

Woodville Union Elementary School District
New Employment Records- Certificated Substitute

Name: _____

DOH: _____

Social Security #: _____

DOB: _____

SUBSTITUTE FILE FOLDER:

- _____ Application Form
- _____ CBEST Verification
- _____ Credential Verification
- _____ Fingerprint Clearance (TCOE)
- _____ TB Clearance
- _____ X-Ray _____ PPD Exp. _____
- _____ I-9 Form
- _____ Oath of Office
- _____ SSA – 1945 Rights
- _____ Child Abuse Reporting Certificate
- _____ Child Abuse Reporting/Receipt
- _____ Drug Free Workplace
- _____ Tobacco Free Workplace
- _____ Blood borne Pathogens
- _____ Confidentiality Policy
- _____ Technology Agreement
- _____ Worker's Comp Designation
- _____ Race/Ethnicity Data Collection
- _____ Reasonable Assurance Letter
- _____ Receipt of Documents Page

- _____ Employee Information
- _____ Uniform Complaint Procedure*
- _____ School Calendar*
- _____ Aesop Information*
- _____ Discrimination in Employment*
- _____ Sexual Harassment Notice*
- _____ Wrongdoing Notice*
- _____ Health Insurance Market Place*

**For your reference only*

PAYROLL FORMS:

- _____ W-4 _____
 - _____ Direct Deposit Authorization
 - _____ Declined Accepted
 - _____ Designation Beneficiary
 - _____ Reasonable Assurance Notice
 - _____ Retirement Questionnaire
 - _____ STRS Form ES 0350
 - _____ Elected STRS: No Yes
- (If yes, fill also Form MS500 Recipient Designation)

HIRING PROCEDURE CHECK LIST:

- | | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| _____ Verify all documents | _____ Report to EDD |
| _____ Add Substitute in Aesop | _____ E-mail ES350 to TCOE |
| _____ Add Substitute in SACS (screens): | _____ E-mail Notification to Projects Director |
| _____ <input type="checkbox"/> Personnel <input type="checkbox"/> Payroll <input type="checkbox"/> Absence | _____ Add to Substitute Report (Board) |

WOODVILLE UNION SCHOOL DISTRICT EMPLOYEE PERSONNEL DATA

Social Security Number _____

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ City _____ Zip _____

Physical Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Text? Y N

Other Phone _____ Email _____

Birth Date _____

For DISTRICT Use: Hire Date: _____ Certified Classified

Marital Status:

- Married
- Single

Sex:

- Male
- Female

Ethnicity:

- Hispanic or Latino
- Yes
 - No

Race:

- American Indian or Alaska native
- Asian
- Asian Indian
- Cambodian
- Chinese
- Hmong
- Japanese
- Korean
- Laotian
- Vietnamese
- Asian – Other
- Black or African American
- Filipino
- Guamanian
- Hawaiian
- Samoan
- Tahitian
- Pacifica Islander – Other
- White

Bilingual:

- Not Bilingual
- Chinese
- French
- German
- Portuguese
- Russian
- Spanish
- Tri-Lingual (mark)
- Vietnamese
- Other

Please indicate: Are you currently or have you ever been a member of the STRS or PERS Retirement system?

- No, I have never been a member of either system.
- Yes, I am/have been a member of:
 - STRS please list last
 - PERS district where a member: _____

Emergency Contact Information

Primary Contact

Alternate Contact

Name		
Address		
City, St Zip		
Home Phone		
Work Phone		
Cell Phone		
Relationship		

OATH OF OFFICE
FOR SCHOOL DISTRICT EMPLOYEES
WOODVILLE UNION ELEMENTARY SCHOOL DISTRICT
(State Constitution Art. XX< Sec. 3 as amended)

State of California }
County of Tulare }

For the office of _____

I, _____, do solemnly swear (or Affirm)
that I will support and defend the Constitution of the United States and the
Constitution of the State of California against all enemies, foreign and
domestic, that I will bear true faith and allegiance to the Constitution of the
United States and the Constitution of the State of California; that I take this
obligation freely, without any mental reservation or purpose of evasion; and
that I will well and faithfully discharge the duties upon which I am about to
enter.

I understand that as a public employee I am a disaster service worker
pursuant to Government Code 3100 and 3102 and that I am required to take
this oath before entering the duties of my employment. In the event of
natural, manmade or war-caused emergencies, which result in conditions of
disaster or extreme peril to life, property and resources, I am subject to
disaster services activities assigned to me by my supervisor.

Employee's Signature

Subscribed and sworn to before me this

___ day of _____, 20___

Name

Title

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

Employee Name _____ Employee ID# _____

Employer Name _____ Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

**RECEIPT AND ACKNOWLEDGMENT
OF CHILD ABUSE REPORTING REQUIREMENTS**

SECTION 11166 OF THE PENAL CODE REQUIRES ANY CHILD CARE CUSTODIAN, MEDICAL PRACTITIONER, NONMEDICAL PRACTITIONER, OR EMPLOYEE OF A CHILD PROTECTIVE AGENCY WHO HAS KNOWLEDGE OF OR OBSERVES A CHILD IN HIS OR HER PROFESSIONAL CAPACITY OR WITHIN THE SCOPE OF HIS OR HER EMPLOYMENT WHOM HE OR SHE KNOWS OR REASONABLY SUSPECTS HAS BEEN THE VICTIM OF CHILD ABUSE TO REPORT THE KNOWN OR SUSPECTED INSTANCE OF CHILD ABUSE TO A CHILD PROTECTIVE AGENCY IMMEDIATELY OR AS SOON AS PRACTICALLY POSSIBLE BY TELEPHONE AND TO PREPARE AND SEND A WRITTEN REPORT THEREOF WITHIN 36 HOURS OF RECEIVING THE INFORMATION CONCERNING THE INCIDENT.

"CHILD CARE CUSTODIAN" INCLUDES TEACHER, ADMINISTRATIVE OFFICERS, SUPERVISORS OF CHILD WELFARE AND ATTENDANCE (INCLUDING TEACHER AIDES), OR CERTIFICATED PUPIL PERSONNEL EMPLOYEES OF ANY PUBLIC OR PRIVATE SCHOOL; ADMINISTRATORS OF A PUBLIC OR PRIVATE DAY CAMP, LICENSED DAY CARE WORKERS; ADMINISTRATORS OR COMMUNITY CARE FACILITIES LICENSED TO CARE FOR CHILDREN; LICENSED DAY CARE WORKERS; ADMINISTRATORS OF COMMUNITY CARE FACILITIES LICENSED TO CARE FOR CHILDREN; HEADSTART TEACHERS; LICENSING WORKERS OR LICENSING EVALUATORS; PUBLIC ASSISTANCE WORKERS; EMPLOYEES OF A CHILD CARE INSTITUTION INCLUDING, BUT NOT LIMITED TO, FOSTER PARTENTS, GROUP HOME PERSONNEL, AND PERSONNEL OF RESIDENTIAL CARE FACILITIES; AND SOCIAL WORKERS OR PROBATION OFFICERS.

