/> Interpreter (ASL)
<input type="checkbox"/> Clerical Assistant I	Stipend Amount: _____	<input type="checkbox"/> Real-Time Captioner
<input type="checkbox"/> Clerical Assistant II	<input type="checkbox"/> Off -Season	
<input type="checkbox"/> Facility Technical Assistant	Sport/Level: _____	Health Science
<input type="checkbox"/> Grant Position Title: _____	Stipend Amount: _____	<input type="checkbox"/> EMT Skills Trainer
Grant Rate of Pay: _____	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Counselor Intern
<input type="checkbox"/> Office Assistant I	Sport/Level: _____	
<input type="checkbox"/> Office Assistant II	Stipend Amount: _____	Health Center Services
<input type="checkbox"/> Police Special Events Officer	<input type="checkbox"/> Off -Season	<input type="checkbox"/> Clinic Physician
<input type="checkbox"/> Other: _____	Sport/Level: _____	<input type="checkbox"/> Medical Assistant
	Stipend Amount: _____	<input type="checkbox"/> Medical Director
Substitute	<input type="checkbox"/> Camp Director	
<input type="checkbox"/> _____ Position	Stipend Amount: _____	Trainers (CCCEM)
(On Call Day to Day)	<input type="checkbox"/> Athletic Site Supervisor	<input type="checkbox"/> WI Trainer
<input type="checkbox"/> _____ Position	<input type="checkbox"/> Scorekeeper/Timekeeper	Discipline: _____ Rate of Pay: _____
(Long Term Leave/Vacancy)		

Start Date: _____ End Date: _____ Specify Peak Period (s) _____

Hours/Days: _____ Hours/Week: _____ Work Schedule: _____

(Attach work calendar)

Required Employment Documents for New or Returning Employees (If more than one year since employed)

<input type="checkbox"/> I-9 <input type="checkbox"/> DE4/W4	<input type="checkbox"/> Copy of Acceptable Documents from List A or B & C from Form I-9	<input type="checkbox"/> Employment Application
<input type="checkbox"/> Employment Information Form	<input type="checkbox"/> Payroll Information Form	<input type="checkbox"/> Applicant Employee Survey
<input type="checkbox"/> Personal Data Report Form	<input type="checkbox"/> Workers' Comp. Physician Form	<input type="checkbox"/> Documents Already on File

Account Information:

Account #: _____ % _____

Account #: _____ % _____

District Fiscal Approval: _____ Date: _____

Employment Authorization:

Election Request Prepared by: _____ Print Name _____ Date: _____

Dean/Administrator: _____ Print Name _____ Signature: _____ Date: _____

V.P./President: _____ Print Name _____ Signature: _____ Date: _____

Academic/Admin. Serv./Budget Officer: _____ Print Name _____ Signature: _____ Date: _____

Human Resources Processing:

Approved By: HR Director _____ Processed By: _____

TB Test Date: _____ Fingerprints Completion Date: _____ Board Date: _____ App/Docs on File: _____

Position ID: _____ **Requisition No.:** _____ **Rate of Pay:** _____

HR.12/2023



San Jose/Evergreen Community College District
Office of Human Resources

SHORT-TERM, SUBSTITUTE & PROFESSIONAL EXPERT EMPLOYMENT APPLICATION

Name _____
Legal Last Legal First Legal Middle

Address _____
Number/Street/Apt. Number City/State/Zip

Day Phone: () Evening Phone: ()

Cell Phone: () Email Address: _____

EDUCATION PREPARATION:

High School: Last year completed (9, 10, 11, or 12): _____ GED? Yes ___ No ___

School Name: _____ City/State: _____

College/University/Vocational	Major	Minor	Degree	Degree Awarded Yes or No	# of Units Completed

EMPLOYMENT HISTORY: DO NOT SUBSTITUTE A RESUME FOR THIS INFORMATION. List your present employer first. Account for all time during the past five years and for any employment pertinent to the qualifications of this position. Attach a separate sheet if needed. Complete all information requested.

Dates Of Employment From To Mo/Yr Mo/Yr	Status FT PT	Hours Per Week	Job Title
			Duties
Company Name, Address and Telephone Number			Reason for Leaving
Supervisor's Name, Title and Telephone Number			

Dates Of Employment From To Mo/Yr Mo/Yr	Status FT PT	Hours Per Week	Job Title
			Duties
Company Name, Address and Telephone Number			Reason for Leaving
Supervisor's Name, Title and Telephone Number			

Dates Of Employment From To Mo/Yr Mo/Yr		Status FT PT		Hours Per Week	Job Title
					Duties
Company Name, Address and Telephone Number					
Supervisor's Name, Title and Telephone Number					Reason for Leaving

GENERAL QUESTIONS: [Complete in Entirety]

YES NO

1. Can you, after employment, submit verification of your legal right to work in the United States? Upon employment you will be required to present documentation of your eligibility to work in the United States and to attest to your work eligibility. To be eligible for work in the U.S., you must be able to prove, that you are a) lawfully admitted for permanent residence or b) authorized by the Immigration and Nationality Act or by the U.S. Attorney General to be employed.

☐ ☐

2. A. Have you ever been convicted of any criminal offense?
If "yes," complete Part A on the Personal Data Report Form: Please state for each conviction the specific charge for which you were convicted, the date and place of conviction, as well as the jail-prison sentence or fine you received. Please be aware that certain offenses need not be reported (See California Code of Regulations, Title 2, section 7287.4). Regardless of Title 2, California Code of Regulations, section 7287.4, you must report all sex and drug offenses specified in Education Code sections 87010 and 87011. A record of conviction will not necessarily constitute a bar from employment.

☐ ☐

If "no," complete Part A on the Personal Data Report Form, indicating "N/A" (not applicable), sign and date.

- B. In addition, Labor Code section 432.7 allows an employer to ask: Do you currently have any offenses pending against you in a criminal court of law for which you are out on bail or have been released on your own recognizance pending trial?
If "yes," complete Part B on the Personal Data Report Form, please specify the charge(s), the county in which the charge(s) is pending, and the date of trial, if set.

☐ ☐

If "no," complete Part B on the Personal Data Report Form, indicating "N/A" (not applicable), sign and date.

3. Have you ever been dismissed from employment for misconduct or unsatisfactory service?
If yes, please explain *on a separate sheet of paper and attach to this application.*

☐ ☐

4. Do you have relatives currently employed by the District? If yes, please list their names and work locations.

☐ ☐

Name _____ Name _____

Relationship _____ Relationship _____

College/Dept. _____ College/Dept. _____

CERTIFICATION OF APPLICANT (READ BEFORE SIGNING)

I authorize any representative of San Jose/Evergreen Community College to thoroughly investigate my background, including, but not limited to, my references, educational record, work experience, and/or disciplinary information. I release the college, its agents, and all other persons and entities from any and all liability for damage that may result to me on account of their compliance with this authorization. If employed, I understand that any untrue statements on this application may be grounds for dismissal.

Signature: _____

Date: _____

San Jose/Evergreen Community College District is an Equal Opportunity Employer committed to nondiscrimination on the basis of ethnic group identification, race, color, language, accent, immigration status, ancestry, national origin, age, gender, religion, sexual orientation, transgender, marital status, veteran status, medical condition, and physical or mental disability consistent with applicable federal and state laws.

PERSONAL DATA REPORT FORM

San Jose/Evergreen Community College District – Human Resources Department

READ CAREFULLY AND FOLLOW THE INSTRUCTIONS

Legal NAME (Last, First ,Middle)

(PLEASE PRINT)

Our responsibility to students and the public, and restrictions outlined in the State Education Code § 87405-87406 and § 88022-88023, require that we request the following information.

- A. Have you ever been convicted of any offense by any civilian or military court? A plea of nolo contendere is considered a conviction. **The following need not be reported (1) minor traffic violations; (2) any offense which was finally settled in a juvenile court or under a welfare youth offender law; (3) any incident that has been sealed under Welfare and Institutions Code § 781 or Penal Code § 1203.45; (4) any conviction specified in Health and Safety Code § 11361.5 (some marijuana offenses).**

☐

Yes

☐

No

If yes, please note in the spaces below the date and place of each conviction, the specific charge, the fine or sentence received and any other remarks you may feel are relevant.

If you have no information to list, indicate "N/A" (not applicable), sign and date the form.

Date, City & State of conviction/arrest(s).	Specific charge or code section violated.	Disposition (results): how much fine; how long in jail or prison; how much probation	Remarks: state briefly any other particulars not already covered or information you wish to provide.

Please be advised that being convicted of a criminal offense does not necessarily disqualify you for employment eligibility. However, conviction of a sexual offense or controlled substance offense will automatically disqualify you as an employee. All employment selections shall be based upon job-related qualifications. Please contact the Human Resources Office at (408) 274-6404 should you have any questions or concerns.

- B. Do you currently have any offenses pending against you in a criminal court of law for which you are out on bail or have been released on your own recognizance pending trial?

☐

Yes

☐

No

If yes, please note in the spaces below the date and place of each conviction, the specific charge, the fine or sentence received and any other remarks you may feel are relevant.

If you have no information to list, indicate "N/A" (not applicable), sign and date the form.

Specific charge or code section violated.	County in which charge is pending.	Trial Date (if set)

I hereby give my consent to search for a criminal history by member of the police department, and I understand that a conviction for a sexual offense or controlled substance offense will automatically disqualify me as an employee.

I acknowledge that I have listed the requested information accurately

(Signature)

(Date)



San Jose/Evergreen Community College District
Office of Human Resources

EMPLOYMENT INFORMATION

Legal
Name:

Last

First

MI

OATH OR AFFIRMATION OF ALLEGIANCE

(This form is required under Section 3 of Article XX of the Constitution of the State of California)

"I, _____ (print full name), do solemnly swear (or affirm) that:

Check appropriate box

☐ **U. S. Citizens:**

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 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."

☐ **Employees who are not U. S. Citizens:**

I will support the institutions and policies of the United States of America during the period of my sojourn in 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."

☐ **Employees claiming exempt under the Religious Freedom and Restoration Act of 1993:**

I agree to loyally and lawfully discharge the duties of my assigned position and, in accordance with the performance of these duties, I agree to abide by the Constitution of the United States and the Constitution of the State of California and any and all laws set forth by the federal and state governments and the San Jose/Evergreen Community College District."

Signature _____

Date _____

CHILD ABUSE REPORTING REQUIREMENTS EMPLOYEE ACKNOWLEDGEMENT

I herby certify that I have read the summary of Penal Code Sections 11165.7-11174 provided in my employment packet, I understand the contents, and I agree to comply with provisions of the law.

Signature _____

Date _____

EMERGENCY CONTACTS

Primary:

Name: _____
(Please Print)

Address: _____

Phones: Home: _____

Cell: _____

Secondary:

Name: _____
(Please Print)

Address: _____

Phones: Home: _____

Cell: _____

HR/4.10.23

workers' compensation: Pre-Designation of Personal Physician

If you have health insurance and you are injured on the job you have the right to be treated immediately by your personal physician (M.D., D.O), or medical group, if you notify your employer, in writing, prior to the injury. Per Labor Code 4600 to **qualify as the your predesignated, personal physician, the physician must agree, in writing, to treat you for a work related injury.** must have previously directed your medical care and must retain your medical history and records. Your predesignated physician must be a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist or pediatrician. Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors or medicine or osteopathy, which operates an integrated multi-specialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries.

This is an optional form that can be used to notify your employer of your personal physician. You may choose to use another form, as long as you notify your employer, in **writing, prior** to being injured on the job and provide **written verification** that your personal physician meets the above requirements and agrees to be predesignated. Otherwise, you will be treated by one of your employers' designated workers' compensation medical providers.

EMPLOYEE NAME & ADDRESS:

- ☐ I acknowledge receipt of this form and elect **not** to predesignate my personal physician at this time. I understand that I will receive medical treatment from my employers' medical provider. I understand that, at any time in the future, I can change my mind and provide written notification of my personal physician. I understand that the written notification must be on file prior to an industrial injury.

Employee Signature: _____ Date: _____

- ☐ If I am injured on the job, **I wish** to be treated by my personal physician*:

Name of Physician or Medical Group _____ Phone Number _____

Address _____

*This physician is my personal primary care physician who has previously directed my medical care and retains my medical history and records.

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: _____

Employee Signature: _____ Date: _____

A Personal Physician must be willing to be predesignated and treat you for a workers' compensation injury. The remainder of this form is to be completed by your physician and returned to Human Resources.

PERSONAL PHYSICIAN ACKNOWLEDGEMENT

Per Labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other documentation of the physicians' agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

PERSONAL PHYSICIAN OR MEDICAL GROUP NAME: _____

- ☐ **I agree to treat** the above named employee in the event of an industrial accident or injury. I meet the criteria outlined above. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.

(Physician or Designated Employee of the Physician or Medical Group)

Date

Please return completed form to:

Human Resources 40 S Market Street, San Jose CA 95113 or Fax to 1-408-239-8804



NOTICE OF EXCLUSION FROM CalPERS MEMBERSHIP

1. SOCIAL SECURITY NUMBER	Your employer has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit package which includes service retirement, death, and disability benefits.		
2. CURRENT NAME (LAST)	(FIRST)	(MIDDLE)	
3. NAME OF PUBLIC AGENCY	4. DEPARTMENT OR SCHOOL DISTRICT	5. JOB OR POSITION TITLE	
6. TERM OF APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	7. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST. MONTHS	8. APPOINTMENT DATE MM DD YYYY	
9. TIME BASE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> INDETERMINATE <input type="checkbox"/> PART-TIME IF PART TIME, ENTER THE FRACTION OF FULL TIME:			

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

- ☐ 1. Your full-time seasonal or limited term appointment is limited to 6 months or less.
- ☐ 2. Your part-time appointment is limited to less than an average of 20 hours per week for less than one year.
- ☐ 3. Your appointment is an on-call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) this fiscal year.
- ☐ 4. Your position is excluded by law or by contract agreement which excludes:
_____ Enter contract exclusion (for Public Agencies only).
- ☐ 5. You are an independent contractor.
- ☐ 6. You are employed to render professional legal service to a city.
Exceptions: Persons holding the office of city attorney, deputy city attorney, or assistant city attorney.
- ☐ 7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district (for County Schools only).

