



# CENTRAL UNIFIED SCHOOL DISTRICT

## WALK-ON COACH CHECKLIST

### INSTRUCTIONS:

This packet must be completed by all walk-on coaches. Walk-on coaches must complete all contents of this packet including applicable items as listed below; incomplete packets will not be processed. Completed packets must be authorized and signed by the site athletic director and site principal. Authorized packets must be submitted to the Human Resources Department for processing. Fingerprint clearance must be completed through the Central Unified Human Resources Department (at no cost to the walk-on coach); fingerprint clearance from outside agencies cannot be accepted. **Walk-on coaches shall not work with students until FULL clearance has been received from Human Resources.**

### ALL ITEMS BELOW ARE PROVIDED IN THIS PACKET

- ☐ COMPLETE - Employment Application
- ☐ COMPLETE - Live Scan Form (applicant information only)
- ☐ COMPLETE - Contract for Walk-On Coaching Assignment
- ☐ COMPLETE - Accident or Emergency Procedure Form & Oath of Affirmation of Allegiance
- ☐ SIGN - Ethnicity and Marital Status Statement (optional)
- ☐ SIGN - Employee Electronic Resource Use Contract (2 pages)
- ☐ SIGN - Confidentiality Agreement
- ☐ SIGN - Child Abuse Notice and Acknowledgement
- ☐ SIGN - Sexual Harassment Notice and Acknowledgement
- ☐ COMPLETE - W-4 (district fills out 8)
- ☐ COMPLETE - I-9 (section 1 only)
- ☐ SIGN - Code of Conduct Form
- ☐ SIGN - PARS Designation of Beneficiary
- ☐ SIGN - Statement Concerning Social Security @ time of fingerprinting

NAME: \_\_\_\_\_

SITE: \_\_\_\_\_

SPORT: \_\_\_\_\_

LEVEL: \_\_\_\_\_

☐ HEAD COACH

☐ ASSISTANT COACH

- *Human Resources will verify clearance with site administrator and site athletic director.*
- **Walk-on coaches shall not work with students until clearance has been received from Human Resources.**

### **IMPORTANT: CPR and First Aid**

*Head and Assistant Coaches are required to attend and complete CPR training with an instructor. CUSD offers CPR and First Aid classes, please contact Alegdra Murphy in HR for information.*

*Assistant Coaches can attend and complete CPR and First Aid training or complete both online at [www.cprtoday.com](http://www.cprtoday.com). CPR Today is the ONLY online course that will be accepted, if not taking through CUSD.*

### **ITEMS LISTED BELOW WILL NEED TO BE PROVIDED BY INDIVIDUAL AT THE TIME OF FINGERPRINTING APPOINTMENT**

- ☐ ATTACH - Copy of Valid CPR Certification (infant, child & adult)
- ☐ ATTACH - Copy of Valid First Aid Certification
- ☐ ATTACH - Current TB test (within the last 60 days)
- ☐ ATTACH - CIF Certification (*Middle and High School Only*) ([www.cifasep.com](http://www.cifasep.com))
- ☐ ATTACH - Concussion Certification (*All Schools*) ([www.nfhslearn.com](http://www.nfhslearn.com))
- ☐ ATTACH - Sudden Cardiac Arrest (*All Schools*) ([www.nfhslearn.com](http://www.nfhslearn.com))
- ATTACH - Child Abuse Training (*All Schools*) See attachment for registration
- ☐ ORIGINAL - Social Security Card
- ☐ ORIGINAL - Valid CA Driver's License or CA I.D.

### **IF YOU ARE TRANSPORTING STUDENTS (OTHER THAN YOUR OWN CHILD) THE FOLLOWING DOCUMENTS MUST ALSO BE SUBMITTED:**

- ☐ Vehicle Use Form (Provided in packet)
- ☐ DMV Pull Notice (Provided in packet)
- ☐ ATTACH - Official DMV Report (no older than 90 days & must show \*END\* on the report). The online report will be accepted as long it is printed from the web browser, clicking the 'print' button displayed on the Driver History Report page; copy/paste versions will not be accepted. Drivers may be asked to supply a certified DMV report at any time.
- ☐ ATTACH - Valid Proof of Insurance

### **TO BE COMPLETED BY SITE ATHLETIC DIRECTOR ONLY**

**STIPEND PAYMENT (please circle one):**      FULL      SPLIT (50/50)      FUNDRAISER      ASP (After School Program)

Site Athletic Director Signature (*Required*)

School Site

Date

Site Principal Signature (*Required*)

School Site

Date



## Central Unified School District

4605 N. Polk Avenue • Fresno, California 93722 • (559) 274-4700

[www.centralunified.org](http://www.centralunified.org)

### EMPLOYMENT APPLICATION

An Affirmative Action/Equal Opportunity Employer

*Notice of Nondiscrimination: The Central Unified School District does not discriminate on the basis of race, color, sex, disability, or national origin, in admission or access to and treatment of employment in its programs and activities as required by Title VI, Title IX, and Section 504.*

#### PERSONAL DATA

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Number Street City State Zip

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_ Email Address \_\_\_\_\_

System Contact Number ☐ HOME ☐ CELL Date Available \_\_\_\_\_

Drivers License: State \_\_\_\_\_ Class \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Are you a current employee of Central Unified? ..... ☐ YES ☐ NO
2. Are you a substitute in any other public school district during the school year? ..... ☐ YES ☐ NO
3. Have you ever worked for Central Unified? If yes, please provide dates: ..... ☐ YES ☐ NO
4. Have you ever applied for work with Central Unified? ..... ☐ YES ☐ NO
5. Have you registered your credential(s) in the Fresno County Office of Education? ..... ☐ YES ☐ NO
6. Have you ever been released or asked to resign? ..... ☐ YES ☐ NO
7. Are you presently on leave status from any public agency? ..... ☐ YES ☐ NO
8. Have you ever been convicted or pleaded guilty to a felony or misdemeanor after your 18<sup>th</sup> birthday? ..... ☐ YES ☐ NO
9. Do you currently have a felony or misdemeanor charge pending? ..... ☐ YES ☐ NO
10. Do you have any relatives employed by Central Unified? ..... ☐ YES ☐ NO

If yes, please list: \_\_\_\_\_

Name Relation School/Department

Name Relation School/Department

11. If employed, could you furnish verification of the legal right to work in the United States? ☐ YES ☐ NO
12. Are you now, or have you ever have been a member of State Teachers Retirement System (STRS)?..... ☐ YES ☐ NO

If "Yes" on any of the questions 1 to 9, explain. \_\_\_\_\_

\_\_\_\_\_

Name of person to be notified in case of emergency \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

#### HEALTH DATA

Date of last physical \_\_\_\_\_

(If employed, a medical examination may be required and provided at no expense)

Do you have any disabilities that would prevent/hinder you from performing the position for which you are applying? ..... ☐ YES ☐ NO

If yes, give the nature of the disability, limitations and any special equipment and/or considerations that may be necessary. \_\_\_\_\_

Please Print Clearly

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

SITE \_\_\_\_\_  
RFP# \_\_\_\_\_  
Test Date/Score \_\_\_\_\_

POSITION(S) APPLYING FOR \_\_\_\_\_

- ☐ Administrative
- ☐ Certified
- ☐ Classified
- ☐ Classified Management

EDUCATION (High School/College)

NAME AND ADDRESS OF SCHOOL	Did You Graduate?	Major Course Taken	Degree

Total number of verifiable college units (Classified Applicant) \_\_\_\_\_  
Total number of units beyond Bachelors Degree (Certification Applicant) \_\_\_\_\_  
Have you passed the C.B.E.S.T. (California Basic Educational Skills Test)?..... ☐YES ☐NO

CERTIFICATED/ADMINISTRATIVE APPLICANT ONLY

California credentials currently held. (If you do not presently hold a valid California teaching credential, please provide whatever information you have regarding your eligibility for certification.)