"MEDICAL PRACTITIONER" INCLUDES PHYSISICANS AND SURGEONS, PSYCHIATRISTS, PSYCHOLOGISTS, DENTISTS, RESIDENTS, INTERNS, PODIATRISTS, CHIROPRACTORS, LICENSED NURSES, DENTAL HYGIENISTS, OR ANY OTHER PERSON WHO IS LICENSED UNDER DIVISION 2 (COMMENCING WITH SECTION 500) OF THE BUSINESS AND PROFESSIONS CODE.

"NONMEDICAL PRACTITIONER" INCLUDES STATE OR COUNTY PUBLIC HEALTH EMPLOYEES WHO TREAT MNORS FOR VENEREAL DISEASE OR ANY OTHER CONDITION; CORONERS; PARAMEDICS; MARRIAGE, FAMILY OR CHILD COUNSELORS; AND RELIGIOUS PRACTITIONERS WHO DIAGNOSE, EXAMINE, OR TREAT CHILDREN.

ATTACHED HERETO IS A COPY OF PENAL CODE SECTION 11166, WHICH EXPLAINS THE PROCEDURE FOR REPORTING CHILD ABUSE.

I HAVE READ THE ATTACHED PENAL CODE SECTION 11166 AND I AGREE TO COMPLY THEREWITH.

EMPLOYEES NAME (PLEASE PRINT)

EMPLOYEE'S SIGNATURE

DATE

Child Abuse Reporting
Penal Code Section 3.1166
Woodville Union Elementary School District

Penal Code Section 3.1166- Report; Duty; Time

- (a) Except as provided in subdivision (b), any child care custodian, medical practitioner, non-medical practitioner, or employee of a child protective agency who has knowledge or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse shall report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. For the purposes of this article, "reasonable suspicion" means that it is objectively reasonable for a person in a like position, drawing when appropriate on his or her training and experiences to suspect child abuse.
- (b) Any child care custodian, medical practitioner, non medical practitioner or employee of a child protective agency who has knowledge of or who reasonably suspects that mental suffering has been inflicted on a child or his or her emotional well-being is endangered in any other way, may report such known or suspected instance of child abuse to a child protective agency.
- (c) Any commercial film or photographic print processor who has knowledge of or observes within the scope of his or her professional capacity or employment any film, photograph, video tape, negative or slide depicting a child under the age of 14 years engaged in an act of sexual conduct, shall report such instance of suspected child abuse to the law enforcement agency having jurisdiction over the case immediately or as soon as practically possible by telephone and shall prepare and send a written report of it with a copy of the film, photograph, video tape, 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.) Sadomasochistic 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.
- (d) 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 may report the known or suspected instance of child abuse to a child protective agency.

- (e) When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of child abuse, 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 such 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.
- (f) The reporting duties under this section are individual and no supervisor or administrator may impede or inhibit the reporting duties and no person making such 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 the provisions of the article.
- (g) A county probation or welfare department shall immediately or as soon as practically possible, report by telephone to the law enforcement agency having jurisdiction over the case to the agency given the responsibility for investigation of causes under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse as defined in Section 11165, except acts or omissions coming within the provisions of paragraph (2) of subdivision (c) of Section 11165, which shall only be reported to the county welfare department. A county probation or welfare department shall also send a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

A law enforcement agency shall immediately or as soon as practically possible report by telephone to the county welfare department 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 reported to it, except acts or omissions coming within the provisions of paragraph (2) of subdivision (c) of Section 11165 which shall also send a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

TOBACCO-FREE WORKPLACE NOTICE TO EMPLOYEES

YOU ARE HEREBY NOTIFIED that it is a violation of board policy for any employee at the WORKPLACE to use TOBACCO products anywhere and anytime on district property.

“WORKPLACE” is defined as any place where work is performed, including a school building or other school premises; any district owned or district-approved vehicle used to transport students to and from school or school activities; and any off-campus sites when accommodating a district sponsored or district approved activity or function, such as a field trip or athletic event, where students are under school jurisdiction.

Smoking and other tobacco use cessation assistance may be made available if requested through the district health plan.

I have read the TOBACCO-FREE WORKPLACE Notice and I agree to comply therewith.

Employee's Signature

Date Signed

WOODVILLE UNION SCHOOL DISTRICT
DRUG AND ALCOHOL-FREE WORKPLACE
NOTICE TO EMPLOYEES

YOU ARE HEREBY NOTIFIED that it is a violation of board policy for any employee at the workplace to unlawfully manufacture, distribute, dispense, possess, use or be under the influence of any alcoholic beverage, narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana or other controlled substance, as defined in the drug-free workplace act of 1988. These prohibitions apply before, during and after school hours.

“WORKPLACE” IS DEFINED AS ANY PLACE WHERE WORK IS PERFORMED, INCLUDING A SCHOOL BUILDING OR OTHER SCHOOL PREMISES; ANY DISTRICT OWNED OR DISTRICT-APPROVED VEHICLE USED TO TRANSPORT STUDENTS TO AND FROM SCHOOL OR SCHOOL ACTIVITIES; AND ANY OFF CAMPUS SITES WHEN ACCOMMODATING A DISTRICT SPONSORED OR DISTRICT APPROVED ACTIVITY OR FUNCTION, SUCH AS A FIELD TRIP OR ATHLETIC EVENT, WHERE STUDENTS ARE UNDER SCHOOL JURISDICTION.

As a condition of your continued employment with the district, you will comply with the district's policy on Drug and Alcohol Free WORKPLACE and will, any time you are convicted of any criminal drug or alcohol statute violation occurring in the workplace, notify your supervisor of this conviction no later than five (5) days after such conviction.

Pursuant to California Education Code 45123, the district may not employ or retain in employment persons convicted of a controlled substance offense as defined in Education Code section 44011. If any such conviction is reversed and the person acquitted in a new trial or the charges dismissed, his/her employment is no longer prohibited.

The district may employ a person convicted of a controlled substance offense only if it determines, from evidence presented that the person has been rehabilitated for at least five years. Pursuant to Education Code 45123, the board shall determine the type and manner of presentation of the evidence, and the board's determination is final as to whether or not the person has been rehabilitated.

Pursuant to Education Code 44425, whenever the holder of any credential issued by the State Board of Education or the Commission for Teacher Preparation and Licensing has been convicted of a controlled substance offense as defined in Education code 44011, the commission shall forthwith suspend the credential. When the conviction becomes final or when imposition of sentence is suspended, the commission shall revoke the credential. Pursuant to Education Code 44065, the district may not employ non-certificated persons requiring a certificate.

Pursuant to Education Code 44940 for certificated employees and 44940 for classified employees, the district must immediately place on compulsory leave of absence any certificated employee charged with involvement in the sale, use or exchange to minors of certain controlled substances.

Drug counseling, rehabilitation, and/or employee assistance programs are available locally by calling the Occupational Health Services Corporation at 1-800-227-1060 or SISC at 661-636-4710(www.Kern.org/sisc)

I have read the Drug-free workplace notice and I agree to comply therewith.