NOTE: If you are a member of CalPERS by previous employment (either you have funds on deposit or service credit), exclusions 1, 2, and 3 do not apply to you and you should be a member in your present position. Be sure to notify your employer to complete a (PERS-1) Member Action Request Form or appoint via ACES to report your employment to CalPERS.

If you believe that your employment does qualify you for CalPERS membership, ask your employer for an explanation. If you still have doubts, you may appeal directly to CalPERS by sending a letter to the Actuarial & Employer Services Branch, Membership Analysis & Design Unit, P.O. Box 942709, Sacramento, CA 94229-2709, stating the reasons why you feel you should be a member.

SIGNATURE OF CERTIFYING OFFICER	TITLE	DATE
SIGNATURE OF EMPLOYEE		DATE

NOTE: Benefits provided by CalPERS are described in the "CalPERS Benefits" information booklet available from your employer.



Dear Member,

You are being provided with the background, explanation, and instructions for the **Reciprocal Self-Certification Form (PERS-EAMD 801)**. Reciprocity among qualified Public Retirement Systems is to allow members to separate from one qualified Public Retirement System and enter into employment under another within a specific time period without losing valuable retirement and related benefit rights.

With the implementation of the Public Employees' Pension Reform Act of 2013 (PEPRA), Government Code section 7522, on January 1, 2013, the California Public Employees' Retirement System (CalPERS) requires that employers provide you with this package to complete the Reciprocal Self-Certification form. The Reciprocal Self-Certification form allows you to provide essential information to your employer and will be used by your employer to enroll you into CalPERS membership and every new appointment under CalPERS. This information will assist CalPERS in identifying the correct retirement benefit level to enroll you into CalPERS. For more information regarding PEPRA, please see our website at www.calpers.ca.gov.

Within 10 business days of membership or new appointment you must complete, sign, date, and submit to your employer the Reciprocal Self-Certification form. When completing the form, reference the attached list of qualifying Public Retirement Systems in California. Complete the form by indicating that you are not a current or past member of a qualifying Public Retirement System; **OR** indicate that you have prior membership in a qualifying Public Retirement System and complete the box listing your previous membership dates, permanent separation dates, and retirement or refund dates, if applicable.

It is important to ensure you are providing accurate information so your retirement enrollment level can be properly determined. It is your responsibility to ensure the accuracy of the data provided on the Reciprocal Self-Certification Form. Inaccurate information may cause your account to reflect an incorrect retirement enrollment level which can have many impacts to your account including ineligible retirement benefit formulas, adverse effects on how your retirement benefit is calculated, and delays in CalPERS processing timeframes. Providing inaccurate information may lead to future retroactive adjustments to your member and employer contributions, and you and your employer will be responsible for any debts that may occur.

Information to remember when completing the form:

- Please ensure you are providing complete and accurate dates. You must provide a month, date, and year. If you are unsure of the dates, please contact the qualifying Public Retirement System to verify prior to completing the form.
- For each prior Reciprocal System reported, you must provide the name of the qualifying Public Retirement System and membership date. If you have separated, retired, or refunded from that Reciprocal System, please indicate that by providing dates in the appropriate sections. If you have not separated, retired, or refunded from that Reciprocal System, you may leave these sections blank or indicate that by entering N/A (not applicable).



California Public Employees' Retirement System
P.O. Box 942709 Sacramento, CA 94229-2709
888 CalPERS (or 888-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-4166
www.calpers.ca.gov

Employer Account Management Division

- It is not necessary to include data related to employment covered by CalPERS when completing this form as this information is already withheld in the CalPERS system.
- Only include information related to a Defined Benefit Plan of a qualifying Public Retirement System. Defined contribution plans are not eligible for reciprocity.

The completion of this form provides data to be used to enroll you into the correct retirement enrollment formula. The completion of the Reciprocal Self-Certification Form does not establish reciprocity, nor is it a request to establish reciprocity. In order to request that reciprocity be established, visit the CalPERS website, www.calpers.ca.gov and download the publication ***When You Change Retirement Systems***. It is the responsibility of the employee to complete and send the form, ***Confirmation of Intent to Establish Reciprocity When Changing Retirement Systems***, to CalPERS.

Sincerely,

Membership Services

Enclosures: List of Qualifying Public Retirement Systems in
California Reciprocal Self-Certification Form (PERS-EAMD-801)

List of Qualifying Public Retirement Systems in California

Name of County/Agency/System:	Qualification(s):
Alameda County^	
City and County of San Francisco*	
City of Concord*	
City of Costa Mesa*	Safety Employees only
City of Fresno	Miscellaneous and Safety Retirement systems
City of Los Angeles	Non-Safety only
City of Oakland	Non-Safety only
City of Pasadena	Fire and Police Only
City of Sacramento*	
City of San Clemente*	Non-Safety only
City of San Diego	
City of San Jose	
Contra Costa County^	
Contra Costa Water District	
County of San Luis Obispo	
East Bay Municipal Utility District	
East Bay Regional Park District	Safety Employees only
Fresno County^	
Imperial County^	
Judges' Retirement System	
Kern County^	
Legislators' Retirement System	
Los Angeles County Metropolitan Transportation Authority	Non-Contract Employees' Retirement Income Plan, formerly Southern California Rapid Transit District
Los Angeles County^	
Marin County^	
Mendocino County^	
Merced County^	
Orange County^	
Sacramento County^	
San Bernardino County^	
San Diego County^	
San Joaquin County^	
San Mateo County^	
Santa Barbara County^	
Sonoma County^	
Stanislaus County^	
State Teachers' Retirement System	
Tulare County^	
University of California Retirement System	
Ventura County^	

*=Also CalPERS-covered agency

^=1937 Act Counties



California Public Employees' Retirement System
P.O. Box 942709 Sacramento, CA 94229-2709
888 CalPERS (or 888-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-4166
www.calpers.ca.gov

RECIPROCAL SELF-CERTIFICATION FORM

Complete the following information and return this form to your Personnel Office **within 10 business days**

Employee Name	(Last)	(First)	(Middle)
Date of Birth:		CalPERS ID:	

Check the applicable statement:

_____ I have not been a member of a qualifying Public Retirement System in California.

_____ I have prior membership under another Public Retirement System in California. (Complete the box below with verified dates including month, date, and year. **If you are unsure of the dates, please contact the Public Retirement System to confirm information prior to completing form.**)

Name of Most Recent Reciprocal System:	Membership Date:	Separation Date*:	<input type="checkbox"/> Retired* <input type="checkbox"/> Refunded* Date:
Name of Prior Reciprocal System:	Membership Date:	Separation Date*:	<input type="checkbox"/> Retired* <input type="checkbox"/> Refunded* Date:
Name of Prior Reciprocal System:	Membership Date:	Separation Date*:	<input type="checkbox"/> Retired* <input type="checkbox"/> Refunded* Date:

**Please provide dates, if applicable. Not all sections may be applicable for each Reciprocal System.*

I understand that by accepting employment in a qualified retirement system, I am subject to the applicable laws and regulations of that system. I also understand that completing this form does not constitute a request to establish reciprocity.

I hereby certify that the foregoing information has been verified as true and correct and any information found to be incorrect may require corrections to my account in the California Public Employees' Retirement System including, but not limited to, my retirement enrollment level. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.

Employee Signature

Date

TO BE COMPLETED BY EMPLOYER ONLY:

Name of CalPERS Agency:	CalPERS Business Partner ID:	Employee's CalPERS Original Hire Date:
Designee of Employer: (Print Name)	(Title)	Employee's CalPERS Membership Eligibility Date:
Designee's Signature:		(Date)

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

RECIPROCAL SELF-CERTIFICATION FORM INSTRUCTIONS (EMPLOYER)

1. Employers must provide the Reciprocal Self-Certification Form to all employees upon membership.
2. Employers must sign and date the Reciprocal Self-Certification Form once received back from employee.
3. The employer must enroll the employee into my|CalPERS utilizing the information provided on the Reciprocal Self-Certification Form. If the employee indicates they are a prior member of a qualifying Public Retirement System in California, be sure to complete the data fields in the Reciprocity panel in my|CalPERS. Please enter the permanent separation date, retirement date, or refund date, if applicable, as provided by the member. No CalPERS data should be entered on the reciprocity panel as all CalPERS data is already stored in my|CalPERS.

▼ Reciprocity

Reciprocity
The information entered is used to determine retirement enrollment level only, it will not establish reciprocity for the participant. For auditing purposes, the employer must sign and retain the completed Reciprocal Self-Certification form for their records. Do not send a copy of the form to CalPERS.

Reciprocal Member Indicator :*

☒ Yes
☐ No

Most Recent Reciprocal Agency:*

Earliest Qualifying Reciprocal Membership Date:*

Most Recent Reciprocal Permanent Separation Date:

Retired Reciprocal Member Indicator :*

☒ Yes
☐ No

Reciprocal Retirement Date:

Refunded Reciprocal Member Indicator :*

☒ Yes
☐ No

Reciprocal Refund Date:

Save

Clear

4. The proper retirement benefit formula will be automatically determined by my|CalPERS. If you believe the retirement benefit formula is incorrect, you may contact CalPERS at **(888) 225-7377**.
5. It is the responsibility of the employer to retain the completed Reciprocal Self-Certification Form in the employee's employment records for auditing purposes. **Do not send a copy of the form to CalPERS.**

Privacy Notice

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

Information Purpose

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

Please do not include information that is not requested.

Social Security Numbers

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

Social Security numbers are used for the following purposes:

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

Information Disclosure

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

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or 888-225-7377).



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
If you check Item Number 4. , enter one of these:							
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole 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 		<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 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 		<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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2024****Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5:
Sign
Here

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

Employee's signature (This form is not valid unless you sign it.)**Date****Employers**
Only

Employer's name and address

First date of
employmentEmployer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may 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 **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$29,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$21,900 \text{ if you're head of household} \\ \bullet \$14,600 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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 territories 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 are not required to provide the information requested on a form that is 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City State ZIP Code	Single or Married (with two or more incomes) Married (one income) Head of Household

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.

- 1a. Number of Regular Withholding Allowances (Worksheet A)
- 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.)
- 1c. Total Number of Allowances you are claiming

2. Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**)
OR

Exemption from Withholding

3. I claim exemption from withholding for 2023, and I certify I meet both of the conditions for exemption. (Check box here)
OR
4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number
--	--

Purpose: This certificate, DE 4, is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form *Employee's Withholding Allowance Certificate* (DE 4) to determine the appropriate California PIT withholding.

If you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance.

Check Your Withholding: After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

Exemption From Withholding: If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

- 1. You did not owe any federal/state income tax last year, and
- 2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating **exempt** must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

- (i) Your spouse is a member of the armed forces present in California in compliance with military orders;
- (ii) You are present in California solely to be with your spouse; and
- (iii) You maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

The [California Employer's Guide \(DE 44\)](http://edd.ca.gov/pdf_pub_ctr/de44.pdf) (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication may be found by visiting [Payroll Taxes - Forms and Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm) (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, please visit the [Franchise Tax Board \(FTB\)](http://ftb.ca.gov) (ftb.ca.gov).

If you need information on your last *California Resident Income Tax Return* (FTB Form 540), visit the [FTB](http://ftb.ca.gov) (ftb.ca.gov).

Notification: The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of [Title 22, California Code of Regulations \(CCR\)](http://govt.westlaw.com/calregs/Search/Index) (govt.westlaw.com/calregs/Search/Index), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

Penalty: You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the [California Unemployment Insurance Code](http://leginfo.legislature.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml) and section 19176 of the [Revenue and Taxation Code](http://leginfo.legislature.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml).

Worksheets

Instructions — 1 — Allowances*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

Two-Earners/Multiple Incomes: When earnings are derived from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box “SINGLE or MARRIED (with two or more incomes).” Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

Married But Not Living With Your Spouse: You may check the “Head of Household” marital status box if you meet all of the following tests:

- (1) Your spouse will not live with you **at any time** during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
- (3) You will file a separate return for the year.

Head of Household: To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

Worksheet A

Regular Withholding Allowances

- | | |
|--|-----|
| (A) Allowance for yourself — enter 1 | (A) |
| (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 | (B) |
| (C) Allowance for blindness — yourself — enter 1 | (C) |
| (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) |
| (E) Allowance(s) for dependent(s) — do not include yourself or your spouse | (E) |
| (F) Total — add lines (A) through (E) above and enter on line 1a of the DE 4 | (F) |

Instructions — 2 — (Optional) Additional Withholding Allowances

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim **one or more additional** withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

Worksheet B

Estimated Deductions

Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- | | |
|--|------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 | 1. |
| 2. Enter \$10,404 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$5,202 if single or married filing separately, dual income married, or married with multiple employers | 2. |
| 3. Subtract line 2 from line 1, enter difference | = 3. |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) | + 4. |
| 5. Add line 4 to line 3, enter sum | = 5. |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) | - 6. |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]);
Subtract line 6 from line 5, enter difference | = 7. |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number
enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise stop here . | 8. |
| 9. If line 6 is greater than line 5;
Enter amount from line 6 (nonwage income) | 9. |
| 10. Enter amount from line 5 (deductions) | 10. |
| 11. Subtract line 10 from line 9, enter difference. Then, complete Worksheet C. | 11. |

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

Worksheet C

Additional Tax Withholding and Estimated Tax

1. Enter estimate of total wages for tax year 2023. 1.
2. Enter estimate of nonwage income (line 6 of Worksheet B). 2.
3. Add line 1 and line 2. Enter sum. 3.
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). 4.
5. Enter adjustments to income (line 4 of Worksheet B). 5.
6. Add line 4 and line 5. Enter sum. 6.
7. Subtract line 6 from line 3. Enter difference. 7.
8. Figure your tax liability for the amount on line 7 by using the 2023 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$154.00). 9.
10. Subtract line 9 from line 8. Enter difference. 10.
11. Enter any tax credits. (See FTB Form 540). 11.
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability. 12.
13. Calculate the tax withheld and estimated to be withheld during 2023. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2023. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2023. 13.
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld. 14.
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4. 15.