TYPE(S) OF CREDENTIAL(S)	AREA OF SPECIALIZATION	DATE OF EXPIRATION

Has your credential/or Child Care certificate ever been suspended or revoked? .....☐YES ☐NO  
Have you ever been dismissed or asked to resign from any certificated or Administrative position?.....☐YES ☐NO  
(if yes to either of these, please explain and attach the circumstances)

A. Do you possess EL Certification? (Please attach copy of verification) .....☐YES ☐NO  
Example: CTCL, CLAD, BCLAD, Hughes 1969, SB 395 Certificate, AB2913 ELD/SDAIE, Ryan 2042 or other \_\_\_\_\_

B. Have you passed the following? (Please attach copy of verification)  
RICA ☐YES ☐NO MSAT ☐YES ☐NO PRAXIS ☐YES ☐NO  
Area(s) \_\_\_\_\_ Area(s) \_\_\_\_\_  
SPECIFY SPECIFY

CSET Multiple Subject Sub Test 1: ☐YES ☐NO Sub Test 2: ☐YES ☐NO Sub Test 3: ☐YES ☐NO

CSET Single Subject Area(s) \_\_\_\_\_ HOUSE? ☐YES ☐NO If so, which District \_\_\_\_\_  
SPECIFY ATTACH VERIFICATION

Do you have qualifications, which especially equip you to work with culturally different, and/or minority groups and multi-ethnic programs? If so, please attach a brief explanation.

✓Please note that failure to conform to items A and B above may be cause for non-reemployment or dismissal, if employed.

STUDENT TEACHING (Complete if less than five years full-time teaching experience.)

Dates		Subjects or Grade Level	Name and Address of Master or Cooperating Teacher Include Name and Address of School	College or University	Hours	
FROM	TO				Sem.	Qtr.

List below your Assignment Preferences (subjects, grade level or special fields.)  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

CERTIFICATED & CLASSIFIED APPLICANT (Indicate years of experience below)

Accounting/Years	Ten-Key Adding/Years By Touch	Database Entry Access/Years
Bookkeeping/Years	Typing/Years WPM	Word Processor/Years
Calculator/Years	Shorthand/Years WPM	Computer Terminal/Years

EDUCATIONAL & TECHNOLOGY EXPERIENCE (Rate 1=Low to 5=High)

In Classroom	Internet personal	Word Processing	Spreadsheets
In Business/Personal	Internet classroom	Database	Mac or IBM

INSTRUCTIONAL ASSISTANT APPLICANTS ONLY

Have you passed the Instructional Aide Proficiency Test? If yes, please provide date \_\_\_\_\_ ☐YES ☐NO

**WORK EXPERIENCE** Begin with present/most recent employer (attach additional sheets if necessary.)

EMPLOYER'S NAME	STREET ADDRESS & CITY	TELEPHONE NO. (        )
EMPLOYER'S DATE (Mo./Yr.) FROM                      TO	EARNINGS START                      ENDING	SUPERVISOR'S NAME
TITLE OR POSITION	SPECIAL TRAINING ACCOMPLISHMENTS, AWARDS, ETC.	
DESCRIBE DUTIES, RESPONSIBILITIES, SKILLS REQUIRED, EQUIPMENT USED, ETC.		
REASON FOR LEAVING		
MAY WE CONTACT? YES ____ NO ____		

EMPLOYER'S NAME	STREET ADDRESS & CITY	TELEPHONE NO. (        )
EMPLOYER'S DATE (Mo./Yr.) FROM                      TO	EARNINGS START                      ENDING	SUPERVISOR'S NAME
TITLE OR POSITION	SPECIAL TRAINING ACCOMPLISHMENTS, AWARDS, ETC.	
DESCRIBE DUTIES, RESPONSIBILITIES, SKILLS REQUIRED, EQUIPMENT USED, ETC.		
REASON FOR LEAVING		
MAY WE CONTACT? YES ____ NO ____		

EMPLOYER'S NAME	STREET ADDRESS & CITY	TELEPHONE NO. (        )
EMPLOYER'S DATE (Mo./Yr.) FROM                      TO	EARNINGS START                      ENDING	SUPERVISOR'S NAME
TITLE OR POSITION	SPECIAL TRAINING ACCOMPLISHMENTS, AWARDS, ETC.	
DESCRIBE DUTIES, RESPONSIBILITIES, SKILLS REQUIRED, EQUIPMENT USED, ETC.		
REASON FOR LEAVING		
MAY WE CONTACT? YES ____ NO ____		

**Please attach additional work experience if necessary.**

Please list any additional Training/Skills/Special Talents\_\_\_\_\_

PROFESSIONAL REFERENCES (Include only those who have knowledge of your work experience)

NAME	POSITION	PHONE NUMBER

PERSONAL REFERENCES (Other than a relative or former employer)

NAME	OCCUPATION	PHONE NUMBER

BILINGUAL ABILITY

List any language other than English, which you can read, speak or write \_\_\_\_\_

APPLICANTS – READ, DATE, AND SIGN LEGAL NAME

I hereby certify that the information present in this application is true, accurate and complete. ANY FALSIFICATION OF THIS RECORD WILL BE SUFFICIENT CAUSE FOR DISQUALIFICATION AND WILL CONSTITUTE A RELEASE TO THE EMPLOYER FOR LIABILITY.

I understand that, when required, necessary typing, shorthand, or other proficiency certificates will be submitted. If employed, I understand I will be required to submit a Loyalty Oath and provide for the District, at my expense, a fingerprint report, and current x-ray or interdermal tuberculin report (interdermal testing available free of charge when performed at designated district sites).

In order to preclude situations that could result in conflict of interest for members of administrative staff, an employee shall not be appointed to a position where a member of his/her immediate family maintains supervisory or evaluation responsibilities for the position. In furtherance of the District’s policy of selecting candidates on the basis of merit and qualifications, and to avoid problems of favoritism, supervision, security, or morale, members of the immediate family of existing employees shall be fully eligible for District employment. We encourage you to apply for all other sites and departments.

This application becomes the property of the Central Unified School District. I hereby extend the right of the Central Unified School District to contact the references listed on this application. References, placement folder information, and other Pre-employment references will be kept confidential from me.

I have read the above and understand it.

DATEAPPLICANT SIGNATURE



## REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

### Applicant Submission

ORI: A9352

Code assigned by DOJ

Type of Applicant: ☒ Classified School Employee ☐ Credentialed School Employee

### The following selections are for Public Schools only:

☐ License, Certification, Permit ☐ Peace Officer ☐ Law Enforcement Officer ☒ Volunteer

Type of License/Certification/Permit OR Working Title: Walk on Coach

(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Central Unified School District

Agency Authorized to Receive Criminal Record Information

4605 N Polk

Street Address or P.O. Box

Fresno

City

CA 93722

State ZIP Code

Mail Code (five-digit code assigned by DOJ)

Catherine Bischel

Contact Name (mandatory for all school submissions)

(559) 274-4700

Contact Telephone Number

### Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex ☐ Male ☐ Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing  
Number

(Agency Billing Number)

Misc.  
Number

(Other Identification Number)

City

State

ZIP Code

Your Number: 018 Central Unified

(OCA Number (Agency Identifying Number))

Level of Service: ☒ DOJ ☒ FBI

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

Original ATI Number

### Live Scan Transaction Completed By:

Alegdra Murphy

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



**CENTRAL UNIFIED SCHOOL DISTRICT  
CONTRACT FOR WALK ON COACHING ASSIGNMENT**

This Contract is made by and between \_\_\_\_\_, ("Temporary Employee") and the Central Unified School District ("District"). District desires to fill a temporary, non-certificated coaching assignment. Temporary Employee desires to accept employment in accordance with the terms of this Contract.