Employee's Signature

Date

Exposure Control Plan for Bloodborne Pathogens

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV). I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge. At this time, I decline the vaccination. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. In the future, I understand that I can request the Hepatitis B vaccine and I can receive it, at no charge, unless the Superintendent or designee determines there is no reasonable anticipation of contact with any infectious material.

Signature

Employee Name (Please Print)

Date

Unauthorized release of confidential/privileged information
Woodville Union Elementary School District
Board Policy 4119.23(a)

The Governing Board, administration and staff shall maintain the confidentiality of all confidential records until such time as laws, state regulations and/or bylaws of this district permit disclosure. Information and records pertaining to closed sessions; negotiations and student records are not subject to public disclosure under Government Code 6252-6260.

Any employee who willfully releases confidential/privileged information about students, staff or any topic properly confined to a closed session shall be subject to disciplinary action up to and including dismissal from district service. Confidential information includes any information relating to the Board's employer-employee strategies on matters in negotiation or matters to be placed in negotiation.

Any employee who willingly and for monetary gain uses or discloses confidential/privileged information as defined in Government Code 1098 is guilty of a misdemeanor. (Government Code 1098)

Any action by an employee, which inadvertently or carelessly results in release of confidential/privileged information, shall be recorded, and the record shall be placed in the employee's personnel file. Depending on the circumstances, the Superintendent or designee may deny the employee further access to any privileged information and shall take any steps necessary to prevent any further unauthorized release of such information.

I acknowledge that I have received and read the "Unauthorized release of confidential/privileged information" board policy number 4119.23(a).

Signature

Date

Woodville Union Elementary School District

ALL PERSONNEL

Computer, Telephone and Network Acceptable Use

Computer and Network Environment

The Woodville Union Elementary School District has created extensive networks with information, telephone and computing resources for employee and student use. In addition, the Woodville Union Elementary School District provides a large and continuously growing number of computer workstations, printers, peripherals, software, training and supplies to all sites. These items are provided to allow employees to perform tasks effectively in meeting the goals and needs of the Woodville Union Elementary School District.

By nature, design, and function, the Woodville Union Elementary School District's computer network and resources must provide a relatively "open" environment. While automatic and procedural security controls are in place to prevent or reduce unauthorized access to these resources, the primary responsibility for maintaining the security of this information and its resources lies with the employee.

Improper use of any of these resources can cause problems related to the needs of some or all employees and students in the Woodville Union Elementary School District. Violation of specific local, state, and federal laws referenced later in this document may call for prosecution under the law including fines and imprisonment. The Woodville Union Elementary School District may take disciplinary action against employees for misuse of computer, network, and information resources.

Privacy of Woodville Union Elementary School District Records - Student, Staff, and Business Information

Both student and employee records are protected by various state and federal laws -

State Statutes:

Education Code, section 67100
Information Practices Act of 1977 (Civil Code section 1798)
Public Records Act (Gov. Code section 6250)
Penal Codes, Section 502

Federal Statutes:

Federal Family Educational Rights and Privacy Act of 1974
Federal Privacy Act of 1974
Electronic Communications Privacy Act of 1986

It is probable that during employment with the Woodville Union Elementary School District, employees will have access to either student or employee and business information that is confidential. It is the responsibility of employees to safeguard confidential information from unauthorized persons. Employees shall not seek to use personal or confidential information for their own use or personal gain. Employees must take all reasonable precautions to ensure privacy is maintained under the law while handling information in any form, including but not limited to voice, electronic (disk file, diskette, CD ROM, magnetic tape, email, etc.), paper, photograph, and microfiche information. Included under this precaution is the disposal of any privacy related materials.

Ownership

It must be understood that the Woodville Union Elementary School District's business information, telephone, network, computer and software resources, peripherals and supplies are Woodville Union Elementary School District property, provided to meet Woodville Union Elementary School District needs. They do not belong to individuals, but are only "loaned" for the purposes required for their position while you are employed by the Woodville Union Elementary School District.

Use of Telephones, Cell Phones, and Voicemail

Telephones and/or cell phones are provided to conduct the business of the Woodville Union Elementary School District. In many cases, voice mail and text messaging are also provided. These services are intended to provide a means of communication for employees to contact parents and students, agencies, vendors, other institutions and government officials. When using these services, employees should always reflect a businesslike and professional demeanor. Private use of the phones should be kept to a minimum and should not encroach on or displace time spent from performing work duties. Phone use for personal business (e.g., commercial business) may require reimbursement to the Woodville Union Elementary School District for any charges incurred.

Use of Personally Owned Software or Equipment

The Woodville Union Elementary School District attempts to ensure that all hardware and software meet specific standards which will operate without causing disruption of the Woodville Union Elementary School District's computer and network resources. Therefore, the use of personally owned software or software that can be downloaded from the Internet as well as personally-owned computer hardware is not permitted except where authorized in writing by the Woodville Union Elementary School District administration. Internet File-Sharing sites will not be permitted due to possible viruses, malicious software and spam related problems.

Software Copyright Law

Violations of copyright law have the potential of exposing the Woodville Union Elementary School District substantial risk of liability for damages. Employees are prohibited from installing any software without having proof of licensing. Employees may not install software licensed for one workstation on multiple machines. Employees should be aware that if, for example, a department purchases a new workstation, the program must also purchase new software licenses for the software that will be installed on it. If the computer being replaced will be retired from use, the software may be removed from it and transferred to a new workstation.

Use of the Internet

The Internet provides an extremely valuable resource for learning and communicating with people throughout the world. It can be a marvelous tool to enhance student and staff education and productivity. Unfortunately, the Internet also contains a large amount of information that is inappropriate for use in an educational institution.

While it is hoped that employees will enjoy the use of Internet resources, it must be emphasized that these resources are provided at Woodville Union Elementary School District expense to enhance job function and maximize job effectiveness. Employees are not to let personal use of the Internet encroach on or displace time spent performing their work duties. Inasmuch as every transaction completed on the Internet represents to the world our District and everything it stands for, it is imperative that employees not use the Internet in such a way as to bring civil or criminal liability or public reproach upon the Woodville Union Elementary School District.

Materials obtained from the Internet may be copyrighted. However, with proper citation, limited educational use may be permitted under the Principle of Fair use as contained in U.S. copyright law. These materials may not be redistributed on the Internet or in any other manner without written consent of the copyright owner or as prohibited by law. Materials are protected by copyright whether they bear copyright information or not.

The Woodville Union Elementary School District retains the rights to set the parameters of what and how much information is permitted via the Internet into the district network/Intranet in order to provide a safe/secure network.

The use of public Internet Chat Rooms is prohibited by employees on district provided technology. The use of District hosted Chat Rooms and educationally related chat rooms (administration approved) are permissible in relation to direct educational services and/or professional development.

Use of Computer Resources

The computing resources of the Woodville Union Elementary School District are used by students and employees. In order to ensure that these resources are available and working properly, personal use of these resources must not negatively impact others.