Note: Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

These Tables Are for Calculating Worksheet C and for 2023 Only

**Single Persons, Dual Income
Married or Married With Multiple Employers**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$10,099	1.100%	\$0	\$0.00
\$10,099	\$23,942	2.200%	\$10,099	\$111.09
\$23,942	\$37,788	4.400%	\$23,942	\$415.64
\$37,788	\$52,455	6.600%	\$37,788	\$1,024.86
\$52,455	\$66,295	8.800%	\$52,455	\$1,992.88
\$66,295	\$338,639	10.230%	\$66,295	\$3,210.80
\$338,639	\$406,364	11.330%	\$338,639	\$31,071.59
\$406,364	\$677,275	12.430%	\$406,364	\$38,744.83
\$677,275	\$1,000,000	13.530%	\$677,275	\$72,419.07
\$1,000,000	and over	14.630%	\$1,000,000	\$117,556.49

Married Persons

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$20,198	1.100%	\$0	\$0.00
\$20,198	\$47,884	2.200%	\$20,198	\$222.18
\$47,884	\$75,576	4.400%	\$47,884	\$831.27
\$75,576	\$104,910	6.600%	\$75,576	\$2,049.72
\$104,910	\$132,590	8.800%	\$104,910	\$3,985.76
\$132,590	\$677,278	10.230%	\$132,590	\$6,421.60
\$677,278	\$812,728	11.330%	\$677,278	\$62,143.18
\$812,728	\$1,000,000	12.430%	\$812,728	\$77,489.67
\$1,000,000	\$1,354,550	13.530%	\$1,000,000	\$100,767.58
\$1,354,550	and over	14.630%	\$1,354,550	\$148,738.20

Unmarried Head of Household

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$20,212	1.100%	\$0	\$0.00
\$20,212	\$47,887	2.200%	\$20,212	\$222.33
\$47,887	\$61,730	4.400%	\$47,887	\$831.18
\$61,730	\$76,397	6.600%	\$61,730	\$1,440.27
\$76,397	\$90,240	8.800%	\$76,397	\$2,408.29
\$90,240	\$460,547	10.230%	\$90,240	\$3,626.47
\$460,547	\$552,658	11.330%	\$460,547	\$41,508.88
\$552,658	\$921,095	12.430%	\$552,658	\$51,945.06
\$921,095	\$1,000,000	13.530%	\$921,095	\$97,741.78
\$1,000,000	and over	14.630%	\$1,000,000	\$108,417.63

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit [FTB](https://ftb.ca.gov) (ftb.ca.gov).

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.



San Jose/Evergreen Community College District
Office of Human Resources

PAYROLL INFORMATION

Name (print):

Legal Last

Legal First

Middle

Affidavit of Designation to Receive Warrants

In the event of my death, I designate the following individual to receive all warrants or checks that would have been payable to me had I survived. This affidavit shall remain in effect until revised or revoked. I shall submit such revision and/or revocation in writing to the Human Resources Department.

Name: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Signature _____ Date _____

STRS / PERS Information

Have you ever worked in California public schools? ☐ Yes ☐ No

Have you ever worked in the Santa Clara County school system? ☐ Yes ☐ No

Have you ever contributed to the California State Teachers Retirement Systems (STRS):
Defined Benefit Plan? ☐ Yes ☐ No

Cash Balance Plan? ☐ Yes ☐ No

If yes, date contribution began: _____ / _____ / _____

Have you ever contributed to the California Public Employees' Retirement Systems (PERS)? ☐ Yes ☐ No

If yes, date contribution began: _____ / _____ / _____

Have you ever withdrawn funds from STRS or PERS? ☐ Yes ☐ No

If yes, date of withdrawal: _____ / _____ / _____

Are you currently retired from STRS or PERS? ☐ Yes ☐ No

If yes, date of retirement: _____ / _____ / _____

Have you ever re-deposited your funds or re-qualified for membership? ☐ Yes ☐ No

If yes, date: _____ / _____ / _____ From: ☐ STRS ☐ PERS

Check Disbursement

- ☐ Pick-up Check in Business Services at San Jose City College
- ☐ Pick-up Check in Business Services at Evergreen Valley College
- ☐ Pick-up Check in District Office Payroll

Signature

Date

San Jose Evergreen Community College District
Payroll Department
40 S Market Street San Jose, CA 95113
Direct: 408-270-6412

Direct Deposit Authorization Agreement _____ Add _____ Cancel _____ Change

I hereby authorize San Jose Evergreen Community College District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) as indicated below and the depository named below, to credit and debit the same entries to such account. This authorization for debit entries and adjustments shall not apply to compensation earned under District's collective bargaining agreement with the Faculty Association, AFT6157, except when the employee's service is terminated, or he/she will be in an unpaid status.

If two accounts are designated, a flat dollar amount must be assigned for Account #2. Any remaining balance will be deposited into the primary account, reflecting a pay total of 100%.

Name: _____

Address: _____

City, State and Zip Code: _____

Employee SSN#: _____ Employee #: _____

Telephone: () _____

Signature: _____ Date: _____

Staple Voided Check
For Account #1 Here

Account #1 Checking _____ Savings _____ (Check only one)

Financial Institution: _____

Address: _____

City, State and Zip Code: _____

Telephone: () _____

Account Number: _____

Bank Transit Number: _____

Staple Voided Check
For Account #2 Here

Account #2 Checking _____ Savings _____ (Check only one)

Financial Institution: _____

Address: _____

City, State and Zip Code: _____

Telephone: () _____

Account Number: _____

Bank Transit Number: _____

Dollar Amount: \$ _____

Frequently Asked Questions

Q. WHAT IS DIRECT DEPOSIT?

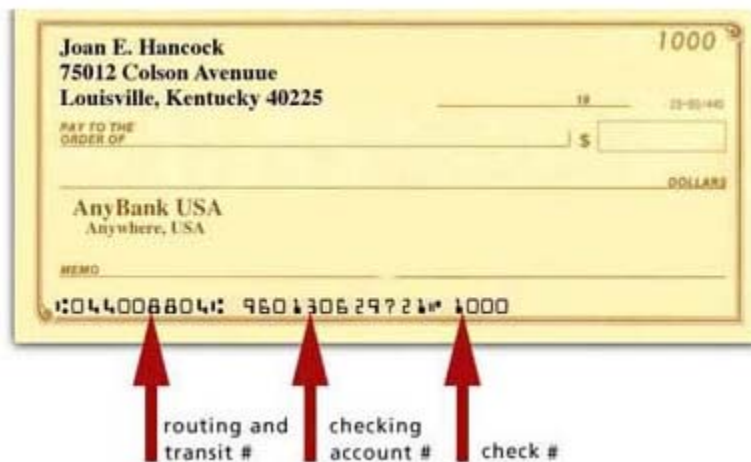
- A. Direct deposit permits the electronic transfer of your net pay (amount after all deductions) to your financial institution.

Q. HOW DO I SIGN UP?

- A. Just complete a Direct Deposit Authorization Agreement form and return it to the District Payroll Office along with a voided blank check (for checking) or deposit slip (for savings).

Q. WHAT IS A BANK TRANSIT (ROUTING) NUMBER?

- A. It identifies the financial institution and determines the transaction-posting pathway through the clearing system. The transit (routing) number always has nine digits. Below is an example of how your bank transit (routing) number is displayed on your check:



Q. WHEN WILL MY PAY BE DEPOSITED?

- A. Your account will normally be credited on payday. The exact time on payday may vary from bank to bank. You can call your financial institution to find out what time your funds will be available in your account.

Q. WILL I RECEIVE A PAYCHECK STUB?

- A. No. For those who elect direct deposit, a hard copy paycheck stub is not available. Paycheck stubs are only accessible by logging into the District's Self-Service SSO.

Q. ARE THERE ANY RESTRICTIONS ON WHICH BANK I CAN USE?

- A. The only requirement is that the financial institution be a member of the National Automated Clearing House Association (NACHA). Most banks, credit unions and savings and loans are members. You can contact your financial institution to find out if they are a member of NACHA.

Q. CAN I HAVE JUST A PORTION OF MY NET PAY ON DIRECT DEPOSIT?

A. No, the entire net check amount must be deposited to no more than two checking or savings account per employee. This does not affect current voluntary deductions made to credit unions or any other voluntary deductions that you might have. Your voluntary deductions will remain the same.

Q. CAN MY PAY BE DEPOSITED TO SEVERAL ACCOUNTS?

A. Yes, the entire net check can be deposited into no more than two accounts.

Q. WHAT IF I OPEN A DIFFERENT ACCOUNT OR MOVE MY ACCOUNT TO A DIFFERENT BRANCH OF THE SAME BANK?

A. When there is a change in your account number or transit (routing) number, you must fill out a new Direct Deposit Authorization Agreement form.

Q. WHAT IF THE NAME OF MY BANK CHANGES?

A. This will usually change the routing number. Initially, the new bank will honor the former bank's transit (routing) number. Customers are typically notified by their bank of the change. It is your responsibility to communicate these changes to District Payroll Office. If your bank no longer honors the new transit (routing) number, there can be delays in reissuing your paycheck as a live check. The reason for the delay is due to confirmation with the District's bank that your direct deposit has been returned. Only after this confirmation, the District can reissue you a live check.

R. DOES DIRECT DEPOSIT AUTOMATICALLY STOP WHEN AN ACCOUNT IS CLOSED?

A. No, you must complete a new Direct Deposit Authorization Agreement form and submit it to the District Payroll Office to cancel your direct deposit status or change to another account. This is also true if you are opening another account with the same financial institution. Once on active direct deposit status, you should not change or close an account until the District Payroll Office has processed your Direct Deposit Authorization Agreement form. If you do close your account before the District Payroll Office processed your Deposit Authorization Agreement form, there can be delays in reissuing your paycheck as a live check. The reason for the delay is due to confirmation with the District's bank that your direct has been returned. Only after this confirmation, the District can reissue you a live check.

Q. HOW CAN I STOP MY AUTOMATIC PAYROLL DEPOSIT?

A. Submit a new Direct Deposit Authorization Agreement form with an "X" under cancel. Ask the District Payroll Office when the cancellation will become effective.

Q. IF I HAVE OTHER ASSIGNMENTS OR JOBS WITHIN THE DISTRICT, WILL THE PAY GO TO DIRECT DEPOSIT?

A. Yes.

Q. WHEN ENROLLED IN DIRECT DEPOSIT, ARE THERE TIMES THAT I WILL RECEIVE A LIVE CHECK INSTEAD?

A. There are circumstances that a live check will be issued. Such circumstances include, but are not limited to, recalling a direct deposit, reissuing a check due to an error, late submission of a timesheet, etc.

Q. CAN MY MILEAGE AND REIMBURSEMENT CHECKS BE DIRECTLY DEPOSITED?

A. No, these checks are generated from Accounting, not Payroll.

Q. IF I'M ON DEFERRED PAY (FULL TIME INSTRUCTOR), WILL MY DEFERRED PAY CHECK BE DEPOSITED?

A. Yes, your June and July checks will be deposited as normal.

Q. WHO DO I CALL IF I HAVE QUESTIONS?

A. Please contact the District Payroll Office at 408-270-6412.

Rev 01/29/2013

Keenan SafeColleges: Using Self-Registration for Safety/Ergonomic Courses for Hourly and Student Employees

All employees of San Jose Evergreen Community College District, regardless of position or length of assignment are required to successfully complete trainings designated as mandatory per federal law, state law, board policy and/or your manager. To assure each employee's compliance while maintaining convenience, the District provides an online platform through Keenan SafeColleges for such trainings. With Keenan SafeColleges, employees need only follow the instructions below to self-register. Once registered, employees can select the trainings to take as directed by their manager as well as voluntarily complete any of the other trainings in the library that may interest them. Progress will be stored for those unable to complete the training at one sitting. All must be completed within 10 workdays from your date of hire (during work hours). Please note, Chrome and Mozilla Firefox are the recommended browsers to use. iPads should not be used as completion may not register.

SELF-REGISTRATION – If this is your FIRST TIME using SJECCD's SafeColleges

Step 1 – How To Navigate to the Training Webpage:

Click on the link below your employee type to navigate to the SafeColleges Registration Page. It is critical that you select the correct link as trainings may be assigned based on the type of employee you are.

Employee Type

Registration Key

Hourly Employees (all temporary employees including short term, substitutes and professional experts) 3323374b
<https://sjeccd-keenan.safecolleges.com/register/3323374b>

Student Help (all working students including work study students) 6aea545f
<https://sjeccd-keenan.safecolleges.com/register/6aea545f>

Step 2 – How To Register/Create An Account:

- 1) Your Username must be your email address to assure you get credit for each course you complete. If you do not have a Campus/District email address, your Username must be your personal email address.
- 2) Use your legal first and last name (the name that appears on your current paychecks from the District) to assure you get credit for taking the course.

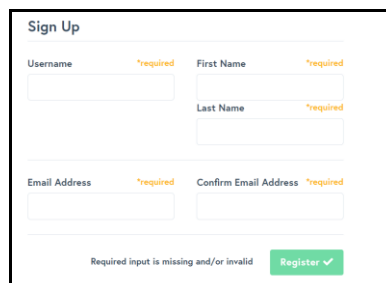


Figure 1 Screenshot of sign in page

To log back into Keenan SafeColleges to complete trainings in progress, go to <https://sjeccd-keenan.safecolleges.com/login>

Once you have successfully completed your assigned course(s) print a copy of your certificate and submit it to your supervisor. You may keep one for your own records if you wish. The system automatically notifies Human Resources so there is nothing else you need to do.

If you encounter any problems, please email michelle.mckay@sjeccd.edu for assistance.

NOTIFICATION OF PAID SICK LEAVE

For Temporary, Short-Term, Substitute, Professional Experts and Student Employees

In order to provide short-term employees with paid time off when ill or injured, San Jose • Evergreen Community College District offers paid sick leave. Current employees will begin to accrue leave on July 1, 2015. If hired after July 1, 2015 an eligible employee will begin to accrue leave on the employee's first day of work.

Eligible Employees:

Temporary, Short-Term, Substitute, Professional Experts and Students who are not covered under any other District sick leave plan.

- Eligible employees may:
 - Earn one hour of paid sick leave for every 30 hours worked.
 - Start using paid sick leave beginning on the 90th day of employment.
 - Use up to 24 hours in a 12 month period.
 - Use leave in a minimum increment of 2 hours at one time.
 - Accrue up to 48 hours maximum.
- Sick Leave may be used for the diagnosis, care, or treatment of an existing health condition, or preventive care for themselves or a family member. A family member is defined as:
 - Child- biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis. The definition of child applies regardless of the child's age or dependency status.
 - Parent-biological, adopted or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child.
 - Spouse or registered domestic partner
 - Grandparent
 - Grandchild
 - Sibling
- Sick Leave may also be used for an employee who is the victim of domestic violence, sexual assault, or stalking.
- Accrued and unused hours:
 - Will carry over to the next year.
 - Are not paid out at separation.
 - Will be reinstated if an employee leaves employment and is rehired within one year.