**THE PARTIES AGREE AS FOLLOWS:**

1. **PERIOD OF EMPLOYMENT.** Employee is hired as a temporary, non-certificated coach for the period commencing \_\_\_\_\_ through \_\_\_\_\_ in the assignment of \_\_\_\_\_. Not with standing this term, District reserves the right to terminate this contract at any time for any reason.
2. **SALARY.** Temporary Employee shall be compensated at the rate of \_\_\_\_\_ (Walk on salary scale placement) for services rendered under this Contract, payable at the conclusion of the sport season, dependent upon Payroll Department processing timeline.
3. **CONTINGENCIES.** This Agreement is contingent upon Temporary Employee's submission of a current tuberculosis certificate, current CPR/First Aid card, fingerprint/criminal history clearance, proof of employability in the United States, and satisfaction of all eligibility requirements specified in Title 5, California Code of Regulations, Section 5593. If proper clearances have not been obtained by the second Monday of the official start of season, the stipend amount will be the prorated. This Agreement constitutes an offer of employment only and confers no legal or equitable rights until and unless it is approved by the District's Governing Board.
4. **COMPLIANCE WITH LAWS.** Temporary Employee agrees to faithfully adhere to all local, state and federal laws, directives of the Board of Trustees, and all lawful directives of Temporary Employee's supervisors.
5. **GUIDING PRINCIPLES.** Temporary employee agrees to adhere to and emphasize the Central Unified Guiding Principles:  
**Belief:** Every student can learn.  
**Vision:** Every student is prepared for success in, career, and community.  
**Mission:** Every student will engage in rigorous, relevant, standards-based instruction in every classroom every day to ensure student learning.  
**Core Values:** Character, leadership, innovation, continuous improvement.
6. **ENTIRE AGREEMENT.** This Contract constitutes the entire agreement and understanding between the parties. There are no oral understandings, terms or conditions and no party has relied upon any representations, express or implied, not contained in this Contract. All prior understandings, terms or conditions are deemed to be merged into this Contract.

Executed at Fresno County, California.

By: \_\_\_\_\_  
*Jack Kelejian, Assistant Superintendent, HR*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Temporary Employee's Name*

Date: \_\_\_\_\_

SITE: \_\_\_\_\_

**Central Unified School District: ACCIDENT OR EMERGENCY PROCEDURE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**SPOUSE OR NEAREST RELATIVE:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**IN CASE OF ILLNESS OR INJURY, PLEASE CONTACT:** *Please list at least two people, in addition to the person listed above.*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**PHYSICIAN / INSURANCE INFORMATION – OPTIONAL:**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you give permission to be transported by an ambulance or other available means if necessary: ☐ YES ☐ NO

Do you have any physical condition that would be significant in a medical emergency: ☐ YES ☐ NO

*If YES, include medication taken regularly, allergies, etc., in the space provided below.*

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Site / Department**

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**OATH OF AFFIRMATION OF ALLEGIANCE**

STATE OF CALIFORNIA  
COUNTY OF FRESNO

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 State and the Constitution of the State of California; that I will 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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Department or Site

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Walk On Coach

\_\_\_\_\_  
Payroll Title

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By \_\_\_\_\_  
HR Representative



**Central Unified School District  
Ethnicity and Marital Status Statement**

The State of California requires all school districts in California to report employee's ethnicity on a yearly basis. In most cases, the information provided to the State is obtained through a means comparable to guessing or "process of elimination".

Answering the following ethnicity survey is optional and is not a requirement. However, providing us with your correct ethnicity will insure the information reported to the State of California is accurate and reflects the true diversity of the employees in our district.

Please select all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian/ Alaskan Native | <input type="checkbox"/> Other Pacific Islander                                  |
| <input type="checkbox"/> Chinese                         | <input type="checkbox"/> Filipino  |
| <input type="checkbox"/> Japanese                        | <input type="checkbox"/> Hispanic/Latino   |
| <input type="checkbox"/> Korean                          | <input type="checkbox"/> Black/African American                                  |
| <input type="checkbox"/> Vietnamese                      | <input type="checkbox"/> White   |
| <input type="checkbox"/> Asian Indian                    | <input type="checkbox"/> No Response   |
| <input type="checkbox"/> Laotian                         | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Cambodian                       |  |
| <input type="checkbox"/> Other Asian                     |  |
| <input type="checkbox"/> Hawaiian                        |  |
| <input type="checkbox"/> Guamanian                       |  |
| <input type="checkbox"/> Samoan                          |  |
| <input type="checkbox"/> Tahitian                        | Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single |

Are you bilingual? If so, what language (s): \_\_\_\_\_

Have you passed our district bilingual test? ☐ Yes ☐ No

\_\_\_\_\_  
Employee's Name (Signature)

9/26/2006

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



## CENTRAL UNIFIED SCHOOL DISTRICT

4605 N. Polk Avenue, Fresno, CA 93722

Phone: (559) 274-4700 | Fax: (559) 276-2983

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### **EMPLOYEE ELECTRONIC RESOURCES ACCEPTABLE USE CONTRACT**

I acknowledge receipt of, and have read and understand the Employee Resources Use Board Policy and Administrative Regulations 4040 (b)(c). I have received and signed the Employee Electronic Resources Acceptable Use Contract.

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Employee's Name [Please Print]

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Site

---

Employee's Signature

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Date

**Employee Electronic Resources Acceptable Use Contract**

Version 3.0

*Central Unified School District has actively pursued making advanced technology and increased access to learning opportunities available to our staff & students. With this new tool, employees must practice proper and ethical use of district resources and agree to the following conditions before its use.*

**CONDITIONS AND RULES FOR USE****1. Acceptable Use of Internet Resources**

Internet access through Central Unified School District is intended solely to enhance the delivery of educational material and communication. Use of the Internet resources must be consistent with the educational objectives of CUSD and any improper use will result in revocation of the users' privileges. Inappropriate use may also constitute grounds for discipline up to and including dismissal.

CUSD Internet access is expressly prohibited for any of the following:

- access to pornographic or sexually explicit materials,
- access to information promoting or instructing in acts of terrorism or treason,
- access to information instructing or promoting armed rebellion, racial or ethnic discrimination, or other forms of hate crimes,
- access to information pertaining to the design, purchase, acquisition, or construction of any type of weapon or explosive device, or other instrument capable of causing physical harm or death,
- access to information that in any way advocates, instructs, or promotes the violation of any laws of the State of California or the United States of America.
- Transmission or downloading of copyrighted material, including but not limited to music, software and movies

**2. Privilege**

The use of CUSD information services is a privilege, not a right. Inappropriate use, including any violation of these conditions and rules will result in cancellation of these privileges. CUSD, under this contract, is delegated the authority to determine appropriate use and may deny, revoke, suspend or close any user account at any time based upon a determination of inappropriate use by the user.

**3. Training**

Prior to receiving a network account, employees must participate in a training that addresses policies and procedures for acceptable use of electronic resources.

**4. Monitoring**

CUSD reserves the right to review any material on user accounts and to monitor filespace in order for CUSD to make determinations on whether specific uses of the network are inappropriate. CUSD also reserves the right to monitor and report Internet activity.

**5. Email Etiquette**

Use of the Internet resources must be consistent with the educational objectives of CUSD and any improper use will result in revocation of the users' privileges. All users are expected to abide by the generally accepted rules of email etiquette. These include, but are not limited to, the following:

- Be polite. Do not get abusive in your messages to others.
- Use appropriate language. Do not swear, use vulgarities or any other inappropriate language. Do not engage in activities that are prohibited under state and federal law.
- Do not reveal addresses, telephone numbers or personal information for yourself or others.
- Note that electronic mail (email) is not private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities will be reported to the authorities and will result in the loss of user privileges.
- Do not use the Internet in such a way that you would disrupt the use of the network by others.
- All communication and information accessible via the Internet should be assumed private property of those who put it on the network.

**6. Software**

Installation of or downloading non-district approved software is prohibited. Instructional software must be approved in accordance with BP/AR 6161 – Procedures and Criteria for Selection and Evaluation of Electronic Resources.

**7. Procedures for Use**

User shall not play games or use the computer resources in a manner that would constitute unauthorized use of CUSD equipment, time, materials or facilities.