For example, no one may attempt to access computer systems or their resources unless proper authorization has been granted. No one may attempt to maliciously alter, erase, damage, destroy or make otherwise unusable or inaccessible any data, software, computer, or network system. Attempts or actions of this nature may constitute a felony and may result in any combination of disciplinary action and/or prosecution and fines including litigation costs and payment of damages under applicable local, state, and federal statutes.

Your Computer Account

In order to utilize the Woodville Union Elementary School District's computer and network resources, employees will be assigned "user IDs" and passwords. Based on an employee's position and his or her supervisor's authorization, the employee may be provided with access levels which allow him or her to view, create, alter, delete, print, and transmit information.

Employees are responsible for maintaining the security of their personal account and may not release it for use by any other individual. Employees must accord a user account the same significance as a hand-written signature. Failure to do so by releasing this information to another individual may be considered false representation and result in disciplinary action.

This means that it is extremely important that employees use a password that cannot be guessed by others through knowledge about the employee. For example, employees should never use personal names such as children or pets or names that begin or end with numbers. Never use Social Security Numbers, bank PINs or words which can be found in any dictionary, names spelled backwards, or adjacent keys on a computer keyboard (i.e., QWERTY). All of the aforementioned provide an easy way

For a hacker to break into a computer system and, using employee rights and privileges, cause damage and destruction. Employees must also never write down user IDs or passwords unless stored in the employee's personal possession or other location away from the place of work. Even then, the ID or password should be written in such a way that no clue is given as to the purpose for its use. Employees should contact their site administration if they suspect someone else may have accessed their account. It is a simple matter to change a password in a few seconds, but may take days to reconstruct damaged records or computer systems if someone breaks in with employee account rights! Where an employee has the ability to change his or her own password, the employee should make a habit of periodically changing passwords for these accounts. Employees should never leave their workstation unattended while signed on to any account; doing so allows anyone to sit at an employee's workstation and, using the employee's rights and privileges, perform destructive acts.

Under certain circumstances, user IDs and passwords may be shared by a group of employees where doing so makes information access convenient with a minimum of administrative overhead. Examples include Woodville Union Elementary School District-subscribed online services that teachers may wish to access from outside of the Woodville Union Elementary School District network. Group IDs and passwords should be held in confidence and never shared with students. If an employee suspects that the security of such information has been compromised, the employee should notify the network administrator at once.

Only assigned employees may have direct publishing (write privilege) access to Woodville Union Elementary School District and individual schools web, mail, and servers in general. Those who assume responsibility for posting information must never delegate these responsibilities. Passwords may not be stored where students may have access to them. Passwords should be periodically changed.

Computer Viruses

The computer industry faces a continuing onslaught of malicious viruses, worms, and other damaging programs that attack computer and network resources. The Woodville Union Elementary School District attempts to maintain anti-virus software in order to minimize impact of these viruses, but it is your responsibility to take precautions to protect your computer and all others throughout the Woodville Union Elementary School District. Employees should be very aware of opening email attachments. When in doubt, they should NOT be opened.

Likewise, employees should not download any software from the Internet unless directed to and authorized by the Woodville Union Elementary School District Administration. It is not unknown for even a very respectable company to unknowingly release products which include hidden or unknown viruses. Employees should not share any downloaded software with others until they have verified that it does not harbor viruses or malicious software, and the software has been approved by the administrator of the designated site/department.

Electronic Mail

The Woodville Union Elementary School District encourages the use of electronic mail (email) to enhance communication and business activities. Users of this service need to be aware however that this technology is still developing, and policies like this one are necessary to ensure appropriate use and to prevent or limit disruptions to work activity and computer services.

• Cautions about the Use of Electronic Mail

The nature of electronic mail at this date makes it susceptible to misuse. Users need to be aware that sensitive or private information can be easily forwarded to other individuals the originator never intended, both within the Woodville Union Elementary School District as well as externally throughout the world.

In addition, while email accounts may be password protected, it is up to the individual user to ensure that a password is set and that the password is one that cannot be easily guessed or "hacked".

Because of backup procedures in force with the Woodville Union Elementary School District, the fact that you have "deleted" an email message does not necessarily mean that it cannot be retrieved.

Users of the Woodville Union Elementary School District's email services need to be aware that use of these services is a privilege granted with the expectation that it will be used for business purposes and in a professional and courteous manner similar to other forms of communication. All email sent or received by individuals through Woodville Union Elementary School District employee accounts is the property of the Woodville Union Elementary School District and may be requested by your supervisor and examined.

There is no guarantee that email received was in fact sent by the purported sender, since it is a simple matter, although a violation of this policy, to disguise the sender's identity. Furthermore, email that is forwarded may be modified by the forwarder. As with any document, if you receive a message which appears unusual or which you feel may be questionable, check with the purported sender to verify authorship and authenticity. While encryption of email is a potential solution to ensure authenticity, it is an emerging technology that is not in widespread use and rather difficult to use consistently. Technology will mature such that it becomes practical and easy to use in the near future.

While the Woodville Union Elementary School District does not have the time nor inclination to monitor or read individual email messages, in the event that questionable or inappropriate use is suspected or known, such email may be examined and may be cause for disciplinary action ranging from revoking your email account up to termination. Users should also be aware that in the general course of business, System Administrators and email operators may require observation of messages in order to verify system operation.

- **Email-State, Federal, And Copyright Laws**

In addition to this policy, use of the Woodville Union Elementary School District's email services is subject to all applicable Federal and State communications and privacy laws as well. In particular, users need to be aware that attaching programs, sound, video, and images to email messages may violate copyright laws, and data files containing employee and/or student information is subject to all privacy laws.

- **Email Restrictions**

District hosted Electronic mail (E-mail) may not be used for:

- Unlawful activities

- Spam mail or mail "bombs"

- Use that violates Woodville Union Elementary School District, state or federal policies

- Any other use which interferes with computing facilities and services of the Woodville Union Elementary School District

- **Email and Representation**

Users shall not give the impression that they are representing, giving opinions or otherwise making statements on behalf of the Woodville Union Elementary School District unless they are appropriately authorized, explicitly or implicitly, to do so. Where appropriate and based on context, an appropriate disclaimer would be, "These are my own statements and views and do not represent those of the Woodville Union Elementary School District."

- **Email-False Identity**

Employees shall not employ a false identity in sending email or alter forwarded mail out of the context of its original meaning.

- **Email-Misuse of Computing Services**

Email services shall not be used for purposes that could reasonably be expected to cause, either directly or indirectly, excessive strain on Woodville Union Elementary School District computing facilities, or cause interference with others' use of email, email systems, or any computing facilities or services. For example, attaching large files over one (1) megabytes and sending these to multiple users or repeatedly to the same user is a violation of this policy.

- **Email-Security And Confidentiality**

The confidentiality of electronic mail cannot be assured. Users should exercise extreme caution in using email to communicate confidential or sensitive material.

- **Email-Virus Dangers**

As mentioned, proper precautions must be taken to guard against the infection of computers and files by viruses. Likewise, using email attachments to distribute viruses and/or worms and other damaging software is commonplace today.