San Jose/Evergreen Community College District
Office of Human Resources

Job Applicant and Employee Survey

Information: The following will assist San Jose/Evergreen Community College District in evaluating its hiring practices and to prepare recruitment reports requested by law. This information will be kept confidential.

Name: _____

Position: _____

Gender: ☐ Male ☐ Female Vietnam Era (8/5/64-5/7/75)? ☐ Yes ☐ No

Race/Ethnic Group (check one or more which you feel best represents you)

Hispanic or Latino? ☐ Yes ☐ No

- | | |
|---|---|
| <input type="checkbox"/> Mexican/ Mexican-American, Chicano | <input type="checkbox"/> Central American |
| <input type="checkbox"/> South American | <input type="checkbox"/> Hispanic Other |

Asian or Pacific Islander? ☐ Yes ☐ No

- | | | | |
|-----------------------------------|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Asian Other |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Pacific Islander Other |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian | |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Indian | | |

Black or African American? ☐ Yes ☐ No

American Indian/Alaskan Native? ☐ Yes ☐ No

White? ☐ Yes ☐ No

Thank you for completing this

survey. HR/7.1.17

To: All Employees

From: Human Resources Services Group

Subject: Tuberculosis Assessment

Education Code 87408.6 requires that all employees undergo a risk assessment to determine their freedom from active tuberculosis. TB assessments are a condition of employment. They must be completed **before** time of hire and every four years thereafter. In compliance with this section, the District shall pay for the assessment related expenses.

Please make arrangements **before** your start date or expiration date of four years, for a tuberculosis assessment at the Health Services office at the college campus where you are employed or at the college most convenient to you if you are a District-wide employee. Please call for an appointment:

San Jose City College - Student Health Services
(408) 288-3724

Evergreen Valley College – Student Health Services
(408) 270-6480

You must present the attached form to the nurse. Health Services cannot provide the TB assessment without this form. A photo ID is also required for service. If your assessment results in risk factors for TB, you will need to have a TB test conducted.



School Staff & Volunteers: Tuberculosis Risk Assessment

Job-related requirement for child care, pre-K, K-12, and community colleges

The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading TB. Use of this risk assessment is required in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055 and 121525, 121545, and 121555.

The law requires that a health care provider administer this risk assessment. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. Any person administering this risk assessment is to have training in the purpose and significance of the risk assessment and Certificate of Completion.

Name of Employee/Volunteer Assessed for TB Risk Factors: _____

Assessment Date: _____ Date of Birth: _____

History of Tuberculosis Infection or Disease (Check appropriate box below)

☐ Yes

If there is a documented history of positive TB test (infection) or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

☐ No (Assess for Risk Factors for Tuberculosis using box below)

Risk Factors for Tuberculosis (Check appropriate boxes below)

If any of the 5 boxes below are checked, perform a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). Re-testing with TST or IGRA should only be done in persons who previously tested negative, and have new risk factors since the last assessment. A positive TST or IGRA should be followed by a chest x-ray, and if normal, treatment for TB infection considered. (Centers for Disease Control and Prevention [CDC]). *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013)

☐ **One or more signs and symptoms of TB:** prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue.

Evaluate for active TB disease with a TST or IGRA, chest x-ray, symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

☐ **Close contact** to someone with infectious TB disease at any time

☐ **Foreign-born person** from a country with an elevated TB rate

Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. IGRA is preferred over TST for foreign-born persons

☐ **Consecutive travel or residence of ≥ 1 month** in a country with an elevated TB rate

Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.

☐ **Volunteered, worked or lived in a correctional or homeless facility**





School Staff & Volunteers: Tuberculosis Risk Assessment User Guide



Job-related requirement for child care, pre-K, K-12, and community colleges

Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, **AB 1667**, effective on January 1, 2015, **SB 792** on September 1, 2016, and **SB 1038** on January 1, 2017, require a tuberculosis (TB) risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the TB risk assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

SB 1038 impacts the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

TB infection treatment is recommended

Shorter regimens for treating LTBI have been shown to be as effective as 9 months of isoniazid, and are more likely to be completed. Shorter regimens are preferred in most situations. Drug-drug interactions and contact to drug resistant TB are frequent reasons these regimens cannot be used.

Please consult with your local public health department on any other recommendations and mandates that should also be considered.





Certificate of Completion Tuberculosis Risk Assessment and/or Examination

*To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.*

First and Last Name and Employee ID of the person assessed and/or examined:

Date of assessment and/or examination: ____mo./____day/____yr.

Date of Birth: ____mo./____day/____yr.

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

X_____

Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):

Telephone and FAX:

ADJUNCT FACULTY: EVC_____ SJCC_____

DIRECTIONS FOR MAKING LIVE SCAN APPOINTMENTS

You Must Get Your Fingerprints Done Before Your Start Date with The District (Per *Ed Code 88024*).

All fingerprint scans are to be completed by SJECCD Campus Police at Evergreen Valley College. Fingerprint scans obtained elsewhere will be self-procured.

To schedule an appointment:

1. Email the Campus Police department at Livescan@sjeccd.edu and request a Live Scan appointment to be scheduled within 7 days.
2. Using the ***Request for Live Scan Service*** form provided to you by Academic Services, Academic Support, or Human Resources - enter all required fields in the Applicant Information section and take this form with you to your appointment at Campus Police.
3. After your appointment, please return a copy of the *Request for Live Scan* form receipt received from the District Police Department, to the employee in Academic Services, Academic Support, or Human Resources that directed you to be fingerprinted.

Fingerprint Clearance by the FBI and State of California is mandatory.

Failure to comply before your start date will result in stoppage of work without pay, and may result in termination of employment.

Governing Board

Bob Livengood • Maria Fuentes • Wendy Ho • Jeffrey Lease • Tony Alexander • Karen Martinez

Apr 2023



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0605
ORI (Code assigned by DOJ)

SCHOOL EMPLOYEE -
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

San Jose Evergreen Community College District
Agency Authorized to Receive Criminal Record Information

00380
Mail Code (five-digit code assigned by DOJ)

40 South Market Street
Street Address or P.O. Box

Michelle McKay
Contact Name (mandatory for all school submissions)

San Jose CA 95113
City State ZIP Code

(408) 270-6444
Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

Sex ☐ Male ☐ Female

Date of Birth Driver's License Number

Billing
Number BIL-140300
(Agency Billing Number)

Misc.
Number
(Other Identification Number)

Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security Number

Home
Address Street Address or P.O. Box City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

San Jose Evergreen Community College District
Employer Name

40 South Market Street
Street Address or P.O. Box

Telephone Number (optional)

San Jose CA 95113 00380
City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

DISTRICT SMOKING POLICY

In 1993, the Board of Trustees of San Jose/Evergreen Community College adopted the following smoking policy that is still in effect:

“The San Jose/Evergreen Community College District prohibits the smoking of cigarettes, pipes, cigars and other combustible substances in all District buildings, facilities and District vehicles.”

Additional Information:

Smoking is permitted outside of buildings, in designated areas only.

Drug-Free Workplace Policy Statement

Purpose and Goal

San Jose/Evergreen Community College District is committed to protecting the safety, health and well being of all employees and other individuals in our workplace. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment.

Covered Workers

All employees and students, and any individual who conducts business for the organization, is applying for a position or is conducting business on the organization's property is covered by our drug-free workplace policy. Our policy includes, but is not limited to Board members, executives and all other managers, full- and part-time academic and classified employees, off-site employees, contractors, volunteers and interns.

Applicability

Our drug-free workplace policy is intended to apply whenever anyone is representing or conducting business for the organization. Therefore, this policy applies during all working hours, whenever conducting business or representing the organization, while on call, paid standby and while on organization property.

Prohibited Behavior

It is a violation of our drug-free workplace policy to use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs or intoxicants.

It is also in violation of this policy when, due to a physiological imbalance that may occur with legal, prescription drugs, an employee is impaired while at work.

Notification of Convictions

Any employee who is convicted of a criminal drug violation in the workplace must notify the District Police Services Department in writing within five (5) calendar days of the conviction. The District will take appropriate action within 30 days of notification. Federal contracting agencies will be notified when appropriate.

Consequences

One of the goals of our drug-free workplace program is to encourage employees to voluntarily seek help with alcohol and/or drug problems. If, however, an individual violates the policy, the consequences are serious. If a job applicant violates the drug-free workplace policy, the offer of employment can be withdrawn, and the applicant may not reapply.

If an employee violates the policy, he or she will be subject to progressive disciplinary action and may be required to enter rehabilitation. An employee required to enter rehabilitation but fails to successfully complete it and/or repeatedly violates the policy will be terminated from District employment. Nothing in this policy prohibits the employee from being disciplined or discharged for other violations and/or performance problems.

Assistance

The District recognizes that alcohol and drug abuse and addiction are treatable illnesses. We also realize that early intervention and support improve the success of rehabilitation. To support our employees, our drug-free workplace policy:

- Encourages employees to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem.

- Encourages employees to utilize the services of qualified professionals in the community to assess the seriousness of suspected drug or alcohol problems and identify appropriate sources of help.
- Offers all employees and their family members assistance with alcohol and drug problems through the Employee Assistance Program (EAP).
- Allows the use of accrued paid leave while seeking treatment for alcohol and other drug problems.

Treatment for alcoholism and/or other drug use disorders may be covered by District medical plans; however, the ultimate financial responsibility for recommended treatment belongs to the employee.

Confidentiality

All information received by the District through the drug-free workplace program is considered confidential. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws and District policies.

Shared Responsibility

A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. Both employees and managers have important roles to play.

All employees are required to not report to work or be subject to duty while their ability to perform job duties is impaired due to on- or off-duty use of alcohol or other drugs.

In addition, employees are encouraged to:

- Be concerned about working in a safe environment.
- Support fellow workers in seeking help.
- Use the Employee Assistance Program.
- Report dangerous behavior to their supervisor.

It is the division/department managers' responsibility to:

- Inform employees of the drug-free workplace policy.
- Observe employee performance and counsel employees as to expected performance improvement.
- Investigate reports of dangerous practices.
- Document negative changes and problems in performance.
- Refer employees to the Employee Assistance Program.
- Clearly state consequences of policy violations.

Communication

Communicating our drug-free workplace policy to both managers and employees is critical to our success. To ensure that all employees are aware of their role in supporting our drug-free workplace program:

- All employees will receive a written copy of the policy.
- The policy will be reviewed in orientation sessions with new employees.
- The policy and assistance programs will be reviewed at safety meetings.
- Posters and brochures will be available at all locations.
- Employee education about the dangers of alcohol and drug use and the availability of help will be provided to all employees.
- Every supervisor will receive training to help him/her recognize and manage employees with alcohol and other drug problems.

SJECCD Civility Statement

“Civility begins with me! Everyone has Worth and Dignity.”

We, the Civility (C3) Task Force, are proud of our work on the District Civility Statement, reflecting months of work by a group representing all District constituencies. We welcome input and guidance as to how this statement should be used by and for our educational community. We expect this to be a working document, useful to the District over time.

We the students, employees, and trustees at SJECCD are committed to a conscious demonstration of mutual respect - for people, for their roles, for their knowledge and expertise.

While no civility statement can guarantee considerate and principled conduct, the values set forth below represent institutional ideals and should serve as guide posts.

Respect, civility, integrity and honesty are not just words; they are intentions that must be present in our interactions with one another.

Civility requires cooperation, tolerance, forgiveness, acceptance, inclusiveness, kindness, compassion, courtesy, perception, and patience. It is expressed not only in the words we choose, but also in our tone, demeanor, and actions.

We honor the right of expression as a hallmark of learning, and we treasure intellectual freedom, tempered with respect for the rights of others, even when individual or group points of view are controversial or out of favor with prevailing perspectives. Individuals should not feel intimidated or be subject to reprisal for voicing their concerns, or for participating in governance or policy making.

An individual's perception of what is or is not civil conduct can be influenced by their culture and life experiences. We can all use assistance from time to time in understanding or seeing behaviors through the eyes of another person. We need to acknowledge these differences and be open to receiving feedback from someone who may perceive something we have done, without intent, as being uncivil. We also need to evaluate our own expectations of civility to ensure that we are not setting an unrealistically high bar.

In the face of incivility, silence can indicate consent; we each have responsibility to speak out to counteract incivility.

Guide Posts:

- Civility begins with me.
- Each person is responsible for creating and maintaining a positive place to learn and to work, where everyone can flourish.
- Take responsibility for one's own choices. Accept your responsibility to engage courteously in all forms of communication (oral, written, and electronic).
- Listening, not just hearing, but listening with respect, is the proper response to others.
- Regardless of status, everyone has worth and dignity which should be valued.
- Recognize contributions of others and value their opinions.
- All members of the community are responsible for and expected to exemplify and promote civility, integrity, and concern for the common good.
- Demonstrate and promote fair and just treatment; practice forgiveness and compassion.

Americans with Disabilities Act of 1990

The Americans with Disabilities Act of 1990 prohibits private employers, state and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions and privileges of employment. The ADA covers employers with 15 or more employees, including state and local governments. It also applies to employment with agencies and to labor organizations. The ADA's nondiscrimination standards also apply to federal sector employees under section 501 of the Rehabilitation Act, as amended, and its implementing rules.

An individual with a disability is a person who:

- Has a physical or mental impairment that substantially limits one or more major life activities;
- Has a record of such an impairment; or
- Is regarded as having such impairment.

A qualified employee or applicant with a disability is an individual who, with or without reasonable accommodation, can perform the essential functions of the job in question. Reasonable accommodation may include, but is not limited to:

- Making existing facilities used by employees readily accessible to and usable by person with disabilities.
- Job restructuring, modifying work schedules, reassignment to a vacant position.
- Acquiring or modifying equipment or devices, adjusting or modifying examinations, training materials, or policies, and providing qualified readers or interpreters.

An employer is required to make a reasonable accommodation to the known disability of a qualified applicant or employee if it would not impose an "undue hardship" on the operation of the employer's business. Undue hardship is defined as an action requiring significant difficulty or expense when considered in light of factors such as an employer's size, financial resources, and the nature and structure of its operation.