**7. Security**

Security on any computer system is a high priority, especially when the system involves many users. A user must never allow others to use his/her password. Users should also protect their passwords to ensure system security and their own privileges and ability to continue use of the system. If you feel that you can identify a security problem with CUSD Information Services, including the Internet, you must notify a system administrator. Do not demonstrate the problem to other users. Attempts to log on to the CUSD Information Services as a system administrator may result in cancellation of user privileges. Any user identified as a security risk for having a history of problems with other computer systems may be denied access to services.

**8. Vandalism and Harassment**

Vandalism and harassment will result in cancellation of user privileges. Vandalism includes, but is not limited to any malicious attempt to harm, modify, and destroy data of another user, Internet or other networks that are connected to the Internet backbone. This includes, but is not limited to, the uploading and creating of computer viruses, the persistent annoyance of another user, the interference of another user's work, or the sending of unwanted mail.

**9. Encounter of Controversial Material**

Users may encounter material that they interpret as controversial, inappropriate or offensive. However, on the Internet, it is impossible to control the content of data and a user may discover controversial materials. It is the user's responsibility not to initiate access to such material. CUSD shall not be held liable for any decision to restrict or regulate access to Internet materials. It is the user's responsibility to report any controversial material to the Information Systems department staff.

**10. Supervision**

Employees must ensure that only authorized users participate in Internet activities appropriate for their curriculum. Relevant alternatives (CD, print sources etc) must be provided for those students where parental permission has not been granted. An authorized employee must be physically present in the classroom/lab/library to monitor student use of the Internet. No students will be allowed to supervise other student users.

**11. Ability to Update**

CUSD Information Services may occasionally require new registration and account information for you to continue service. You must notify the Information Services staff of any changes to your account information.

**12. Penalties for Improper Use**

Any user violating these rules, applicable state and federal laws, or CUSD policies is subject to loss of access privileges and any other CUSD disciplinary options up to and including dismissal. In addition, pursuant to State of California law, any unauthorized Internet access, attempted access, or use of any state computing and/or network system is a violation of section 502 of the California Penal Code and/or other applicable federal laws, and is subject to criminal prosecution.

I have read the conditions and rules for use, and agree to the terms herein. I agree to abide by the acceptable use of all electronic resources. I also agree to report any misuse of electronic resources to the Information Services staff.

Print Employee Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



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Phone: (559) 274-4700 | Fax: (559) 276-2983

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**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, have been given a copy of BP 4119.23, BP 1340 and AR 1340 regarding Unauthorized Release of confidential Privileged Information and Community Records – Access to District Records.

I understand that even if I am not a confidential employee, I am required to keep confidential any and all information within the scope of the above board policies that I come in contact with, during the course and scope of my employment with Central Unified School District.

\_\_\_\_\_  
Employee's Name [Please Print]

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date



## **CENTRAL UNIFIED SCHOOL DISTRICT**

**4605 N. Polk Avenue, Fresno, CA 93722**

**Phone: (559) 274-4700 | Fax: (559) 276-2983**

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### **RECEIPT AND ACKNOWLEDGEMENT 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 with the scope of his or her employment who 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 to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

“Child care custodian” includes, teachers, administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school; administrators of public or private day camp; licensed day care workers; administrators or 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 parents, group home personnel and personnel of residential care facilities; and social workers or probation officers.

“Medical practitioner” includes physicians 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.

### **CENTRAL UNIFIED SCHOOL DISTRICT**

“Nonmedical practitioner” includes state or county public health employees who treat minors for venereal disease or any other condition; coroners; paramedics, marriage, family or child counselors; and religious practitioners who diagnose, examine, or treat children (Penal Code, §11166.5)

Attached hereto is a copy of the Penal Code, §11166, which explains the procedure for reporting child abuse.

I have read the attached Penal Code, §11166 and I agree to comply therewith.

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Employee's Name (Please Print)

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Date

---

Employee's Signature



**CENTRAL UNIFIED SCHOOL DISTRICT**

4605 N. Polk Avenue, Fresno, CA 93722

Phone: (559) 274-4700 | Fax: (559) 276-2983

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**SEXUAL HARASSMENT POLICY**

I acknowledge receipt of, and have read and understand the Sexual Harassment Board Policy and Administrative Regulations 4119.11, 4219.11, 4319.11 a, b. & c. I have received the Sexual Harassment/Title IX Consultation Form for reporting.

\_\_\_\_\_  
Employee's Name [Please Print]

\_\_\_\_\_  
Site

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

# Form W-4 (2017)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You're single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You're married, have only one job, and your spouse doesn't work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div> . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . .	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	_____
<div style="display: flex; align-items: center;"><div style="margin-right: 10px;">For accuracy, complete all worksheets that apply.</div><div style="border-left: 1px solid black; padding-left: 10px;"><ul style="list-style-type: none"><li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li><li>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li><li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li></ul></div></div>			

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				
Date ▶				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

**Deductions and Adjustments Worksheet****Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

**Two-Earners/Multiple Jobs Worksheet** (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1****Table 2**

Married Filing Jointly				All Others			
If wages from <b>LOWEST</b> paying job are—		Enter on line 2 above		If wages from <b>LOWEST</b> paying job are—		Enter on line 2 above	
\$0 - \$7,000		0		\$0 - \$8,000		0	
7,001 - 14,000		1		8,001 - 16,000		1	
14,001 - 22,000		2		16,001 - 26,000		2	
22,001 - 27,000		3		26,001 - 34,000		3	
27,001 - 35,000		4		34,001 - 44,000		4	
35,001 - 44,000		5		44,001 - 70,000		5	
44,001 - 55,000		6		70,001 - 85,000		6	
55,001 - 65,000		7		85,001 - 110,000		7	
65,001 - 75,000		8		110,001 - 125,000		8	
75,001 - 80,000		9		125,001 - 140,000		9	
80,001 - 95,000		10		140,001 and over		10	
95,001 - 115,000		11					
115,001 - 130,000		12					
130,001 - 140,000		13					
140,001 - 150,000		14					
150,001 and over		15					

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—		Enter on line 7 above	
\$0 - \$75,000		\$610	
75,001 - 135,000		1,010	
135,001 - 205,000		1,130	
205,001 - 360,000		1,340	
360,001 - 405,000		1,420	
405,001 and over		1,600	

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—		Enter on line 7 above	
\$0 - \$38,000		\$610	
38,001 - 85,000		1,010	
85,001 - 185,000		1,130	
185,001 - 400,000		1,340	
400,001 and over		1,600	

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You 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.





## Instructions for Employment Eligibility Verification

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

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

Read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit [www.justice.gov/crt/about/osc](http://www.justice.gov/crt/about/osc).

### What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

### General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

### Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

**Name:** Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

**Other names used:** Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

**Address:** Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

**Date of Birth:** Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

**U.S. Social Security Number:** Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

**E-mail Address and Telephone Number (Optional):** You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

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All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. **A citizen of the United States**
2. **A noncitizen national of the United States:** Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
3. **A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.
4. **An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
  - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
  - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

#### **Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

#### **Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

## Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should not present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); and the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
  4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
  5. Sign and date the attestation on the date Section 2 is completed.
  6. Record the employer's business name and address.
  7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

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## Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central ([www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)) for examples.

## Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) for more information on receipts.

## Section 3: Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
  - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
  - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
  - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

#### What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

#### USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central), by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov), or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at [www.uscis.gov/forms](http://www.uscis.gov/forms). You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify), by e-mailing USCIS at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov) or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

#### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

#### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

#### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.