- **Email-Archiving And Retention**

The Woodville Union Elementary School District maintains an ongoing backup schedule of computer data in order to ensure that these facilities may be restored to use in the event of damage and/or destruction. Because of this practice, email may be stored on backup media for extended lengths of time. Messages which a user assumes to be deleted may be able to be restored if demanded by the appropriate Woodville Union Elementary School District authority or by a Court of law.

Each user should consider whether they want to archive their personal messages to their workstation's hard drive or other disk media on some sort of regular basis, as there is always the possibility that information may be lost due to software or hardware problems.

While the Woodville Union Elementary School District maintains a backup of all email, it is not feasible nor our practice to restore lost or damaged Email.

Woodville Union Elementary School District
Computer, Telephone and Network Acceptable Use

AGREEMENT

I understand and will abide by the provisions and conditions of the Woodville Union Elementary School District Acceptable Use Policy (AUP) for personnel. I understand that any violations of the AUP provisions may result in disciplinary action, the revoking of my user account, or appropriate legal action. I also agree to report any misuse of the Woodville Union Elementary School District Acceptable Use Policy to the appropriate administrator.

Required Signatures

Name: _____

Position: _____

Classified: **Certified:**

Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____

Woodville Union Elementary

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 your Employer.

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:

Woodville Union Elementary, 16563 Road 168, Porterville, CA 93257

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 employer'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

pre-designated. 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 pre-designate 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 pre-designated a personal physician prior to your work injury, then you may receive treatment from your pre-designated doctor. If you have not pre-designated and your employer is using an 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 visits.

Your employer will provide you with a form to use an optional method to pre-designate 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

February 2015

Keenan

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@harboursys.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]

FEDERAL RACE AND ETHNICITY DATA COLLECTION STAFF INFORMATION

Name: _____

Date: _____

ETHNICITY

Mark the **ethnicity** with which you most closely identify:

- Hispanic/Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

PRIMARY RACE

Mark the **race** with which you most closely identify

- American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Other Asian | |
- Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- | | |
|-------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Other Pacific Islander | |
- Filipino** – A person having origins in any of the original peoples of the Philippine Islands.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- White** – A person having origins in any of the original people of Europe, Middle East, or North Africa.

SECONDARY RACE

Mark **any additional race** with which you most closely identify

- American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Other Asian | |
- Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- | | |
|-------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Other Pacific Islander | |
- Filipino** – A person having origins in any of the original peoples of the Philippine Islands.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- White** – A person having origins in any of the original people of Europe, Middle East, or North Africa.

WOODVILLE UNION ELEMENTARY SCHOOL DISTRICT

Name: _____ SSN#: XXX-XX-_____

As a newly hired Substitute Teacher, I have received a copy of the employee handbook for Woodville Union Elementary School District. Included in handbook is:

- _____ Child Abuse Mandated Reporter Notice
- _____ Drug Free Workplace Notice
- _____ Tobacco Free Workplace Notice
- _____ Blood borne Pathogens
- _____ Uniform Complaint Procedure
- _____ Confidentiality Policy
- _____ Worker's Compensation Rights
- _____ Discrimination in Employment Notice
- _____ Sexual Harassment Notice
- _____ Wrongdoing Notice
- _____ Computer & Network Environment (Technology Agreement)
- _____ Aesop Information
- _____ Health Insurance Market Option Notice

This is only a partial list of included items in handbook. Please make sure and read entire handbook as soon as possible.

Signature

Date

COMPLAINTS

The Governing Board recognizes the need for providing employees with a complaint process. The Board expects that employees and supervisors will make every effort to resolve employee complaints and disagreements informally before resorting to formal complaint procedures.

The following guidelines shall prescribe the manner in which complaints are handled:

1. A "complaint" shall be defined as an alleged misapplication of the district's policies, regulations, rules or procedures. Procedures for the resolution of employee complaints provide a route of appeal through administrative channels and to the Governing Board, if necessary. If the complaint is related to discrimination, the district's procedure for complaints concerning discrimination should be used.
2. If a complaint involves sexual harassment, the initial complaint should be made directly to the offending employee's immediate supervisor. An employee is not required to resolve sexual harassment complaints with the offending person.
3. So as not to interfere with school schedules, meetings related to a complaint shall be held before or after the complainant's regular working hours.
4. All matters related to a complaint shall be kept confidential. Only those individuals directly involved in resolving the complaint shall be informed of the complaints.
5. All documents, communication and records dealing with the complaint shall be placed in a district complaint file. No such material shall be placed in an employee's personnel file.
6. No reprisals shall be taken against any participant in a complaint procedure by reason of such participation.
7. Time limits specified in these procedures may be reduced or extended in any specific instance by written mutual agreement of the parties involved. If specified or adjusted time limits expire, the complaint may proceed to the next step.
8. Any complaint not taken to the next step within prescribed time limits shall be considered settled on the basis of the answer given at the preceding step.

Informal Complaints

Employees are encouraged to resolve complaints informally. Formal complaint procedures shall not be initiated unless informal efforts to resolve the complaint have been exhausted and the complainant has provided a written description of such efforts.

Formal Complaint Procedure – Step 1

If a complaint has not been satisfactorily resolved by informal procedures, the complainant may file a written complaint with the immediate supervisor or principal within 60 days of the act or event, which is the subject of the complaints. Within five working days of receiving the complaint, the immediate supervisor or principal shall conduct any necessary investigation and meet with the complainant in an effort to resolve the complaint. The immediate supervisor or principal shall present all concerned parties with a written answer to the complaint within 10 working days after the meeting.

Formal Complaint Procedure – Step 2

If a complaint has not been satisfactorily resolved at Step 2, the complainant may file a written appeal to the Board within five working days of receiving the answer at Step 2. All information presented at steps 1 and 2 shall be included with the appeal, and the Superintendent or designee shall submit to the Board a report describing attempts to resolve the complaint at Step 2. An appeal hearing shall be held at the next regularly scheduled Board meeting, which falls at least 12 days after the appeal is filed. This hearing shall be held in closed session if the complaint relates to matters properly addressed in closed session. The Board shall make its decision within 30 days of the hearing and shall mail its decision to all concerned parties. The Board's decision shall be final.

COMPLAINTS CONCERNING DISCRIMINATION IN EMPLOYMENT

The Governing Board designated the following person(s) as Coordinator(s) for Nondiscrimination in Employment:
Superintendent or designee

The following procedures shall be followed when an employee has a complaint alleging that a specific action policy, procedure or practice discriminates against him/her on any basis specified in the district's nondiscrimination policies.

- I. The complaint must be initiated within 30 days after a complainant knew, or should have known, of the alleged discrimination.
- II. All parties involved in allegations of discrimination shall be notified when a complaint is filed, when a complaint meeting or hearing is scheduled, and when a decision or ruling is made. The complainant also shall be notified of his/her right to appeal the decision to the next level.
- III. When a complaint is brought against the individual responsible for the complaint process at any level, the complainant may address the complaint directly to the next appropriate level.
- IV. Meeting related to a complaint shall be held at times the district determines as least likely to interfere with school schedules and operations.
- V. For the protection of the complainant and the district, complaint proceedings shall be kept confidential insofar as appropriate.
- VI. All documents, communications and records dealing with complaint shall be placed in a district complaint file.
- VII. No retaliation shall be taken in any form for the filing of a complaint, the reporting of instances of discrimination, or for participation in the complaint procedures. Such participation shall not in any way affect the status or work assignments of the complainant.
- VIII. Time limits specified in these procedures may be revised only by written mutual agreement of all parties involved. If the district fails to respond within a specified or adjusted time limit, a complainant may proceed to the next level. If a complainant fails to take the complaint to the next step within the prescribed time, the complaint shall be considered settled at the preceding step.