An employer is not required to lower quality or production standards to make an accommodation; nor is an employer obligated to provide personal use items such as glasses or hearing aids.

new hire pamphlet

If a work injury occurs

California law guarantees certain benefits to employees who are injured or become ill because of their jobs.

Any job related injury or illness is covered. Types of injuries include, but may not be limited to, strains, sprains, cuts, cumulative or repetitive traumas, fractures, illnesses and aggravations. Some injuries from voluntary, off duty, recreational, social or athletic activity may not be covered. Check with your supervisor or Keenan & Associates if you have any questions.

All work related injuries must be reported to your supervisor immediately. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury.

It is a misdemeanor for an employer to discriminate against workers who are injured on the job or who testify in another employee's case. Any such employee may be entitled to compensation, reinstatement and reimbursement for lost wages and benefits.

Workers' compensation benefits include

Medical Care – All medical treatment, without a deductible or dollar limit. For dates of injury on or after 1/1/04 there is a limit of 24

chiropractic, 24 physical therapy and 24 occupational therapy visits. However this limit does not apply for post surgical treatments. Costs are paid directly by Keenan & Associates, through your employer's workers' compensation program, so you should never see a bill.

If emergency treatment is required go to the nearest emergency room or contact 911.

Keenan & Associates will arrange medical treatment, often by a specialist for the particular injury. Preferred Provider Networks may be utilized for physicians as well as medical care centers.

If you have health care coverage you are eligible to treatment with your personal physician or medical group should you become injured on the job. If you are eligible, **before you are injured**, you must notify your employer **in writing** and provide your employer **written** documentation from your personal physician or medical group that they agree to be predesignated. Your personal physician must be your regular primary care physician who previously directed your medical treatment, who retains your medical history and records. You may only predesignate your primary care physician if they are a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist, or pediatrician. Your personal physician may be a multispecialty medical group composed of licensed doctors or osteopathy providing medical services predominantly for non-occupational illness and injuries.

Your employer may be using a Medical Provider Network (MPN), which is a selected group of health care providers to provide treatment to

workers injured on the job. If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor. If you have not predesignated and your employer is using and MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer or Keenan & Associates. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information on reverse side.

If your employer **does not** participate in a Medical Provider Network (MPN) you may be able to change your treating physician to your personal chiropractor or acupuncturist. Generally your employer, or Keenan, has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your employer, or Keenan, initiates treatment you may, upon request, have your treatment transferred to your personal chiropractor or acupuncturist. To be eligible you must notify your employer **in writing prior to being injured**. However, a chiropractor cannot be your treating physician after receiving 24 chiropractic office visit.

Your employer will provide you with a form to use an optional method to predesignate your personal physician.

Contact Keenan & Associates if you plan to change physicians at any time.

Payment for Lost Wages - If you're temporarily disabled by a job injury or illness, you'll receive tax-free income until your doctor says you are able to return to work. Payments are two-thirds of your average weekly pay, up to

a maximum set by state law. Payments aren't made for the first three days unless you are hospitalized in an inpatient basis or unable to work more than 14 days.

If the injury or illness results in permanent disability, additional payments will be made after recovery. If the injury results in death, benefits will be paid to surviving, eligible dependents.

Rehabilitation – For dates of injury on or after 1/1/04 - you may be entitled to a ***Supplemental Job Displacement Voucher***, which entitles you to a voucher for educational training.

MPN Information

Harbor Health Systems MPN Contact
(888) 626-1737
MPNcontact@harborsys.com

How to obtain additional information

Contact your employer representative or Keenan & Associates if you have questions about workers' compensation benefits. You may also contact an Information and Assistance Officer at the State Division of Workers' Compensation. You can consult an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at 415-538-2120.

Department of Workers' Compensation Information and Assistance Offices

You can get free information from a state Division of Workers' Compensation Information & Assistance Officer. The phone numbers are listed below. Hear recorded information by calling toll-free 800-736-7401 or visit www.dwc.ca.gov.

Anaheim	714-414-1804
Bakersfield	661-395-2514
Eureka	707-441-5723
Fresno	559-445-5355
Goleta	805-968-4158
Long Beach	562-590-5001
Los Angeles	213-576-7389
Marina Del Rey	310-482-3858
Oakland	510-622-2861
Oxnard	805-485-3528
Pomona	909-623-8568
Redding	530-225-2047
Riverside	951-782-4347
Sacramento	916-928-3158
Salinas	831-443-3058
San Bernardino	909-383-4522
San Diego	619-767-2082
San Francisco	415-703-5020
San Jose	408-277-1292
San Luis Obispo	805-596-4159
Santa Ana	714-558-4597
Santa Rosa	707-576-2452
Stockton	209-948-7980
Van Nuys	818-901-5367

Keenan & Associates adjusting locations

Torrance
800-654-8102

Eureka
707-268-1616

Pleasanton
925-225-0611

Rancho Cordova
800-343-0694

Redwood City
650-306-0616

Riverside
800-654-8347

San Jose
800-334-6554

Anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to \$150,000 and sent to prison for up to five years.
[Insurance Code Section 1871.4]



Important Information about Medical Care if you have a Work-Related Injury or Illness

Complete Written Employee Notification regarding Medical Provider Network
(Title 8, California Code of Regulations, Section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by Harbor Health Systems.

This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by YOUR EMPLOYER to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

- **What MPN is used by my employer?**

Your employer is using the PRIME PLUS MPN Powered by Harbor Health Systems MPN with the identification number 2357. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

- **Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN.

The contact for your MPN is:

Name: Harbor Health Systems MPN Contact
Title: MPN Contact
Address: P.O. Box 11779, Newport Beach, CA 92658-5041
Telephone Number: (888) 626-1737
Email address: MPNcontact@harborsys.com

General information regarding the MPN can also be found at the following website:
www.harborsys.com/KeenanPlus.

- **What if I need help finding and making an appointment with a doctor?**

The MPN's Medical Access Assistant will help you find available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday from 7am-8pm (Pacific) and schedule medical appointments during doctors' normal business hours. Assistance is available in English and in Spanish.

The contact information for the Medical Access Assistant is:

Toll Free Telephone Number: (855) 521-7080
Fax Number: (703) 673-0181
Email Address: MPNMAA@harborsys.com

- **How do I find out which doctors are in my MPN?**

You can get a regional list of all MPN providers in your area by calling the MPN Contact or by going to our website at: www.harborsys.com/KeenanPlus. At minimum, the regional list must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you wish to receive. You also have the right to obtain a list of all the MPN providers upon request.

You can access the roster of all treating physicians in the MPN by going to the website:
www.harborsys.com/KeenanPlus.

- **How do I choose a provider?**

Your employer or the insurer for your employer will arrange the initial medical evaluation with an MPN physician. After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury.

If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. Some specialists will only accept appointments with a referral from the treating doctor. Such specialist might be listed as "by referral only" in your MPN directory.

If you need help in finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant.

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury. Contact the MPN Contact or your claims adjuster if you want to change your treating physician.

- **What standards does the MPN have to meet?**

The MPN has providers for the entire State of California.

The MPN must give you access to a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary treating physicians within 30 minutes or 15 miles and specialists within 60 minutes or 30 miles of where you work or live.

If you live in a rural area or an area where there is a health care shortage, there may be a different standard.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If treatment with a specialist has been authorized, the appointment with the specialist must be provided to you within 20 business days of your request.

If you have trouble getting an appointment with a provider in the MPN, contact the Medical Access Assistant.

If there are no MPN providers in the appropriate specialty available to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of the MPN.

- **What if there are no MPN providers where I am located?**

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your own doctor outside of the MPN network. Contact your MPN Contact for assistance in finding a physician or for additional information.

- **What if I need a specialist that is not available in the MPN?**

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN contact or your claims adjuster and tell them you want a second opinion. The MPN should give you at least a regional or full MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must tell the MPN Contact of your appointment date, and the MPN will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer and you. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (IMR). Your employer or MPN Contact will give you information on requesting an Independent Medical Review and a form at the time you select a third-opinion physician.

If either the second or third-opinion doctor or Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN, or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

- **What if I am already being treated for a work-related injury before the MPN begins?**

Your employer or insurer has a "*Transfer of Care*" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician. However, if you have properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.)

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are set forth in the box below.

Can I Continue Being Treated By My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Transfer of Care policy for more details on the dispute resolution process.

For a copy of the Transfer of Care policy, in English or Spanish, ask your MPN Contact.

• **What if I am being treated by a MPN doctor who decides to leave the MPN?**

Your employer or insurer has a written "*Continuity of Care*" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician must receive a letter notifying you of this decision.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must choose a MPN physician. These conditions are set forth in the, "***Can I Continue Being Treated By My Doctor?***" box above.

You can disagree with your employer's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated in the box above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, your employer's decision to deny you Continuity of Care with your doctor who is no longer participating in the MPN will apply, and you will be required to choose a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the selection of an MPN doctor treatment. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the Continuity of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I have questions or need help?**

- **MPN Contact:** You may always contact the MPN Contact if you have questions about the use of the MPN and to address any complaints regarding the MPN.
- **Medical Access Assistants:** You can contact the Medical Access Assistant if you need help finding MPN physicians and scheduling and confirming appointments.
- **Division of Workers' Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call the DWC's Information and Assistance office at 1-800-736-7401. You can also go to the DWC's website at www.dir.ca.gov/dwc and click on "medical provider networks" for more information about MPNs.
- **Independent Medical Review:** If you have questions about the MPN Independent Medical Review process contact the Division of Workers' Compensation's Medical Unit at:

DWC Medical Unit
PO Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

<p>Keep this information in case you have a work-related injury or illness.</p>
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11165.7. (a) As used in this article, "mandated reporter" is defined as any of the following:

- (1) A teacher.
- (2) An instructional aide.
- (3) A teacher's aide or teacher's assistant employed by any public or private school.
- (4) A classified employee of any public school.
- (5) An administrative officer or supervisor of **child** welfare and attendance, or a certificated pupil personnel employee of any public or private school.
- (6) An administrator of a public or private day camp.
- (7) An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
- (8) An administrator or employee of a public or private organization whose duties require direct contact and supervision of children.
- (9) Any employee of a county office of education or the California Department of Education, whose duties bring the employee into contact with children on a regular basis.
- (10) A licensee, an administrator, or an employee of a licensed community care or **child** day care facility.
- (11) A Head Start program teacher.
- (12) A licensing worker or licensing evaluator employed by a licensing agency as defined in Section 11165.11.
- (13) A public assistance worker.
- (14) An employee of a **child** care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.
- (15) A social worker, probation officer, or parole officer.
- (16) An employee of a school district police or security department.
- (17) Any person who is an administrator or presenter of, or a counselor in, a **child abuse** prevention program in any public or private school.
- (18) A district attorney investigator, inspector, or local **child** support agency caseworker unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions **Code** to represent a minor.

(19) A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section.

- (20) A firefighter, except for volunteer firefighters.
- (21) A physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage, family and **child** counselor, clinical social worker, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions **Code**.
- (22) Any emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety **Code**.
- (23) A psychological assistant registered pursuant to Section 2913 of the Business and Professions **Code**.
- (24) A marriage, family, and **child** therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions **Code**.
- (25) An unlicensed marriage, family, and **child** therapist intern registered under Section 4980.44 of the Business and Professions **Code**.
- (26) A state or county public health employee who treats a minor for venereal disease or any other condition.
- (27) A coroner.
- (28) A medical examiner, or any other person who performs autopsies.

(29) A commercial film and photographic print processor, as specified in subdivision (d) of Section 11166. As used in this article, "commercial film and photographic print processor" means any person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, for compensation. The term includes any employee of such a person; it does not include a person who develops film or makes prints for a public agency.

(30) A **child** visitation monitor. As used in this article, "**child** visitation monitor" means any person who, for financial compensation, acts as monitor of a visit between a **child** and any other person when the monitoring of that visit has been ordered by a court of law.

(31) An animal control officer or humane society officer. For the purposes of this article, the following terms have the following meanings:

- (A) "Animal control officer" means any person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.
- (B) "Humane society officer" means any person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations **Code**.

(32) A clergy member, as specified in subdivision (c) of Section 11166. As used in this article, "clergy member" means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization.

(33) Any custodian of records of a clergy member, as specified in this section and subdivision (c) of Section 11166.

(34) Any employee of any police department, county sheriff's department, county probation department, or county welfare department.

(35) An employee or volunteer of a Court Appointed Special Advocate program, as defined in Rule 1424 of the California Rules of Court.

(36) A custodial officer as defined in Section 831.5.

(37) Any person providing services to a minor **child** under Section 12300 or 12300.1 of the Welfare and Institutions **Code**.

(b) Except as provided in paragraph (35) of subdivision (a), volunteers of public or private organizations whose duties require direct contact with and supervision of children are not mandated reporters but are encouraged to obtain training in the identification and **reporting** of **child abuse** and neglect and are further encouraged to report known or suspected instances of **child abuse** or neglect to an agency specified in Section 11165.9.

(c) Employers are strongly encouraged to provide their employees who are mandated reporters with training in the duties imposed by this article. This training shall include training in **child abuse** and neglect identification and training in **child abuse** and neglect **reporting**. Whether or not employers provide their employees with training in **child abuse** and neglect identification and **reporting**, the employers shall provide their employees who are mandated reporters with the statement required pursuant to subdivision (a) of Section 11166.5.

(d) School districts that do not train their employees specified in subdivision (a) in the duties of mandated reporters under the **child abuse reporting** laws shall report to the State Department of Education the reasons why this training is not provided.

(e) Unless otherwise specifically provided, the absence of training shall not excuse a mandated reporter from the duties imposed by this article.

(f) Public and private organizations are encouraged to provide their volunteers whose duties require direct contact with and supervision of children with training in the identification and **reporting** of **child abuse** and neglect.

11166. (a) Except as provided in subdivision (d), a mandated reporter shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a **child** whom the mandated reporter knows or reasonably suspects has been the victim of **child abuse** or neglect. The mandated reporter shall make an initial report to the agency immediately or as soon as is practicably possible by telephone and the mandated reporter shall prepare and send, fax, or electronically transmit a written followup report thereof within 36 hours of receiving the information concerning the incident. The mandated reporter may include with the report any nonprivileged documentary evidence the mandated reporter possesses relating to the incident.