## 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
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

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

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



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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

► **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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		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: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee _____	Today's Date (mm/dd/yyyy) _____
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**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 (mm/dd/yyyy) _____	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page







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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

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

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name Central Unified School District	
Employer's Business or Organization Address (Street Number and Name) 4605 N. Polk	City or Town Fresno	State CA	ZIP Code 93722

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**Pursuing Victory With Honor\***  
**Code of Conduct for Teacher-Coaches**  
**of Interscholastic Age Student-Athletes**

*This Code of Conduct applies to all teacher-coaches of interscholastic age athletes.*

*The Code has been adopted by Central Unified Athletics*

Those who coach student-athletes are, first and foremost, teachers who have a duty to assure that their sports programs impart important life skills and promote the development of good character. Essential elements of character building are embodied in the concept of sportsmanship and six core ethical values: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the “Six Pillars of Character<sup>SM</sup>”). The highest potential of sports is achieved when teacher-coaches consciously Teach, Enforce, Advocate and Model (T.E.A.M.) these values and are committed to the ideal of pursuing victory with honor. Sincere and good faith efforts to honor the words and spirit of this Code will improve the quality of our programs and the well-being of our student-athletes.

**TRUSTWORTHINESS**

- *Trustworthiness* — Be worthy of trust in all you do and teach student-athletes the importance of integrity, honesty, reliability and loyalty.
- *Integrity* — Model high ideals of ethics and sportsmanship and always pursue victory with honor. Teach, Enforce, Advocate and Model (T.E.A.M.) the importance of honor and good character by doing the right thing even when it’s unpopular or personally costly.
- *Honesty* — Don’t lie, cheat, steal or engage in or permit dishonest or unsportsmanlike conduct.
- *Reliability* — Fulfill commitments; do what you say you will do; be on time. Except in cases of extreme personal necessity, no teacher-coach should or resign during a season.
- *Loyalty* — Be loyal to your school and team. Put the team above personal glory.
- *Primacy of Educational Goals* — Be faithful to the educational and character-development missions of the institution and assure that these objectives are not compromised to achieve sports performance goals. Always place the academic, emotional, physical and moral well-being of student-athletes above desires and pressures to win. Coaches should be viewed, first and foremost, as teachers and referred to as “teacher-coaches.”
- *Counseling* — Be candid with student-athletes and their parents about the likelihood of getting an athletic scholarship or playing on a professional level. Advise them that many colleges will not recruit student-athletes who do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably. Create a more realistic understanding in student-athletes and their parents of how few athletes get athletic scholarships and become professionals and the relatively short careers of those who do.
- *College Recruiting* — Be honest and candid with college recruiters about the character and academic abilities and interest of student-athletes. Involve the parents/guardians with the college representative and take the lead in the recruiting process.

**RESPECT**

- *Respect* — Treat all people with respect all the time and require the same of student-athletes.
- *Class* — Be a good sport. Teach and model class. Be gracious in victory and accept defeat with dignity. Encourage student-athletes to help up fallen opponents, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.
- *Taunting* — Don’t engage in or allow trash talking, taunting, boastful celebrations, or other actions that demean individuals or the sport. Assure that student-athletes conduct themselves in an appropriate manner.
- *Respect for Officials* — Treat game officials with respect; don’t complain about or argue with an official’s decisions during or after an athletic event. Adopt and enforce policies and procedures to assure that the conduct and decisions of referees are subject to reasonable review. Vigorously protect referees from retaliation, blackballing or intimidation by teacher-coaches or others who are unhappy with the way a referee called a game. Assure that neither you nor your players publicly criticize a official in a manner that discredits the game, impugns the honor or the integrity of any official or subjects the referees to ridicule or hostility. Adopt whatever policies are necessary to assure the safety of referees and prevent verbal or physical abuse from teacher-coaches, student athletes or spectators. Encourage regular and formal opportunities for coaches, and in some cases student-athletes, to interact and converse with referees in non-confrontational settings.
- *Respect for Parents/Guardians* — Treat the parents/guardians of student-athletes with respect. Be clear about your expectations, goals and policies and maintain open lines of communication.
- *Profanity* — Don’t engage in or permit profanity or obscene gestures during practices, sporting events, on team buses, or in any other situation where the behavior could reflect badly on the school or the sports program.
- *Positive Coaching* — Use positive coaching methods to make the experience enjoyable, increase self-esteem and foster a love and appreciation for the sport. Refrain from physical or psychological intimidation, verbal abuse,

and conduct demeaning to student-athletes or others. Goals related to the basketball program should be clearly stated in a manner that is consistent with the educational mission of the institution and the basketball program should pursue these objectives in the context of the overall athletic program mission. Consider very carefully the potential impact of any incentives and disincentives proposed or agreed to in the context of the institution's sportsmanship and character-building goals.

- *Effort and Teamwork* — Encourage student-athletes to pursue victory with passion, to think and play as a team, to do their best and continually improve through personal effort and discipline. Discourage selfishness and put less emphasis on the final outcome of the contest.
- *Professional Relationships* — Maintain appropriate, professional relationships with student-athletes and respect proper teacher-student boundaries. Sexual or romantic contact with students is strictly forbidden as is verbal or physical conduct of a sexual nature directed to or in view of student-athletes. Always put the best interests of the student-athlete above personal considerations and scrupulously avoid conflicts of interest including financial relationships that could be construed as exploitive. Guard against personal, financial, social, organizational, or political factors that might lead to misuse of influence and scrupulously avoid accepting any benefits conferred by persons who seek to influence a decision of a student athlete. Fully disclose all relevant facts including the nature and amount of compensation to the student-athlete and his or her parents or guardians.

### **RESPONSIBILITY**

- *Life Skills* — Always strive to enhance the physical, mental, social and moral development of student-athletes and teach them positive life skills that will help them become well-rounded, successful and socially responsible. Discuss ethical and sportsmanship issues in relation to actual and hypothetical situations occurring or likely to occur in practice or games.
- *Advocacy of Education* — Advocate the importance of education beyond athletic eligibility standards and work with faculty and parents/guardians to help student-athletes set and achieve academic goals. The academic performance of student-athletes in terms of grades and actual graduation should be a major factor. Assure that interscholastic programs do not unduly interfere with the ability and motivation of student-athletes to achieve their academic potential. Encourage student-athletes to think of themselves as students first and athletes second. Provide comprehensive support programs that can help student-athletes deal with academic issues. Be attentive to the grades and effort of student-athletes as well as upcoming exams and papers.
- *Advocacy of Honor* — Prominently discuss the importance of character, ethics and sportsmanship in materials about the athletic program and vigorously advocate the concept of pursuing victory with honor in all communications. Stress that good character, ethics and sportsmanship are essential to honorable athletic

competition and that victory attained in any other way is empty and unworthy.

- *Good Character* — Foster the development of good character by teaching, enforcing, advocating and modeling (T.E.A.M.) high standards of ethics and sportsmanship and the Six Pillars of Character. Look for opportunities to state and reinforce positive messages consistent with the Pursuing Victory with Honor campaign.
- *Role-Modeling* — Be a worthy role-model. Always be mindful of the high visibility and great influence you have as a teacher-coach and consistently conduct yourself in private and coaching situations in a manner that exemplifies all you want your student-athletes to be. Teacher-coaches should emphasize in oral and written communication the on- and off-court responsibility of teacher-coaches and student-athletes to be worthy role models and positive ambassadors for the institution.
- *Personal Conduct* — Refrain from profanity, disrespectful conduct, and the use of alcohol or tobacco in front of student-athletes or in other situations where your conduct could undermine your positive impact as a role model. A comprehensive communication and enforcement strategy should be implemented to assure that all parties involved fully understand the standards that apply to them and that they will be held accountable to those standards. Regularly incorporate positive messages about sportsmanship, character and ethics into practices and game situations.
- *Competence* — Strive to improve coaching competence and acquire increasing proficiency in coaching principles and current strategies, character-building techniques, and first-aid and safety. Have basic knowledge of: 1) the character-building aspects of sports and methods of teaching and reinforcing sportsmanship and good character, 2) the requirements of a safe sports environment including C.P.R. certification and knowledge of first aid and the physical limitations of the age group coached, and 3) the rules, strategies and principles of effective coaching.
- *Knowledge of Rules* — Maintain a thorough knowledge of current game and competition rules and assure that your student-athletes know and understand the rules. Examine existing rules and regulations limiting the length of seasons, the amount of practice time permitted per week, and the number of games that may be played in light of actual practices that may evade the spirit or even violate the letter of those regulations.
- *Positive Environment* — Strive to provide a challenging, safe, enjoyable and successful experience for the athletes by maintaining a sports environment that is physically and emotionally safe.
- *Safety and Health* — Establish standards and regulations that put the health of young athletes above other considerations. Be informed about basic first aid principles and the physical capacities and limitations of the age group coached.
- *Unhealthy Substances* — Educate student-athletes about the dangers and prohibit the use of unhealthy and illegal substances including alcohol, tobacco and recreational

or performance-enhancing drugs and nutritional supplements. Be informed about the health risks involved in the use of over-the-counter nutritional supplements, tobacco and alcohol.