Level I

The complainant shall first meet informally with the principal of the school where the alleged discriminatory act occurred. A complaint regarding discrimination away from a school site should be discussed informally with an administrator selected by the Superintendent. If the complainant's concerns are not clear or cannot be resolved through informal discussion, the principal or other administrator shall prepare, within five working days, a written summary of his/her meeting(s) with the complainant. This report shall be available if requested by the nondiscrimination coordinator.

Level II

If a complaint cannot be satisfactorily resolved at Level I, the complainant may submit a formal written complaint to the district's nondiscrimination coordinator within 10 days of his/her attempt to resolve the complaint informally. The written complaint shall include the following:

1. The complainant's signature or that of his/her representative.
2. The complainant's name, address and telephone number.
3. The name and address of the district staff member who committed the alleged violation.
4. A description of the alleged discriminatory act(s) or omission(s).
5. The discriminatory basis alleged.
6. A specific description of the time, place, nature, participants in and witnesses to the alleged violation.
7. Other pertinent information which may assist in investigating and resolving the complaint.

The nondiscrimination coordinator shall assign a staff member to assist the complainant with this writing if such help is needed. The coordinator shall respond to the complainant in writing within 10 working days. The coordinator shall conduct any investigation necessary to respond to the complaint, including discussion with the complainant, person(s) involved, appropriate staff members and students, and review of the Level I report and all other relevant documents. If a response from third parties is necessary, the coordinator may designate up to 10 additional working days for investigation of the complaint.

Level III

If the complaint cannot be resolved at Level II, the complainant may present the complaint to the Superintendent or designee within 10 days. The Superintendent or designee shall review the Level II investigation file, including the written complaint and all responses from district staff. The Superintendent or designee shall respond to the complainant in writing within 10 working days. If the Superintendent or designee finds it necessary to conduct further investigation, he/she may designate up to 10 additional working days for such investigation and shall respond to the complainant in writing within 10 days of completing the investigation.

Level IV

If the matter is not resolved at Level III, the complainant may file a written appeal to the Board within 10 working days after receiving the Level III response. The Superintendent or designee shall provide the Board with all information presented at previous levels. The Board shall grant the hearing request for the next regular Board meeting for which it can be placed on the agenda. Any complaint against a district employee shall be conducted in closed session as a personnel matter. The Board shall render its decision within 10 working days.

Other Remedies

Complainants may appeal the district's action to the California Department of Education. The Superintendent or designee shall ensure that complainants are informed that injunctions, restraining orders, and other civil law remedies may also be available to them. This information shall be published with the district's nondiscrimination complaint procedures and included in any related notices.

EMPLOYEE SECURITY

The Governing Board desires to provide a safe orderly working environment for all employees. As part of the district's comprehensive school safety plan, the Superintendent or designee shall develop strategies for protecting employees from potentially dangerous persons and situations and for assisting them in the event of an emergency situation.

The Superintendent or designee shall ensure that employees are informed, in accordance with laws, regarding crimes and offenses by students who may pose a danger in the classroom.

When violence is directed against an employee by any individual and the employee so notifies the district, the district shall take steps to ensure that appropriate legal measures are instituted. When the employee notifies the district of a threat of bodily harm, the district shall take appropriate measures to enable the employee to request assistance if an attempt occurs on school grounds. The Superintendent or designee shall ensure that employees are trained in crisis prevention and intervention techniques in order to protect themselves and students. Staff development may include training in classroom management, effective communication techniques and crisis resolution.

The Board recognizes that access to two-way communication devices allow employees to call for assistance from their supervisor or law enforcement in the event of a threat of violence or medical emergency. The district shall provide such communication devices in classrooms to the extent possible. Employees may not carry or possess pepper spray on school property or at school activities. On a case-by-case basis, however, the Superintendent or designee may allow the possession of a pepper spray weapon that meets the requirements of Penal Code 12043.7 when justified by unusually dangerous circumstances. Any employee who is negligent or careless in the possession or handling of pepper spray shall be subject to appropriate disciplinary measures.

SEXUAL HARASSMENT

The Governing Board prohibits sexual harassment in the working environment of district employees or applicants by any person in any form.

Employees who permit or engage in such harassment may be subject to disciplinary action up to and including dismissal.

Any employee or applicant for employment who feels that he/she or another individual in the district is being sexually harassed should immediately contact his/her supervisor, principal, other district administrator or the Superintendent or designee in order to obtain procedures for reporting a complaint. Complaints of harassment can be filed in accordance with AP4031 – Complaints Concerning Discrimination in Employment.

Any supervisor who receives a harassment complaint shall notify the Superintendent or designee, who shall ensure that the complaint is appropriately investigated.

The district prohibits retaliatory behavior against any complainant or any participant in the complaint process. Each complaint of sexual harassment shall be promptly investigated in a way that respects the privacy of all parties concerned.

Prohibited sexual harassment includes, but is not limited to, unwelcome sexual advances, request for sexual favors, or other verbal, visual or physical conduct of a sexual nature made by someone from or in the work or educational setting when:

- I. Submission to the conduct is made either expressly or by implication in term or condition of any individual's employment.
- II. Submission to or rejection of such conduct by an individual is used as the basis for an employment decision affecting the individual.
- III. The conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or of creating an intimidating, hostile, offensive working or educational environment or of adversely affecting the student or employee's performance, evaluation, advancement, assigned duties, or any other condition of education, employment or career development.
- IV. Submission to, or rejection of, the conduct by the individual is used as the basis for any decision affecting the individual regarding benefits and services, honors, programs or activities available at or through the educational institution.

Other examples of sexual harassment, whether committed by a supervisor or any other employees are:

- I. Unwelcome leering, sexual flirtations or propositions.
- II. Unwelcome sexual slurs, epithets, threats, verbal abuse, derogatory comments or sexually degrading descriptions.
- III. Graphic verbal comments about an individual's body or overly personal conversation.
- IV. Sexual jokes, stories, drawings, pictures or gestures.
- V. Spreading sexual rumors.
- VI. Touching an individual's body or clothes in a sexual way.
- VII. Cornering or blocking of normal movements.
- VIII. Displaying sexually suggestive objects in the educational or work environment.
- IX. Any act of retaliation against an individual who reports a violation of the district's sexual harassment policy or who participates in the investigation of a sexual harassment complaint.

Each principal and supervisor has the responsibility of maintaining an educational and work environment free of sexual harassment. This responsibility includes discussing the district's sexual harassment policy with his/her students and/or employees and assuring them that they are not required to endure sexually insulting, degrading or exploitative treatment or any other form of sexual harassment.