(1) For the purposes of this article, "reasonable suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect **child abuse** or neglect. For the purpose of this article, the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual **abuse**.

(2) The agency shall be notified and a report shall be prepared and sent, faxed, or electronically transmitted even if the **child** has expired, regardless of whether or not the possible **abuse** was a factor contributing to the death, and even if suspected **child abuse** was discovered during an autopsy.

(3) Any report made by a mandated reporter pursuant to this section shall be known as a mandated report.

(b) If after reasonable efforts a mandated reporter is unable to submit an initial report by telephone, he or she shall immediately or as soon as is practicably possible, by fax or electronic transmission, make a one-time automated written report on the form prescribed by the Department of Justice, and shall also be available to respond to a telephone followup call by the agency with which he or she filed the report. A mandated reporter who files a one-time automated written report because he or she was unable to submit an initial report by telephone is not required to submit a written followup report.

(1) The one-time automated written report form prescribed by the Department of Justice shall be clearly identifiable so that it is not mistaken for a standard written followup report. In addition, the automated one-time report shall contain a section that allows the mandated reporter to state the reason the initial telephone call was not able to be completed. The reason for the submission of the one-time automated written report in lieu of the procedure prescribed in subdivision (a) shall be captured in the **Child Welfare Services/Case Management System (CWS/CMS)**. The department shall work with stakeholders to modify **reporting** forms and the CWS/CMS as is necessary to accommodate the changes enacted by these provisions.

(2) This subdivision shall not become operative until the CWS/CMS is updated to capture the information prescribed in this subdivision.

(3) This subdivision shall become inoperative three years after this subdivision becomes operative or on January 1, 2009, whichever ever occurs first.

(4) On the inoperative date of these provisions, a report shall be submitted to the counties and the Legislature by the Department of Social Services that reflects the data collected from automated one-time reports indicating the reasons stated as to why the automated one-time report was filed in lieu of the initial telephone report.

(5) Nothing in this section shall supersede the requirement that a mandated reporter first attempt to make a report via telephone, or that agencies specified in Section 11165.9 accept reports from mandated reporters and other persons as required.

(c) Any mandated reporter who fails to report an incident of known or reasonably suspected **child abuse** or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars (\$1,000) or by both that imprisonment and fine. If a mandated reporter intentionally conceals his or her failure to report an incident known by the mandated reporter to be **abuse** or severe neglect under this section, the failure to report is a continuing offense until an agency specified in Section 11165.9 discovers the offense.

(d) (1) A clergy member who acquires knowledge or a reasonable suspicion of **child abuse** or neglect during a penitential communication is not subject to subdivision (a). For the purposes of this subdivision, "penitential communication" means a communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret.

(2) Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected **child abuse** or neglect when the clergy member is acting in some other capacity that would otherwise make the clergy member a mandated reporter.

(3) (A) On or before January 1, 2004, a clergy member or any custodian of records for the clergy member may report to an agency specified in Section 11165.9 that the clergy member or any custodian of records for the clergy member, prior to January 1, 1997, in his or her professional capacity or within the scope of his or her employment, other than during a penitential communication, acquired knowledge or had a reasonable suspicion that a **child** had been the victim of sexual **abuse** that the clergy member or any custodian of records for the clergy member did not previously report the **abuse** to an agency specified in Section 11165.9. The provisions of Section 11172 shall apply to all reports made pursuant to this paragraph.

(B) This paragraph shall apply even if the victim of the known or suspected **abuse** has reached the age of majority by the time the required report is made.

(C) The local law enforcement agency shall have jurisdiction to investigate any report of **child abuse** made pursuant to this paragraph even if the report is made after the victim has reached the age of majority.

(e) Any commercial film and photographic print processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, videotape, negative, or slide depicting a **child** under the age of 16 years engaged in an act of sexual conduct, shall report the instance of suspected **child abuse** to the law enforcement agency having jurisdiction over the case immediately, or as soon as practicably possible, by telephone and shall prepare and send, fax, or electronically transmit a written report of it with a copy of the film, photograph, videotape, negative, or slide attached within 36 hours of receiving the information concerning the incident. As used in this subdivision, "sexual conduct" means any of the following:

(1) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals.

(2) Penetration of the vagina or rectum by any object.

(3) Masturbation for the purpose of sexual stimulation of the viewer.

(4) Sadoomasochistic **abuse** for the purpose of sexual stimulation of the viewer.

(5) Exhibition of the genitals, pubic, or rectal areas of any person for the purpose of sexual stimulation of the viewer.

(f) Any mandated reporter who knows or reasonably suspects that the home or institution in which a **child** resides is unsuitable for the **child** because of **abuse** or neglect of the **child** shall bring the condition to the attention of the agency to which, and at the same time as, he or she makes a report of the **abuse** or neglect pursuant to subdivision (a).

(g) Any other person who has knowledge of or observes a **child** whom he or she knows or reasonably suspects has been a victim of **child abuse** or neglect may report the known or suspected instance of **child abuse** or neglect to an agency specified in Section 11165.9.

(h) When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of **child abuse** or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the **reporting** team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(i) (1) The **reporting** duties under this section are individual, and no supervisor or administrator may impede or inhibit the **reporting** duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate **reporting** and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article.

(2) The internal procedures shall not require any employee required to make reports pursuant to this article to disclose his or her identity to the employer.

(3) **Reporting** the information regarding a case of possible **child abuse** or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person shall not be a substitute for making a mandated report to an agency specified in Section 11165.9. (j) A county probation or welfare department shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions **Code**, and to the district attorney's office every known or suspected instance of **child abuse** or neglect, as defined in Section 11165.6, except acts or omissions coming within subdivision (b) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a **child** which relates solely to the inability of the parent to provide the **child** with regular care due to the parent's substance **abuse**, which shall be reported only to the county welfare or probation department. A county probation or welfare department also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

(k) A law enforcement agency shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the agency given responsibility for investigation of cases under Section 300 of the Welfare and Institutions **Code** and to the district attorney's office every known or suspected instance of **child abuse** or neglect reported to it, except acts or omissions coming within subdivision (b) of Section 11165.2, which shall be reported only to the county welfare or probation department. A law enforcement agency shall report to the county welfare or probation department every known or suspected instance of **child abuse** or neglect reported to it which is alleged to have occurred as a result of the action of a person responsible for the **child's** welfare, or as the result of the failure of a person responsible for the **child's** welfare to adequately protect the minor from **abuse** when the person responsible for the **child's** welfare knew or reasonably should have known that the minor was in danger of **abuse**. A law enforcement agency also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

11166.01. (a) Except as provided in subdivision (b), any supervisor or administrator who violates paragraph (1) of subdivision (h) of Section 11166 shall be punished by not more than six months in a county jail, by a fine of not more than one thousand dollars (\$1,000), or by both that fine and imprisonment.

(b) Notwithstanding Section 11162, any mandated reporter who willfully fails to report **abuse** or neglect, or any person who impedes or inhibits a report of **abuse** or neglect, in violation of this article, where that **abuse** or neglect results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars (\$5,000), or by both that fine and imprisonment.

11166.05. Any mandated reporter who has knowledge of or who reasonably suspects that a **child** is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage, evidenced by states of being or behavior, including, but not limited to, severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, may make a report to an agency specified in Section 11165.9.

11166.1. (a) When an agency receives a report pursuant to Section 11166 that contains either of the following, it shall, within 24 hours, notify the licensing office with jurisdiction over the facility:

(1) A report of **abuse** alleged to have occurred in facilities licensed to care for children by the State Department of Social Services.

(2) A report of the death of a **child** who was, at the time of death, living at, enrolled in, or regularly attending a facility licensed to care for children by the State Department of Social Services, unless the circumstances of the **child's** death are clearly unrelated to the **child's** care at the facility. The agency shall send the licensing agency a copy of its investigation and any other pertinent materials.

(b) Any employee of an agency specified in Section 11165.9 who has knowledge of, or observes in his or her professional capacity or within the scope of his or her employment, a **child** in protective custody whom he or she knows or reasonably suspects has been the victim of **child abuse** or neglect shall, within 36 hours, send or have sent to the attorney who represents the **child** in dependency court, a copy of the report prepared in accordance with Section 11166. The agency shall maintain a copy of the written report. All information requested by the attorney for the **child** or the **child's** guardian ad litem shall be provided by the agency within 30 days of the request.

11166.2. In addition to the reports required under Section 11166, any agency specified in Section 11165.9 shall immediately or as soon as practically possible report by telephone, fax, or electronic transmission to the appropriate licensing agency every known or suspected instance of **child abuse** or neglect when the instance of **abuse** or neglect occurs while the **child** is being cared for in a **child** day care facility, involves a **child** day care licensed staff person, or occurs while the **child** is under the supervision of a community care facility or involves a community care facility licensee or staff person. The agency shall also send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision. The agency shall send the licensing agency a copy of its investigation report and any other pertinent materials.

11166.3. (a) The Legislature intends that in each county the law enforcement agencies and the county welfare or probation department shall develop and implement cooperative arrangements in order to coordinate existing duties in connection with the investigation of suspected **child abuse** or neglect cases. The local law enforcement agency having jurisdiction over a case reported under Section 11166 shall report to the county welfare or probation department that it is investigating the case within 36 hours after starting its investigation. The county welfare department or probation department shall, in cases where a minor is a victim of actions specified in Section 288 of this **code** and a petition has been filed pursuant to Section 300 of the Welfare and Institutions **Code** with regard to the minor, evaluate what action or actions would be in the best interest of the **child** victim. Notwithstanding any other provision of law, the county welfare department or probation department shall submit in writing its findings and the reasons therefor to the district attorney on or before the completion of the investigation. The written findings and the reasons therefor shall be delivered or made accessible to the defendant or his or her counsel in the manner specified in Section 859.

(b) The local law enforcement agency having jurisdiction over a case reported under Section 11166 shall report to the district office of the State Department of Social Services any case reported under this section if the case involves a facility specified in paragraph (5) or (6) of subdivision (a) of Section 1502, Section 1596.750 or 1596.76 of the Health and Safety **Code**, and the licensing of the facility has not been delegated to a county agency. The law enforcement agency shall send a copy of its investigation report and any other pertinent materials to the licensing agency upon the request of the licensing agency.

11166.5. (a) On and after January 1, 1985, any mandated reporter as specified in Section 11165.7, with the exception of **child** visitation monitors, prior to commencing his or her employment, and as a prerequisite to that employment, shall sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions. The statement shall inform the employee that he or she is a mandated reporter and inform the employee of his or her **reporting** obligations under Section 11166 and of his or her confidentiality rights under subdivision (d) of Section 11167. The employer shall provide a copy of Sections 11165.7, 11166, and 11167 to the employee. On and after January 1, 1993, any person who acts as a **child** visitation monitor, as defined in paragraph (30) of subdivision (a) of Section 11165.7, prior to engaging in monitoring the first visit in a case, shall sign a statement on a form provided to him or her by the court which ordered the presence of that third person during the visit, to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions. The signed statements shall be retained by the employer or the court, as the case may be. The cost of printing, distribution, and filing of these statements shall be borne by the employer or the court. This subdivision is not applicable to persons employed by public or private youth centers, youth recreation programs, and youth organizations as members of the support staff or maintenance staff and who do not work with, observe, or have knowledge of children as part of their official duties.

(b) On and after January 1, 1986, when a person is issued a state license or certificate to engage in a profession or occupation, the members of which are required to make a report pursuant to Section 11166, the state agency issuing the license or certificate shall send a statement substantially similar to the one contained in subdivision (a) to the person at the same time as it transmits the document indicating licensure or certification to the person. In addition to the requirements contained in subdivision (a), the statement also shall indicate that failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

(c) As an alternative to the procedure required by subdivision (b), a state agency may cause the required statement to be printed on all application forms for a license or certificate printed on or after January 1, 1986.

(d) On and after January 1, 1993, any **child** visitation monitor, as defined in paragraph (30) of subdivision (a) of Section 11165.7, who desires to act in that capacity shall have received training in the duties imposed by this article, including training in **child abuse** identification and **child abuse reporting**. The person, prior to engaging in monitoring the first visit in a case, shall sign a statement on a form provided to him or her by the court which ordered the presence of that third person during the visit, to the effect that he or she has received this training. This statement may be included in the statement required by subdivision (a) or it may be a separate statement. This statement shall be filed, along with the statement required by subdivision (a), in the court file of the case for which the visitation monitoring is being provided.

(e) Any person providing services to a minor **child**, as described in paragraph (37) of subdivision (a) of Section 11165.7, shall not be required to make a report pursuant to Section 11166 unless that person has received training, or instructional materials in the appropriate language, on the duties imposed by this article, including identifying and **reporting child abuse** and neglect.

11167. (a) Reports of suspected **child abuse** or neglect pursuant to Section 11166 shall include the name, business address, and telephone number of the mandated reporter; the capacity that makes the person a mandated reporter; and the information that gave rise to the reasonable suspicion of **child abuse** or neglect and the source or sources of that information. If a report is made, the following information, if known, shall also be included in the report: the **child's** name, the **child's** address, present location, and, if applicable, school, grade, and class; the names, addresses, and telephone numbers of the **child's** parents or guardians; and the name, address, telephone number, and other relevant personal information about the person or persons who might have abused or neglected the **child**. The mandated reporter shall make a report even if some of this information is not known or is uncertain to him or her.

(b) Information relevant to the incident of **child abuse** or neglect may be given to an investigator from an agency that is investigating the known or suspected case of **child abuse** or neglect.

(c) Information relevant to the incident of **child abuse** or neglect, including the investigation report and other pertinent materials, may be given to the licensing agency when it is investigating a known or suspected case of **child abuse** or neglect.

(d) (1) The identity of all persons who report under this article shall be confidential and disclosed only among agencies receiving or investigating mandated reports, to the prosecutor in a criminal prosecution or in an action initiated under Section 602 of the Welfare and Institutions **Code** arising from alleged **child abuse**, or to counsel appointed pursuant to subdivision (c) of Section 317 of the Welfare and Institutions **Code**, or to the county counsel or prosecutor in a proceeding under Part 4 (commencing with Section 7800) of Division 12 of the Family **Code** or Section 300 of the Welfare and Institutions **Code**, or to a licensing agency when **abuse** or neglect in out-of-home care is reasonably suspected, or when those persons waive confidentiality, or by court order.