- *Eating Disorders* — Counsel students about the dangers of and be vigilant for signs of eating disorders or unhealthy techniques to gain, lose or maintain weight.
- *Physician's Advice* — Seek and follow the advice of a physician when determining whether an injured student-athlete is ready to play.
- *Privilege to Compete* — Assure that student-athletes understand that participation in interscholastic sports programs is a privilege, not a right, and that they are expected to represent their school, team and teammates with honor, on and off the field. Require your student-athletes to consistently exhibit good character and conduct themselves as positive role models. Stress that the organization's commitment to education, sportsmanship and ethics and its character-building and life skills goals take precedence.
- *Self-Control* — Control your ego and emotions; avoid displays of anger and frustration; don't retaliate.
- *Integrity of the Game* — Protect the integrity of the game.
- *Gambling* — Don't gamble or associate with professional gamblers. Be informed about the rules prohibiting gambling activities.
- *Enforcing Rules* — Enforce the codes of conduct consistently in all sports-related activities and venues even when the consequences are high. Teacher-coaches who observe what reasonably appears to be misconduct are obligated to report their observations.
- *Protecting Athletes* — Put the well-being of student-athletes above other considerations and take proper steps to protect them from inappropriate conduct. High school programs should discourage student-athletes and teacher-coaches from participating in non-conforming basketball programs.
- *Access* — Help make a broad spectrum of sports experiences available to all diverse communities.
- *Improper Commercialism* — Be sensitive to and avoid unwholesome commercialism including inappropriate exploitation of your name or the name of the school and undue financial dependence on corporate entities. Carefully consider the impact on students and the general public of permitting commercial advertising in arenas and stadiums. Understand that there is no free equipment and that the cash value of the equipment is simply a payment in kind for the benefits sought by the commercial entity.

#### FAIRNESS

- *Fairness and Openness* — Be fair in competitive situations, team selection, discipline and all other matters. Be open-minded and willing to listen and learn.

#### CARING

- *Safe Competition* — Put safety and health considerations above the desire to win. Never permit student-athletes to intentionally injure any player or engage in reckless behavior that might cause injury to themselves or others.
- *Caring Environment* — Consistently demonstrate concern for student-athletes as individuals and encourage them to look out for one another and think and act as a team

#### CITIZENSHIP

- *Honoring the Spirit of Rules* — Observe and require student-athletes to observe the spirit and the letter of all rules including the rules of the game and those relating to eligibility, recruitment, transfers, practices and other aspects of interscholastic competition. Demand integrity and observe and enforce the spirit and letter of the rules. You should not engage in or allow any conduct designed to evade rules governing fair competition.
- *Promoting Sportsmanship* — Promote sportsmanship over gamesmanship; don't cheat. Resist temptations to gain competitive advantage through strategies (such as devious rules violations, alteration of equipment or the field of play, or tactics designed primarily to induce injury or fear of injury) that violate the rules, disrespect the highest traditions of the sport or change the nature of competition by negating or diminishing the impact of the core athletic skills that define the sport. Establish and regularly practice pre- and post-game rituals and traditions that reinforce the principles of sportsmanship. Specially acknowledge acts of good sportsmanship on the court.

**I have read and understand the requirements of this Code of Conduct and acknowledge that I may be disciplined if I violate any of its provisions.**

\_\_\_\_\_  
Teacher-Coach Signature

\_\_\_\_\_  
Date

\*Our athletic program endorses the *Pursuing Victory With Honor Arizona Sports Summit Accord*.

"Pursuing Victory With Honor" and the "Six Pillars of Character" are service marks of the CHARACTER COUNTS! Coalition, a project of the Josephson Institute of Ethics.

**Designation of Beneficiary Form  
Public Agency Retirement Services (PARS)**

**Instructions:**

1. Read carefully the rules for designating a beneficiary below, and sign in the spaces provided.
2. Complete the appropriate sections (Section 1 must be completed, see rules below regarding section 2) of this form and return it to:

Central Unified School District  
Attn: Personnel Department  
4605 Polk Avenue  
Fresno, CA 93722

**Rules for Designation of Beneficiary:**

1. It is your responsibility to keep your Designation of Beneficiary current.
2. You reserve the right to revoke or change your Designation of Beneficiary, subject to the other provisions of these Rules.
3. If, upon your death, there is no valid Designation of Beneficiary on file with the Trust Administrator, any death benefits which become due will be paid in accordance with the Plan Document.
4. The plan requires that if you are married, your surviving spouse/registered domestic partner will be your sole primary beneficiary, unless your spouse/registered domestic partner waives this right.
5. If you wish to designate a person or persons other than your spouse/registered domestic partner or in addition to your spouse/registered domestic partner, you must obtain the notarized consent of your spouse/registered domestic partner in writing on this form by completing Section 2. Failure to obtain your spouse/registered domestic partner's consent in these instances will render the designation invalid. Any consent by a spouse/registered domestic partner applies only to that spouse/registered domestic partner and not any future spouse/registered domestic partner. Therefore, if a new marriage occurs, a new Designation of Beneficiary form should be completed and the new spouse/registered domestic partner's consent must be obtained. If you are unmarried complete Section 1 only.
6. If the location of your spouse/registered domestic partner is unknown, you must attach to this form a notarized statement stating that your spouse/registered domestic partner cannot be located.
7. You are considered married if you are under decree of separate maintenance or decree of legal separation.
8. If you wish to have your PARS account distributed under the terms of a Living Trust, your PARS account must be mentioned by name in the Trust Document. If your current Living Trust does not contain specific reference to your PARS account, you may designate the Living Trust as a beneficiary using this form. All rules pertaining to the designation of a beneficiary apply to the designation of a Living Trust.

I have read and understand these rules.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Section 1: Designating a Beneficiary**

Participant Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Participant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Section 2: Spousal/Registered Domestic Partner Consent (Do not complete this section if you are unmarried)**

I hereby consent to the above beneficiary designation of my spouse/registered domestic partner, a participant in this plan. I understand that in consenting to the designation of anyone except myself, I am waiving rights to a survivor benefit that I would be legally entitled to at a later date.

\_\_\_\_\_  
Spouse/Registered Domestic Partner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

# Central Unified School District

## Alternate Retirement System Plan

### Plan Information Sheet

#### for Part-Time, Seasonal, and Temporary Employees



#### Introduction

A federal law, the Omnibus Budget Reconciliation Act of 1990 (OBRA 90), requires that governmental employees who are not members of their employer's existing retirement system be covered by Social Security or an alternate plan.

You are enrolled in an alternate plan called the Public Agency Retirement Services Alternate Retirement System Plan (PARS ARS). PARS ARS satisfies federal requirements and provides cost savings to you and your employer when compared to Social Security. The PARS ARS plan only requires a minimum contribution of 7.5% to your retirement account.

This information is a general description of what you can expect as a participant in PARS ARS. The Plan Document provides a detailed description and contains all of the specific legal requirements of the plan. A copy of the plan document is available for review with your employer.

**Enrollment in the PARS ARS Plan is automatic for eligible employees.**

Effective July 1, 2000 and thereafter:

1. Each pay period, **3.75%** of your wages will be deducted from your pay and deposited into your PARS ARS account. Your contributions are made on a pre-tax basis.
2. Each pay period, your employer will also contribute the equivalent of **3.75%** of your wages to your PARS ARS account. Employer contributions are also made on a pre-tax basis.
3. Investment activity will be credited to your PARS ARS account based on your monthly account activity and will accumulate **tax-free** until your termination from the plan and the distribution of your account balance.