Employee Safety

The Governing Board believes that safety is every employee's responsibility. The Board expects all employees to use safe work practices and to report and correct any unsafe conditions which may occur. Supervisors shall constantly promote safety and correct any unsafe work practice through education, training and enforcement.

No employees shall be required to work under unsafe or hazardous conditions or to perform tasks, which endanger their health, safety, or well-being. Working conditions and equipment shall be maintained in compliance with standards prescribed by federal, state and local laws and regulations.

The Superintendent or designee shall establish a written Injury and Illness Prevention Program in accordance with the law. The program shall include training in safe and healthful work practices for all employees.

Universal Precautions

Universal precautions shall be observed throughout the district to protect employees, students and any other persons in the school environment from contact with potentially infectious blood or other body fluids.

Universal precautions are appropriate for preventing the spread of all infectious diseases and shall be used regardless of whether blood borne pathogens are known to be present. Cf. 4119.43(a)

Hepatitis B vaccinations shall be provided at no cost to those employees determined to have occupational exposure to blood and other potentially infection materials. Employees who decline to accept the vaccination shall sign the Hepatitis B declination statement as required by law.

WOODVILLE UNION ELEMENTARY SCHOOL DISTRICT

MEMO TO: All Employees

SUBJECT: WHEN WRONGDOING OCCURS IN THE WORKPLACE

Dear Employees:

As an employee of Woodville Union Elementary School District, you are considered a valuable member of the staff. Woodville Union Elementary School District wants you to take part in promoting the best workplace possible. This means a workplace free of wrongdoing.

Workplace wrongdoing hurts everyone, including our school. Wrongdoing, such as harassment, discrimination, alcohol and drug use, theft, violence, unsafe acts, and misrepresenting a worker's compensation claim can make your job and the jobs of others more difficult. Woodville union Elementary School District has provided several outlets to report wrongdoing safely within the district.

When wrongdoing in the workplace occurs, Woodville Union Elementary School District wants to be notified. There are established policies and procedures to make it easy for you to report any wrongdoing you may encounter. If you are aware of any of the acts listed above taking place, you are encouraged to discuss your questions, problems, complaints, or reports with your immediate supervisor. Teachers, instructional aides, library and computer staff, and secretaries report to the Principal; district office personnel report to the Superintendent; custodians and bus drivers report to Maintenance & Operations Supervisor; cafeteria staff report to Cafeteria Manager; preschool staff report to Preschool Director; other support personnel report to the Principal.

If you feel uncomfortable doing so, or if your supervisor is the source of the problem, condones the problem, or ignores the problem, you can report the problem to another supervisor. If neither of these alternatives is satisfactory to you, then you can direct your questions, problems, concerns or complaints directly to the Superintendent.

Occasionally, Wrongdoing is not reported for fear of retaliation or because of anticipated lack of action. However, wrongdoing, if not reported, cannot be corrected or resolved. If left unresolved, it can cause further harm to you, your coworkers, and the district. You are not required to directly confront the person who is the source of your report, questions, or complaint before notifying any of those individuals listed.

You must always remember that respect is the cornerstone of all interactions and behavior. We must acknowledge the dignity and worth of one another and strive never to diminish another by our conduct or attitudes.

With you help, wrongdoing can be eliminated.

Sincerely,

Employee's Withholding Certificate

▶ **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.**

2020

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 widow(er)) <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, when to use the online estimator, and privacy.

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); or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and 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 employment	Employer identification number (EIN)
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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.

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 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1. 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 or 1040-SR)). 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 possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You 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.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (CREDITS)

I/we hereby authorize _____ (Company/District) to initiate credits to my(our) account indicated below, and authorize the financial institution indicated below ("Financial Institution") to credit my(our) account with the amount thereof.

Check One: NEW CHANGE CANCEL

District Name: _____ Number: _____

Employee's Name: _____ S.S.#: _____

Check One: CHECKING (23) Attach a voided check to this form
 SAVINGS (33) Attach a copy of bank statement OR membership card and complete the following:

Financial Institution _____ Branch: _____

Routing Number _____ Account Number _____

This authority is to remain in full force and effect until Financial Institution has received written notification from me (or either of us) of its termination and Financial Institution has had a reasonable opportunity to act on it; or until Financial Institution has sent me (or either of us) in (10) days written notice of Financial Institution's termination of this arrangement.

Employee's Signature: _____ Date: _____

Return to the Tulare County Office of Education/External Business Division. Please allow 6-8 weeks to take effect.

**DESIGNATION OF PERSON TO RECEIVE WARRANTS
OR CHECKS UPON THE DEATH OF AN EMPLOYEE**

I, _____, hereby designate, upon my death, the following person to receive all warrants or checks which would have been payable to me had I survived, pursuant to Government Code Section 53245.

Name of Designated Person: _____

Address: _____

Relationship: _____

Telephone: _____

In the case the Primary Designee is deceased, I name the following as a secondary Designee:

Name of Designated Person: _____

Address: _____

Relationship: _____

Telephone: _____

The persons so named shall receive any warrants or checks payable to me upon my death notwithstanding any other provisions of law.

This designation hereby revokes and stands in place of any and all other previous designations.

Dated: _____ Signature: _____

Printed Name: _____

I do not wish to designate any person to receive warrants pursuant to Government Code Section 53245.

Dated: _____ Signature: _____

Permissive Membership

ES 0350 rev 02/17

CALSTRS

California State Teachers' Retirement System
 P.O. Box 15275, MS 17
 Sacramento, CA 95851-0275
 800-228-5453
 CalSTRS.com

PERMISSIVE MEMBERSHIP ELECTION AND ACKNOWLEDGEMENT OF RECEIPT OF CALSTRS DEFINED BENEFIT PROGRAM MEMBERSHIP INFORMATION

Employees who are employed to perform creditable service, but who are excluded from mandatory membership pursuant to Education Code sections 22601.5, 22602, or 22604, are eligible to permissively elect membership in the California State Teachers' Retirement System (CalSTRS) Defined Benefit Program pursuant to Education Code section 22515. This form enables eligible employees to make this election or decline to make this election. This form must be received by CalSTRS within 30 days of the date on which the employee signs and dates the form. Contributions may not be submitted to the system until CalSTRS has received the completed election form. If the employee elects membership in the CalSTRS Defined Benefit Program, the membership date shall be the first day of the pay period following the date on which the employee signs and dates this form.