(2) No agency or person listed in this subdivision shall disclose the identity of any person who reports under this article to that person's employer, except with the employee's consent or by court order.

(e) Notwithstanding the confidentiality requirements of this section, a representative of a **child** protective services agency performing an investigation that results from a report of suspected **child abuse** or neglect made pursuant to Section 11166, at the time of the initial contact with the individual who is subject to the investigation, shall advise the individual of the complaints or allegations against him or her, in a manner that is consistent with laws protecting the identity of the reporter under this article.

(f) Persons who may report pursuant to subdivision (f) of Section 11166 are not required to include their names.

11167.5. (a) The reports required by Sections 11166 and 11166.2, and **child abuse** or neglect investigative reports that result in a summary report being filed with the Department of Justice pursuant to subdivision (a) of Section 11169 shall be confidential and may be disclosed only as provided in subdivision (b). Any violation of the confidentiality provided by this article is a misdemeanor punishable by imprisonment in a county jail not to exceed six months, by a fine of five hundred dollars (\$500), or by both that imprisonment and fine.

(b) Reports of suspected **child abuse** or neglect and information contained therein may be disclosed only to the following:

(1) Persons or agencies to whom disclosure of the identity of the **reporting** party is permitted under Section 11167.

(2) Persons or agencies to whom disclosure of information is permitted under subdivision (b) of Section 11170 or subdivision (a) of Section 11170.5.

(3) Persons or agencies with whom investigations of **child abuse** or neglect are coordinated under the regulations promulgated under Section 11174.

(4) Multidisciplinary personnel teams as defined in subdivision (d) of Section 18951 of the Welfare and Institutions **Code**.

(5) Persons or agencies responsible for the licensing of facilities which care for children, as specified in Section 11165.7. (6) The State Department of Social Services or any county licensing agency which has contracted with the state, as specified in paragraph (4) of subdivision (b) of Section 11170, when an individual has applied for a community care license or **child** day care license, or for employment in an out-of-home care facility, or when a complaint alleges **child abuse** or neglect by an operator or employee of an out-of-home care facility.

(7) Hospital scan teams. As used in this paragraph, "hospital scan team" means a team of three or more persons established by a hospital, or two or more hospitals in the same county, consisting of health care professionals and representatives of law enforcement and **child** protective services, the members of which are engaged in the identification of **child abuse** or neglect. The disclosure authorized by this section includes disclosure among all hospital scan teams.

(8) Coroners and medical examiners when conducting a postmortem examination of a **child**.

(9) The Board of Prison Terms, who may subpoena an employee of a county welfare department who can provide relevant evidence and reports that both (A) are not unfounded, pursuant to Section 11165.12, and (B) concern only the current incidents upon which parole revocation proceedings are pending against a parolee charged with **child abuse** or neglect. The reports and information shall be confidential pursuant to subdivision (d) of Section 11167.

(10) Personnel from an agency responsible for making a placement of a **child** pursuant to Section 361.3 of, and Article 7 (commencing with Section 305) of Chapter 2 of Part 1 of Division 2 of, the Welfare and Institutions **Code**.

(11) Persons who have been identified by the Department of Justice as listed in the **Child Abuse** Central Index pursuant to paragraph (6) of subdivision (b) of Section 11170 or subdivision (c) of Section 11170, or persons who have verified with the Department of Justice that they are listed in the **Child Abuse** Central Index as provided in subdivision (e) of Section 11170. Disclosure under this paragraph is required notwithstanding the California Public Records Act, Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government **Code**. Nothing in this paragraph shall preclude a submitting agency prior to disclosure from redacting any information necessary to maintain confidentiality as required by law.

(12) Out-of-state law enforcement agencies conducting an investigation of **child abuse** or neglect only when an agency makes the request for reports of suspected **child abuse** or neglect in writing and on official letterhead, identifying the suspected abuser or victim by name. The request shall be signed by the department supervisor of the requesting law enforcement agency. The written request shall cite the out-of-state statute or interstate compact provision that requires that the information contained within these reports is to be disclosed only to law enforcement, prosecutorial entities, or multidisciplinary investigative teams, and shall cite the criminal penalties for unlawful disclosure provided by the requesting state or the applicable interstate compact provision. In the absence of both (A) a specific out-of-state statute or interstate compact provision that requires that the information contained within these reports be disclosed only to law enforcement, prosecutorial entities, or multidisciplinary investigative teams, and (B) criminal penalties equivalent to the penalties in California for unlawful disclosure, access shall be denied.

(13) Each chairperson of a county **child** death review team, or his or her designee, to whom disclosure of information is permitted under this article, relating to the death of one or more children and any prior **child abuse** or neglect investigation reports maintained involving the same victim, siblings, or suspects. Local **child** death review teams may share any relevant information regarding case reviews involving **child** death with other **child** death review teams. (c) Authorized persons within county health departments shall be permitted to receive copies of any reports made by health practitioners, as defined in paragraphs (21) to (28), inclusive, of subdivision (a) of Section 11165.7, and pursuant to Section 11165.13, and copies of assessments completed pursuant to Sections 123600 and 123605 of the Health and Safety **Code**, to the extent permitted by federal law. Any information received pursuant to this subdivision is protected by subdivision (e).

(d) Nothing in this section requires the Department of Justice to disclose information contained in records maintained under Section 11170 or under the regulations promulgated pursuant to Section 11174, except as otherwise provided in this article.

(e) This section shall not be interpreted to allow disclosure of any reports or records relevant to the reports of **child abuse** or neglect if the disclosure would be prohibited by any other provisions of state or federal law applicable to the reports or records relevant to the reports of **child abuse** or neglect.

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TO: All New Employees

In conjunction with the California Employment Development Department, San Jose/Evergreen Community College and all California employers are required to report the following information for all new or rehired employees within twenty (20) days of their first paid day:

- **Employee's** full name, social security number, address, and start-of-work date.
- **Employer's** name, address, California employer account number, and federal employer identification number (FEIN).

About the California New Employee Registry and National Directory of New Hires¹

Children of child support debtors often become dependent on public assistance (welfare) because a parent does not provide financial support as obligated. Under the New Employee Registry program:

- Employers report their newly hired employees to the Registry. California matches New Employee Registry reports against child support records to help locate parents in order to establish wage withholding orders or enforce existing orders.
- The information is also sent to the National Directory of New Hires to locate delinquent debtors in other states. Nearly 30 percent of child support cases involve parents who do not live in the same state as their children.
- Effective January 1, 2001, businesses and government entities are required to report specific independent contractor information to EDD. Like the New Employee Registry, [Independent Contractor Reporting](#) will increase child support collection by helping to locate parents who are delinquent in their child support obligations.
- Employee information is submitted by the District Office of Human Resources as follows:

Mail: Employment Development Department
PO Box 997016 MIC 23
West Sacramento CA 95799-7016
Fax: (916) 319-4400

(Revised 6/07)

¹ Excerpt from State of California Employment Development Department website at:
www.edd.ca.gov/tasrep/



EMPLOYEE/STUDENT RECORD PRIVACY AND CONFIDENTIALITY AGREEMENT

As part of my employment responsibilities with the San José Evergreen Community College District, (hereafter known as “the District”) through my access to the computer system and the Datatel Colleague software system, I am able to see personal information regarding students and/or employees of the District. Such information may include, but may not be limited to, name, address and contact information. The information to which I have access may be protected by Privacy Laws and is regarded as confidential by the District.

By signing this Privacy and Confidentiality Agreement, I agree that I will protect the privacy of employee and/or student records and will prevent inappropriate or unnecessary disclosure of such records. I will collect and retain only such personal information as is needed to effectively conduct District business, and will handle such information in a secure, confidential and appropriate manner, in accordance with relevant laws, regulations, policies and procedures. This agreement will be placed in my personnel file.

Employee Name (Print)

Department

Employee Signature

Date

Witness

Date

Witness Name (Print)

Department

BP 3410 NONDISCRIMINATION

References:

Education Code Sections: 66250 et seq., 72010 et seq., and 87100 et seq.;
Title 5 Sections 53000 et seq. and 59300 et seq.
Penal Code Section 422.55;
Government Code Sections 12926.1 and 12940 et seq.;
Title 2 Sections 10500 et seq.;
WASC/ACCJC Accreditation Eligibility Requirement 20 and WASC/ACCJC
Accreditation
Standard Catalog Requirements

The District is committed to equal opportunity in educational programs, employment, and all access to institutional programs and activities.

The District, and each individual who represents the District, shall provide access to its services, classes, and programs without regard to national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, pregnancy, or military and veteran status, or because he/she is perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics.

The District Chancellor shall establish administrative procedures that ensure all members of the college community can present complaints regarding alleged violations of this policy and have their complaints heard in accordance with the Title 5 regulations and those of other agencies that administer state and federal laws regarding nondiscrimination.

No District funds shall ever be used for membership, or for any participation involving financial payment or contribution on behalf of the District or any individual employed by or associated with it, to any private organization whose membership practices are discriminatory on the basis of national origin, religion, age, gender, gender identity, gender expression, race, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, pregnancy, or military and veteran status, or because he/she is perceived to have one or more of the foregoing characteristics, or because of his/her association with a person or group with one or more of these actual or perceived characteristics.

Also see AP 3410 titled Nondiscrimination, BP/AP 3430 titled Prohibition of Harassment, and AP 3435 titled Discrimination and Harassment Complaints and Investigations.

AP 3435 DISCRIMINATION AND HARASSMENT COMPLAINT PROCEDURES

Reference:

Education Code Sections 212.5, 66281.5, and 67386;
Government Code Section 12950.1;
Title 2 Sections 110243 and 11024;
Title 5 Sections 59320, 59324, 59326, 59328, and 59300 et. seq.;
34 Code of Federal Regulations 106.8(b)

I. Introduction and Scope

The purpose of these procedures is to provide a fair and prompt process for the resolution and investigation of internal complaints of discrimination.

Discrimination includes sexual harassment as well as any harassment that occurs on the basis of any of the protected categories listed below.

Any person, who believes that they have been discriminated against, in whole or in part, on the basis of ethnic group identification, race, color, language, accent, immigration status, ancestry, national origin, age, sex or gender, gender identity, religion, sexual orientation, marital status, medical condition, veteran status, physical or mental disability, or on the basis of these perceived characteristics or based on association with a person or group with one or more of these actual or perceived characteristics shall have the right to file a complaint. Complaints may also be filed by anyone who has learned of such discrimination in his or her official capacity as a classified employee, faculty member or administrator. The procedures outlined below govern the process for complaints filed against employees of the District, or any other person acting on behalf of the District. If the complaint is against a student that is not employed by the District, such complaints shall be handled through the Vice President of Student Affairs or Campus designee and student disciplinary procedures.

The law prohibits coworkers, supervisors, managers, and third parties with whom an employee comes into contact from engaging in harassment, discrimination, or retaliation. Any person who has suffered harassment, discrimination, or retaliation may file a formal or informal complaint of harassment, discrimination, or retaliation.

A. Application, Availability and Posting of Procedures

These written procedures on discrimination will be posted on the District and Campus website at <http://www.sjeccd.edu/district-services/human-resources/policies-procedures> and made available in the Chancellor's Office, the Presidents' Offices, the Office of Human Resources, the Offices of Diversity, the Offices of Student Life, the Campus libraries, the Disabled Student's Programs, Campus and District mailrooms, and each Dean's office. The District will post a summary of these procedures in areas easily accessible to students, employees, and visitors including but not limited to the locations listed above. The District will post this

summary in English and any other languages spoken by a substantial number of students, employees, or visitors of the District.

These procedures apply to complaints filed by an employee of the District against another employee, or a student against an employee or program of the District. If a student wishes to file a complaint against another student, they should contact the Vice President of Student Affairs or Campus designee at the appropriate campus. For additional information regarding such complaints, students at Evergreen Valley College should call (408) 274-7900, Extension 6117, and at San Jose City College should call (408) 298-2181, Extension 3190.

Employees who believe they are being harassed by a student should refer to the District regulations on disruptive students. Complaints by students or employees involving harassment or discrimination by third parties who are not employees or students will be investigated. The District will forward the complaint to the responsible party with a written request for (1) an investigation of the incident(s) giving rise to the complaint, and (2) a report of the findings to be sent to the District. The District will also review the matter and take appropriate action where possible.

B. Students and Employees Notice, Training, and Education

The San Jose/Evergreen Community College District shall provide training to employees and students on the District's discrimination policies and procedures. The District will provide members of the faculty, classified staff and administrative staff, a copy of the District's written policies and procedures on discrimination during new employee orientation and at the beginning of the first semester of the academic year after it revises the policies and procedures.

All new District employees will receive training on the District's discrimination policies and procedures. New employees are required to complete this training and receive a copy of the discrimination policies and procedures during the first year of their employment. Because of their special responsibilities under the law, supervisors will undergo mandatory training within six months of assuming a supervisory position and mandatory training every two years. In years in which a substantive policy or procedural change has occurred, training will be made available for all employees; and all District employees will receive a copy of the revised policies and procedures.

A training program or informational services will be made available to all students at least once annually. The student training or informational services should include an explanation of the policies and procedures and how to file a complaint. In addition, the District will provide a copy of the District's written policies and procedures on discrimination, as they pertain to students, as part of any orientation program conducted for new students at the beginning of each quarter, semester, or summer session, as applicable.

C. Responsible District Officer

The San Jose/Evergreen Community College District will identify to the State Chancellor's Office and to the public the responsible district officer who will be

responsible for coordination of all discrimination complaints filed pursuant to Title 5 section 59328, and who is responsible for maintaining communications with the State Chancellor's Office on these matters. Informal charges of unlawful discrimination should be brought to the attention of the responsible district officer, who shall oversee the informal resolution process pursuant to section 59327. The responsible district officer is the Vice Chancellor of Human Resources located in the District Office.

D. Confidentiality of the Process

Investigative processes are confidential and the District shall not reveal information about such matters except as necessary to fulfill its legal obligations. Both the respondent and the complainant have privacy rights and the District will respect these rights to the extent possible in conducting the investigation.

Complainants, witnesses, and respondents will all be asked to sign a confidentiality acknowledgement statement.

E. Representation

Union representation will be allowed for respondent and/or complainant, where required by law and in other circumstances on a case-by-case basis. Where not required by law either party may request for a representative during interviews. Such requests shall be granted on a case-by-case basis.