#### Designating a Beneficiary

- 1) In the event that you pass away while contributing to the PARS ARS Plan, your account balance will be distributed to your beneficiary.
- 2) If you are married at the time of your death, your spouse/registered domestic partner is automatically your beneficiary. If you wish to designate someone other than your spouse/registered domestic partner, you may do so by submitting a Designation of Beneficiary Form.

- 3) If you are unmarried at the time of your death, your account balance will be paid to your estate unless you have designated another beneficiary.
- 4) You may obtain a Designation of Beneficiary Form from your employer or from PARS.

#### Becoming Eligible for a Benefit

- 1) You (or your beneficiary in the event of your death) will be eligible to receive your PARS ARS account balance when one of the following events occurs:
  - a. Termination of Employment
  - b. Retirement
  - c. Permanent and Total Disability
  - d. Death
  - e. Changed employment status to a position covered by another retirement system\*

\*If there have been no contributions into your PARS ARS account for two (2) years, you may be eligible for a distribution of your account.

#### Receiving Your Account Balance

- 1) When your employer notifies PARS that you are eligible for a distribution of your account, appropriate forms will be sent to you by mail. Within 90 days of PARS' receipt of all correctly completed forms, the account will be distributed.
- 2) Your distribution options are:
  - a. You may elect to receive a **one-time lump-sum cash payment**. If your account balance is greater than \$200, your distribution may be subject to federal and/or state income tax withholding. If you are under age 59½, your distribution may also be subject to an excise tax withholding.
  - b. If your account balance is greater than \$200, you can defer tax withholding from your distribution by electing a **direct rollover** to a traditional IRA or to an eligible employer plan that accepts rollovers (e.g. 403(b), 457(b), 401(k), etc.).

**For further information or for questions about your account, please contact PARS.**

**(800) 540-6369**  
**Monday - Friday**  
**9:00AM - 5:00PM Pacific Time**

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

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Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_  
Employer Name Central USD Employer ID# 10-018

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](http://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 \_\_\_\_\_

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## **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](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto: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.





**CENTRAL UNIFIED SCHOOL DISTRICT  
RISK MANAGEMENT  
4605 N POLK  
FRESNO, CA 93722  
(559) 274-4700 X103**

**DISTRICT RENTAL/DISTRICT/PERSONAL VEHICLE USE FORM**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

DRIVER'S LIC. # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

YEAR/MAKE AUTO: \_\_\_\_\_ VEHICLE LICENSE #: \_\_\_\_\_

YEAR/MAKE AUTO2: \_\_\_\_\_ VEHICLE LICENSE #: \_\_\_\_\_

INSURANCE CARRIER/AGENT \_\_\_\_\_ PHONE#: \_\_\_\_\_

LIABILITY LIMITS: \_\_\_\_\_ POLICY #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ DRIVING RESTRICTIONS: \_\_\_\_\_

I certify that the above information is correct and that the insurance coverage is in force. I understand that if performing work for the Central School District in the course of my duties I may utilize my personal vehicle. I must have liability insurance coverage in force as required by the State of California and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

SIGN: \_\_\_\_\_ STAFF PARENT OTHER DATE: \_\_\_\_\_

CIRCLE ONE

SITE: \_\_\_\_\_ PURPOSE: \_\_\_\_\_

SITE ADMINISTRATOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE:** If you drive your personal automobile while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District's travel accident policy would be used only after your policy limits have even exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

All persons driving on District business will: (1) follow the most direct route; (2) avoid all unnecessary stops; (3) not carry unauthorized non-District personnel or students or guests as passengers; (4) carry only the number of passengers for which your vehicle was designed; and (5) each passenger is required to use a safety belt.

Please complete form and attach a legible photocopy of the following: **(1) Proof of Insurance** form presently being provided by your automobile insurance company that indicates expiration date of insurance and **(2) Driver's License**. And return to the Risk Management Department, District Office Annex, prior to driving for a District sponsored activity. District Administration may obtain employee driving record checks from the California Department of Motor Vehicles which are a matter of public record.

District Office Use

REVISED 4-2010

\_\_\_\_\_  
District Office Approval

\_\_\_\_\_  
Date

**APPROVAL EXPIRES:** \_\_\_\_\_

**DENIED**



A Public Service Agency

## EMPLOYER PULL NOTICE PROGRAM

### AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_,  
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving  
record, to my employer, \_\_\_\_\_

COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at  
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,  
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code  
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my  
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY

COUNTY

STATE

DATE

SIGNATURE OF EMPLOYEE

X

I, \_\_\_\_\_, of \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of  
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am  
requesting driver record information on the above individual to verify the information as provided by said individual. This  
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information  
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any  
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal  
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five  
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I  
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to  
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY

COUNTY

STATE

DATE

SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE

X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program  
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website  
at [www.dmv.ca.gov/otherservices](http://www.dmv.ca.gov/otherservices), or by calling 916-657-6346.


**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND  
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

**DO NOT RETURN THIS FORM TO DMV.**

# Get Safety Trained



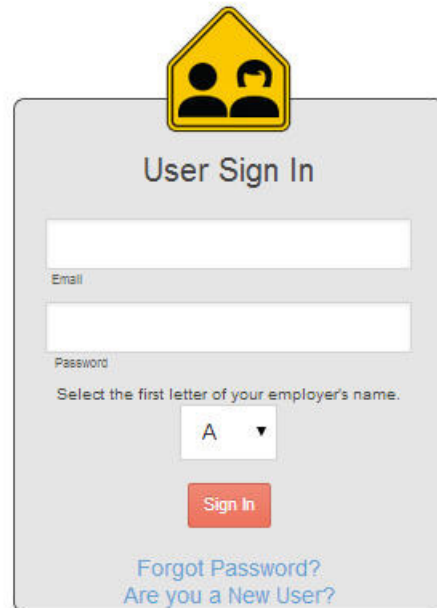
## New User Registration

1. For first time registration, go to [www.crma-jpa.org](http://www.crma-jpa.org)
2. Select "Training and Risk Management" which can be found toward the top of the webpage.
3. Select this icon  to begin.
4. Select the blue letters that say, "Are you a New User?" in the User Sign In Box.
5. Select the first letter of your School District from the drop down list and then click Continue.
6. Select your School District and click Submit.
7. Complete the registration form with name, job title, etc., and click Agree.
8. You will then be directed to your personal training page.



## User Sign In (after you have registered as a new user)

1. Go to [www.getsafetytrained.com](http://www.getsafetytrained.com) to the User Sign In Box
2. Enter the email address you used to register.
3. Enter your password.
4. Select the first letter of your School District from the drop down list and then click Sign in.
5. Select your School District and click Submit.
6. You will be directed to your personal training page.
7. From your personal training page, you may edit your personal information, take an online training course, view available, required, completed or past-due courses, and print your certificates.
8. Go to view All Courses and click on **Child Abuse Training for Educators.**



The form is titled "User Sign In" and features a yellow house icon with two people inside. It contains the following fields and elements:

- Email input field
- Password input field
- Text: "Select the first letter of your employer's name."
- Dropdown menu showing "A" with a downward arrow
- Red "Sign In" button
- Links: "Forgot Password?" and "Are you a New User?"



# **Please keep the following handbooks for your reference:**

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- Employee Electronic Resources  
Acceptable Use
- Confidentiality of Information
- Child Abuse
- Sexual Harassment

## PERSONNEL

### Employee Use of Technology

The Governing Board recognizes that technological resources can enhance employee performance by offering effective tools to assist in providing a quality instructional program, facilitating communications with parents/guardians, students, and the community, supporting district and school operations, and improving access to and exchange of information. The Board expects all employees to learn to use the available technological resources that will assist them in performance of their job responsibilities. As needed, employees shall receive professional development in the appropriate use of these resources.