Section 1: Employee Information, Election and Certification (to be completed by employee)

NAME (LAST, FIRST, MIDDLE INITIAL)	CLIENT ID OR SOCIAL SECURITY NUMBER
MAILING ADDRESS	HOME TELEPHONE
CITY, STATE and ZIP CODE	GENDER (circle one) MALE FEMALE
E-MAIL ADDRESS	BIRTH DATE (MM/DD/YYYY)
<input type="checkbox"/> I elect membership in CalSTRS Defined Benefit Program I understand this membership election is irrevocable and applies to all future employment to perform creditable service with the same or another employer, and may be canceled only by terminating all such employment and receiving a refund of my accumulated retirement contributions from CalSTRS.	
<input type="checkbox"/> I decline membership in CalSTRS Defined Benefit Program at this time I understand I can elect membership in the Defined Benefit Program at any time while I am employed to perform creditable service.	
I certify I have received information from my employer concerning the CalSTRS Defined Benefit Program and understand the criteria for membership in the program. I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering or receiving a benefit administered by CalSTRS and it may result in up to one year in jail and/or a fine of up to \$5,000 pursuant to Education Code section 22010.	
EMPLOYEE SIGNATURE	DATE

Section 2: Employer Certification (to be completed by employer)

I certify that the above-named part-time or substitute employee has been provided with CalSTRS Defined Benefit Program membership criteria as required pursuant to Education Code section 22455.5, and if applicable, informed of his or her right to elect into membership in the CalSTRS Defined Benefit Program.

OFFICIAL'S SIGNATURE	DATE	
OFFICIAL'S NAME	TITLE	
COUNTY (or other employing agency)	DISTRICT	
EMPLOYEE #	* MEMBERSHIP DATE (MM/DD/YYYY)	ASSIGNMENT (circle one) Part-Time Substitute

* Effective January 1, 2017, permissive membership in the Defined Benefit Program shall become effective as of the first day of the pay period following the employee's election.



PENSION PLAN ELIGIBILITY/RETIREMENT QUESTIONNAIRE

The completion of this questionnaire will assist your employer with your enrollment into the appropriate pension plan based on the Public Employees' Pension Reform Act. Therefore, it is your responsibility to provide complete and accurate information. Inaccurate or incomplete information may result in placement in the wrong pension plan, which can affect future retirement benefits.

Section A: California State Teachers' Retirement System (CalSTRS)

Have you ever been a CalSTRS member?

No, skip to Section B

Yes, I am currently or have been a member of the State Teachers Retirement System (CalSTRS).

Date of membership: _____ Last day of service: _____

Date of retirement: _____

Have you refunded from the State Teachers Retirement System? Yes No

Section B: California Public Employees' Retirement System (CalPERS)

Have you ever been a CalPERS member?

No, skip to Section C.

Yes, I am currently or have been a member of the State Teachers Retirement System (CalSTRS).

Date of membership: _____ Last day of service: _____

Date of retirement: _____

Was your PERS Membership based on public school employment? Yes No

Have you refunded from the Public Employees Retirement System? Yes No

Section C: Other California Public School Plans

Have you ever been employed by one of the public agencies listed on the reverse side of this form?

No, skip to Section D

Yes, (Please indicate the name of the agency and dates of employment)

Agency: _____ Employment Dates: _____

Section D: Continued Employment

Have you ever been employed by one of the public agencies listed on the reverse side of this form?

No Yes, if yes, please name the district: _____

I acknowledge that the information provided above is true and accurate and that my membership eligibility and status will be based on the information I have provided.

Print Name: _____ SSN#: _____

Signature: _____ Date: _____

For Office Use Only

Verified for first payroll period (if verifiable) by _____ on _____ Date

Public Retirement Systems with Reciprocity

County Systems - Counties that maintain retirement systems under the County Employees' Retirement Law of 1937:

Alameda	Mendocino	San Mateo
Contra Costa	Merced	Santa Barbara
Fresno	Orange	Sonoma
Imperial	Sacramento	Stanislaus
Kern	San Bernardino	Tulare
Los Angeles	San Diego	Ventura
Marin	San Joaquin	

Independent Public Agency Retirement Systems – Public agencies maintaining their own retirement systems that have contracted with CalPERS to provide the benefits of reciprocity and the dates the reciprocal agreements were established:

*City of Concord (11/27/70)	*City & County of San Francisco (7/29/88)
*City of Costa Mesa (safety employees only) (4/1/78)	City of San Jose (misc. 12/9/94; safety 9/30/94)
City of Fresno (misc. & safety retirement systems) (2/18/02)	Contra Costa Water District (3/2/88)
City of Oakland (non-safety employees only) (4/1/71)	County of San Luis Obispo (4/19/84)
City of Pasadena (fire and police retirement) (5/4/01)	East Bay Municipal Utility District (4/16/84)
*City of Sacramento (11/4/74)	East Bay Regional Park District (safety employees only) (7/1/96)
*City of San Clemente (non-safety employees only) (1/1/85)	Los Angeles County Metropolitan Transportation Authority (Non-Contract Employees' Retirement Income Plan, formerly Southern California Rapid Transit District (5/12/71)
City of San Diego (6/25/92)	City of Los Angeles

**These entities are now CalPERS-covered employers. If you earned service credit in these systems prior to their CalPERS contract, you may be eligible for reciprocity for that earlier service credit.*

UCRP

The University of California Retirement Plan (UCRP) (10/1/63)

No formal reciprocity, but similar benefits extended- **California State Teachers' Retirement System (CalSTRS)**, Judges' Retirement System (JRS), Judges' Retirement System II (JRS II), Legislators' Retirement System (LRS)



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State
Date of Birth <i>(mm/dd/yyyy)</i>		U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number
		[][] - [][] - [][][][]				

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State
			ZIP Code

STOP Employer Completes Next Page STOP

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of 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

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

Refer to the instructions for more information about acceptable receipts.



***Temporary Employee
2019-20 Offer of Health Insurance***

As a variable hour, temporary or seasonal employee of the Woodville Elementary School District for the 2018-19 school year, you are being given the opportunity to purchase health insurance for you and your eligible children. A summary of the available insurance plan is included in this packet. If you should choose to enroll, you will be responsible for making monthly premium payments to the district's benefits office.

To request enrollment on this plan, you must submit the following items to the district's benefits office no later than two weeks from your date of hire. No late enrollments will be accepted.

- A completed and signed SISC III enrollment form
- Proof of eligibility for dependent children (birth certificates/adoption paperwork)
- First month's premium payment in the form of a check or money order in the applicable amount noted below payable to Woodville Elementary School District
 - 2018-19 Monthly Rates – Two Tier Anchor Bronze Plan
 - Employee Only: **\$ 480**
 - Employee and Children: **\$ 751**

Subsequent monthly payments are due in full by the 25th of the month prior to the coverage month. If payment is not received by the 1st of the coverage month, your coverage will be terminated. If your employment status ends at any time during the plan year, your coverage will be terminated the first of the month following. No reinstatements will be allowed.

If you fail to provide the items required for enrollment within two weeks of your hire date, you and your dependent children will not be allowed to enroll until the next Open Enrollment Period. Members who enroll during the Open Enrollment Period will become effective October 1 of the same year.

***Temporary Employee
2019-20 Declination of Health Insurance***

I have read and understand the above notification. I understand that if I decline coverage or fail to provide the items required for enrollment within two weeks my hire date, I will be not be able to enroll in coverage until the district's next Open Enrollment period.

I am declining health insurance coverage for the 2019-20 plan year.

Print Name: _____

Signature: _____

Date: _____

Social Security Number: _____