II. Discrimination Complaint Procedures

A. How to File A Complaint

The district encourages its employees and students to contact the appropriate Campus Coordinator or District designee prior to filing a formal complaint or to obtain assistance in determining whether or not an individual has been or is a victim of discrimination. The designated Campus Coordinator at each college is the Vice President of Student Affairs. At EVC the Vice President of Student Affairs can be contacted at (408) 274-7900 ext. 6749; at SJCC the Vice President of Student Affairs can be contacted at (408) 298-2181 ext. 3190. For the District Office, contact the Vice Chancellor of Human Resources at (408) 270-6404. The Discrimination Complaint Procedures and the Discrimination Complaint Forms are also available online and can be accessed at <http://www.sjeccd.edu/district-services/human-resources/policies-procedures> via the District's Web site.

B. Informal Complaint Procedure (Step One)

Employees and students who believe they have been discriminated against or harassed may lodge an informal complaint verbally and/or in writing to the complainant's supervisor or to the supervisor of the person being complained against. Complainants may obtain assistance through the designated Campus Coordinator or District designee.

The purpose of the informal complaint procedure is to allow individuals who believe that they have been discriminated against to resolve the issue through a mediation focused process rather than a more formal procedure. The informal procedure allows for a quicker resolution than the formal procedure and allows for more flexibility and creativity in the resolution of complaints. The District and all constituency groups encourage individuals to take advantage of the informal complaint procedure before proceeding with a formal complaint. Individuals, however, do have the right to forgo the informal complaint procedure and go directly to a formal complaint.

Complaints filed verbally and/or in writing through the informal procedure will be resolved within forty-five (45) calendar days. The parties may agree to extend this 45-day deadline by mutual agreement or extenuating circumstances.

1. Upon receipt of an informal complaint the appropriate administrator will do the following:

- a. Meet with the complainant within five (5) calendar days to make an initial assessment of the complaint and determine whether it is a discrimination complaint covered by these procedures and the District policy on Nondiscrimination.
 - i. If, the administrator determines that the complaint is not properly a discrimination complaint, the administrator will refer the concerned individual to the appropriate process or department.
 - ii. If the complaint involves discrimination, the administrator shall:
- b. Provide a copy of these policies and procedures to the complainant and explain the informal and formal complaint procedures.
- c. Inform the complainant he/she is not required to participate in any mediation or other type of resolution.
- d. Explain that he or she may also file a non-employment-based complaint with the Office for Civil Rights of the U.S. Department of Education (OCR), and that employment-based complaints may be filed with the California Department of Fair Employment and Housing (DFEH), or the U.S. Equal Employment Opportunity Commission (EEOC).
- e. State that the District Officer ultimately responsible for the processing and handling of discrimination complaints is the Vice Chancellor of Human Resources.
- f. Provide written notice to the Vice Chancellor of Human Resources within ten (10) working days of the complaint when the complainant wishes to pursue the informal process. The notice shall include a summary of the complaint.
- g. Confer with the Vice Chancellor of Human Resources and when necessary request the District designee's assistance.
- h. Notify the respondent of the complaint within ten (10) calendar days of the complaint.
- i. Make reasonable and fair efforts to resolve the complaint and will document any resolution the parties will sign any resolution reached by agreement of the parties and each shall receive a copy. If the parties

cannot reach an agreement and the administrator is required to make a decision, each party will receive the administrator's written decision on the complaint. The administrator shall provide a copy of the resolution of the complaint to the Vice Chancellor of Human Resources. The Vice Chancellor of Human Resources shall maintain the investigation file.

C. Formal Complaint Procedure (Step Two)

1. If the complainant is not satisfied with the resolution in the informal complaint procedure, or if the complainant decides to forgo the informal process, he/she may file a formal complaint by filing a written complaint using the District's formal complaint form with the Vice Chancellor of Human Resources. If the Vice Chancellor of Human Resources is the subject of the complaint, the complaint must be filed with the Chancellor. The Vice Chancellor of Human Resources is located in the San Jose/Evergreen Community College District Office. The phone number for the Vice Chancellor of Human Resources is (408) 270-6404. The mailing address is 40 South Market, San Jose, CA 95113.

The following deadlines apply to formal complaints:

- a. A complainant must file any complaint not involving employment, within one year of the date of the alleged discrimination, or within one year of the date on which the complainant knew or should have known of the facts underlying the allegation of discrimination.
 - b. A complainant must file any complaint alleging discrimination in employment, within one-hundred-eighty (180) calendar days of the date the alleged discrimination occurred. The administrator should extend this period by no more than ninety (90) calendar days if the complainant first obtained knowledge of the facts of the alleged violation after the expiration of the one-hundred-eighty (180) days.
 - c. If the complainant files a complaint alleging discrimination or harassment in employment beyond the timeline in subsection "b" above, but no longer than one year, the District may nonetheless conduct an internal investigation as appropriate to address and/or remedy the allegations but is under no obligation to comply with the specific procedures required by the California Code of Regulations, Title 5, section 59300 et Seq.
2. The District will advise complainants that they may also file their non-employment-based complaints with OCR and their employment-based complaints with DFEH and/or EEOC. The District shall forward a copy of any filing by the complainant with DFEH or the EEOC to the State Chancellor's Office for a determination of whether the issues presented require an independent investigation.
 3. The complainant shall describe in detail the alleged discriminatory conduct. All written complaints should be signed and dated by the complainant, and shall

contain, to the best of the complainant's ability at least the name(s) of the individual(s) involved, the date(s) of the event(s) at issue, and a detailed description of the actions constituting the alleged harassment or discrimination. The complainant should also include the names, addresses and phone numbers of witnesses or potential witnesses to the extent he or she has this information available.

4. The Vice Chancellor of Human Resources or his/her designee shall immediately send a copy of all formal complaints filed in accordance with section 59328 of the Title 5 regulations to the Chancellor of the California Community College System.

If the complaint is defective in any of the following ways:

- The complainant fails to use the proper complaint form, either the District or the State Chancellor Office's form;
- The complaint fails to describe in detail the alleged discriminatory conduct (AP 3430);
- The complaint is not signed and dated by the complainant;
- The complaint does not identify the name of the individual(s) involved, the date of the event at issue, and a detailed description of the actions constituting the alleged harassment or discrimination;
- The complaint fails to be submitted within the designated time period.

The Vice Chancellor of Human Resources (VCHR) will immediately return it to the complainant and inform the complainant that the complaint does not meet these requirements and those of section 59328, and shall specify in what requirement the complaint is defective. The VCHR will also send a copy of this notice to the State Chancellor's Office. The complainant shall have seven (7) working days to file an amended complaint.

5. The Vice Chancellor of Human Resources (VCHR) may appoint an appropriate administrator to conduct an impartial fact-finding investigation. This administrator will preferably be someone in the levels of supervision above the immediate supervising administrator of either the complainant or the individual complained against (respondent). The Vice Chancellor of Human Resources may appoint an independent third party to investigate, or may conduct the investigation himself or herself.
6. Within ten (10) working days of receiving the complaint, the Vice Chancellor of Human Resources (VCHR) or District designee shall notify the respondent of the complaint and shall provide the respondent a copy of the complaint. The VCHR or District designee will also send the respondent a copy of these procedures. The VCHR or District designee will inform the respondent of his/her right to have a representative present during any interview and will direct the respondent not to make contact or to discuss the issue with the complainant or potential witnesses. All employees must cooperate with lawful investigations.

- a. The investigator shall meet separately with the complainant and respondent to review the scope and nature of the complaint; request names of witnesses or documents that may assist in the investigation. When possible, the investigator shall summarize for each party the information gathered in the course of the investigation so that they may respond to any adverse information.

The investigator will review all information presented and incorporate such information into an investigative report. The investigator will maintain confidentiality to the extent possible. The investigator will prepare a written report setting out the results of the investigation. The written report shall include the following:

- a. A description of the circumstances giving rise to the complaint.
 - b. A summary of the testimony provided by each witness including the complainant, respondent, and any viable witnesses identified by the complainant or respondent.
 - c. An analysis of any relevant data or other evidence collected during the course of the investigation.
 - d. Any other information deemed appropriate.
7. The investigator will send his/her report to the Chief Executive Officer (CEO) of the campus, or his/her designee.
 8. The CEO or his/her designee will:
 - a. Be responsible for determining whether there is probable cause to believe that discrimination or harassment occurred with respect to each allegation in the complaint.
 - b. Consider the severity of the conduct, the pertinent background, and other relevant District policies in making his/her recommendations.
 - c. If the CEO or his/her designee finds probable cause to conclude that discrimination or harassment occurred, the CEO or his/her designee will make recommendations for corrective action that may include training, or any other measure, including disciplinary action.
 - d. If the CEO or his/her designee recommends disciplinary action, the District will comply with applicable bargaining agreement provisions or state law.
 8. In any case involving employment discrimination, within ninety (90) calendar days of receiving a complaint the District shall complete its investigation, and the Vice Chancellor of Human Resources shall forward to the complainant and respondent the following:
 - a. A copy or summary of the investigative report
 - b. A written notice setting forth:
 - i. The determination of the Chief Executive Officer or his/her designee as to whether there is probable cause to believe that discrimination occurred with respect to each allegation in the complaint.

- ii. A description of actions taken, if any, to prevent similar problems from occurring in the future.
- iii. The proposed resolution of the complaint.
- iv. The complainant's right to appeal to the District Board of Trustees and to file a complaint with the Department of Fair Employment and Housing.
- v. The respondent's right to file with the Vice Chancellor of Human Resources a written response to the Chief Executive Officer's determination. Respondent's written response and the results of the appropriate administrative review shall be included in the investigation file.

10. In any case not involving employment discrimination, within ninety (90) calendar days of receiving a complaint the District shall complete its investigation, and the Vice Chancellor of Human Resources shall forward to the State Chancellor's Office a copy of the investigative report, and to the complainant and respondent:

- a. A copy or summary of the investigative report.
- b. A written notice setting forth:
 - i. The determination of the Chief Executive Officer or his/her designee as to whether there is probable cause to believe that discrimination occurred with respect to each allegation in the complaint.
 - ii. A description of actions taken, if any, to remedy any discrimination that was believed to have occurred, and to prevent similar problems from occurring in the future.
 - iii. The proposed resolution of the complaint.
 - iv. The complainant's right to appeal to the District Board of Trustees and the State Chancellor's Office.
 - v. The respondent's right to file with the Vice Chancellor of Human Resources a written response to the Chief Executive Officer's determination. Respondent's written response and the results of the appropriate administrative review shall be included in the investigation file.

11. When the Chief Executive Officer or his/her designee finds that disciplinary action is appropriate, the complainant will receive a summarized copy that will exclude the details of the discipline imposed. Personnel matters, in particular discipline actions taken against employees, are considered confidential; therefore, the District may not, unless otherwise mandated by law, release such details.

D. Appeal Rights

1. First level of appeal:

If the complainant is not satisfied with the results of the formal complaint administrative determination, the complainant may appeal by submitting written objections, to the District Board of Trustees, through the District Chancellor, within fifteen (15) calendar days from the receipt date of the administrative determination.

The District's governing board will issue a final District decision on the matter within forty- five (45) calendar days after receiving the appeal. Alternatively, if the governing board does not act within forty-five (45) calendar days, the administrative determination will become the final District decision in the matter.

The Vice Chancellor of Human Resources shall:

- a. In cases involving employment discrimination, forward a copy of the final decision rendered by the Board of Trustees on the appeal and a notice informing complainant of his/her right to file a complaint with the DFEH or EEOC where the case is within the jurisdiction of that agency, to the complainant.
- b. In cases not involving employment discrimination, forward a copy of the final decision rendered by the Board of Trustees on the appeal and the notice informing complainant of his/her right to appeal to the State Chancellor's Office to the complainant, and to the State Chancellor's Office.

2. Second level of appeal:

If the complainant is not satisfied with the District Board of Trustees' decision, the complainant shall have the right to file a written appeal with the State Chancellor's Office in any case not involving employment discrimination. The State Chancellor's Office will also only accept appeals based on the protected categories enumerated in section 59300 of Title 5. Appeals to the State Chancellor's Office must be filed within thirty (30) calendar days after the Board of Trustees has issued the final District decision or allowed the administrative determination to become final by taking no action, or from the date of the notice provided pursuant to section 59338(b) or (d) , whichever is later. The appeal must be in writing and accompanied by a copy of the decision of the governing board or evidence showing the date on which the complainant filed an appeal with the governing board, and a statement under penalty of perjury that no response was received from the governing board within forty-five 45 days from that date.

In any case involving employment discrimination, the complainant may, at any time before or after the final District decision is rendered, file a complaint with the DFEH or EEOC where the complaint is within the jurisdiction of that agency.

E. Forward Provision of Information to State Chancellor

Within one-hundred-fifty (150) days of receiving a complaint, which does not involve employment discrimination, the District will forward it to the State Chancellor's Office:

1. A copy of the final District decision rendered by the governing board or a statement indicating the date on which the administrative determination became final as a result of the governing board's decision to take no action on the appeal within forty five 45 days.
2. A copy of the notice of appeal rights the District sent the complainant.

3. A copy of the complainant's appeal of the District's administrative determination; or a statement that the complainant has not appealed to the District Board of Trustees; and
4. Such other information as the State Chancellor may require.

For a period of at least three years after closing a case, including a case involving employment discrimination, the VCHR or District designee shall retain and make available to the State Chancellor upon request the original complaint, the documents referenced in sections 59336 and 59338, and the documents identified in the preceding sections.

F. Extensions

If for reasons beyond its control, the District is unable to comply with the ninety 90-day or one-hundred-fifty 150-day deadlines specified above the VCHR or District designee will file a written request to the State Chancellor for an extension of the deadlines established by Title 5 in sections 59336 and/or 59340. When necessary, the District must request an extension whether or not the case involves employment discrimination. The District must request the extension no later than ten (10) days before the expiration of the established deadline and shall set forth the reasons for the request and the date by which the District expects to be able to submit the required materials.

The District must send a copy of the request for an extension to the complainant, and notify him/her that he/she may file written objections with the State Chancellor within five (5) calendar days of receipt.

The State Chancellor may grant the request unless delay would be prejudicial to the investigation. If the State Chancellor grants an extension of the ninety 90-day deadline, the one-hundred-fifty 150-day deadline is automatically extended by an equal amount.