*(cf. 0440 - District Technology Plan)*  
*(cf. 1113 – District and School Web Sites)*  
*(cf. 4032 - Reasonable Accommodation)*  
*(cf. 4131 - Staff Development)*  
*(cf. 4231 - Staff Development)*  
*(cf. 4331 - Staff Development)*  
*(cf. 6163.4 – Student Use of Technology)*

Employees shall be responsible for the appropriate use of technology and shall use the district's technological resources primarily for purposes related to their employment.

*(cf. 4119.25/4219.25/4319.25 - Political Activities of Employees)*

Employees should be aware that computer files and electronic communications including e-mail and voice mail are not private. Technological resources shall not be used to transmit confidential information about students, employees, or district operations without authority.

*(cf. 4119.23/4219.23/4319.23 – Unauthorized Release of Confidential/Privileged Information)*  
*(cf. 5125 – Student Records)*  
*(cf. 5125.1 – Release of Directory Information)*

The Superintendent or designee shall ensure that all district computers with Internet access have a technology protection measure that prevents access to visual depictions that are obscene or child pornography and that the operation of such measures is enforced. The Superintendent or designee may disable the technology protection measure during use by an adult to enable access for bona fide research or other lawful purpose. (20 USC 6777; 47 USC 254)

To ensure proper use, the Superintendent or designee may monitor employee usage of technological resources, including the accessing of e-mail and stored files. Monitoring may occur at any time without advance notice or consent. When passwords are used, they must be known to the Superintendent or designee so that he/she may have system access.

The Superintendent or designee shall establish administrative regulations and an Acceptable Use Agreement which outline employee obligations and responsibilities related to the use of district technology. He/she also may establish guidelines and limits on the use of technological resources. Inappropriate use may result in a cancellation of the employee's user privileges,

disciplinary action, and/or legal action in accordance with law, Board policy, and administrative regulation.

*(cf. 4118 - Suspension/Disciplinary Action)*

*(cf. 4218 - Dismissal/Suspension/Disciplinary Action)*

The Superintendent or designee shall provide copies of related policies, regulations and guidelines to all employees who use the district's technological resources. Employees shall be required to acknowledge in writing that they have read and understood the district's Acceptable Use Agreement.

*(cf. 4112.9/4212.9/4312.9 - Employee Notifications)*

### Use of Cellular Phone or Mobile Communications Device

An employee shall not use a cellular phone or other mobile communications device for personal business while on duty, except in emergency situations and/or during scheduled work breaks.

Any employee that uses a cell phone or mobile communications device in violation of law, Board policy, or administrative regulation shall be subject to discipline and may be referred to law enforcement officials as appropriate.

*(cf. 3513.1 - Cellular Phone Reimbursement)*

*(cf. 3542 - School Bus Drivers)*

*(cf. 4156.3/4256.3/4356.3 - Employee Property Reimbursement)*

#### *Legal Reference:*

##### *EDUCATION CODE*

*51870-51874 Education technology*

*52270-52272 Education technology and professional development grants*

*52295.10-52295.55 Implementation of Enhancing Education Through Technology grant program*

##### *GOVERNMENT CODE*

*3543.1 Rights of employee organizations*

##### *PENAL CODE*

*502 Computer crimes, remedies*

*632 Eavesdropping on or recording confidential communications*

##### *VEHICLE CODE*

*23123 Wireless telephones in vehicles*

*23125 Wireless telephones in school buses*

##### *UNITED STATES CODE, TITLE 20*

*6751-6777 Enhancing Education Through Technology Act, Title II, Part D, especially:*

*6777 Internet safety*

##### *UNITED STATES CODE, TITLE 47*

*254 Universal service discounts (E-rate)*

##### *CODE OF FEDERAL REGULATIONS, TITLE 47*

*54.520 Internet safety policy and technology protection measures, E-rate discounts*

*(cf. 4143/4243 - Negotiations/Consultation)*

#### *Legal Reference:*

##### *EDUCATION CODE*

*11600-11609 Education Technology Grant Program Act of 1996*

*51870-51884 The Morgan-Farr-Quackenbush Education Technology Act of 1992*

*GOVERNMENT CODE*

*3543.1 Rights of employee organizations*

*PENAL CODE*

*632 Eavesdropping on or recording confidential communications*

*UNITED STATES CODE, TITLE 20*

*6801-7005 Technology for Education Act of 1994*

*Management Resources:*

*CDE PUBLICATIONS*

*K-12 Network Technology Planning Guide: Building the Future, 1994*

*CDE PROGRAM ADVISORIES*

*1223.94 Acceptable Use of Electronic Information Resources*

Policy adopted: 6/27/00

Policy revised: 5/14/02; 4/22/08

PERSONNELEmployee Use Of Technology

## User Obligations and Responsibilities

Employees are authorized to use the district's equipment to access the Internet or other online services in accordance with Board policy, the district's Acceptable Use Agreement, and in accordance with user obligations and responsibilities specified below.

1. The employee in whose name an on-line services account is issued is responsible for its proper use at all times. Employees shall keep personal account numbers, home addresses and telephone numbers private. They shall use the system only under the account number to which they have been assigned.
2. Employees shall use the system safely, responsibly, and primarily for work-related purposes.
3. Employees shall not access post, submit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive, or sexually explicit, or that could be construed as harassment or disparagement of others based on their race, ethnicity, national origin, sex, gender, sexual orientation, age, disability, religion, or political beliefs.

*(cf. 4030 - Nondiscrimination in Employment)*

*(cf. 4031 - Complaints Concerning Discrimination in Employment)*

*(cf. 4119.11/4219.11/4319.11 - Sexual Harassment)*

4. Users shall not use the system to promote unethical practices or any activity prohibited by law Board policy, or administrative regulations.

*(cf. 4119.25/4219.25/4319.25 - Political Activities of Employees)*

5. Employees shall not use the system to engage in commercial or other for-profit activities without permission of the Superintendent or designee.
6. Copyrighted material shall be posted online only in accordance with applicable copyright laws.

*(cf. 6162.6 - Use of Copyrighted Materials)*

7. Employees shall not attempt to interfere with other users' ability to send or receive email, nor shall they attempt to read, delete, copy, modify, or forge other users' email.
8. Employees shall not develop any classroom or work-related web sites, blogs, forums, or similar online communications representing the district or using district equipment or resources without permission of the Superintendent or designee. Such sites shall be



subject to rules and guidelines established for district online publishing activities including, but not limited to, copyright laws, privacy rights, and prohibitions against obscene, libelous, and slanderous content. Because of the unfiltered nature of blogs, any such site shall include a disclaimer that the district is not responsible for the content of the messages. The district retains the right to delete material on any such online communications.

*(cf. 1113 - District and School Web Sites)*

9. Users shall report any security problem or misuse of the services to the Superintendent or designee

*(cf. 6162 – Student Use of Technology)*

Regulation approved: 7/27/00

Regulation revised: 4/22/08

## PERSONNEL

### Sexual Harassment

The Governing Board desires to provide district employees with a working environment that is free from harassment. In order to achieve this end, the Board prohibits sexual harassment of district employees by anyone, in any manner, and shall not tolerate retaliatory action or behavior against a district employee or other person who complains, testifies or otherwise participates in the complaint process pursuant to Board policy and administrative regulations.

For the purposes of this policy, district employees shall include applicants for employment in the district.

Any district employee, who permits, engages in or participates in sexual harassment of another district employee or student shall be in violation of this policy and is subject to disciplinary action, up to and including dismissal. An employee shall be deemed to have permitted sexual harassment where he/she has knowledge that a student or an employee has engaged in sexual harassment and fails to report such student or employee to the appropriate authorities, whether or not the victim makes a complaint.

A supervisor, principal or district administrator other than the Superintendent or designee who receives a harassment complaint shall promptly notify the Superintendent or designee.

Any district employee who feels that he/she has been sexually harassed or who has knowledge of any instance of sexual harassment by another employee or a student, shall immediately contact his/her supervisor, principal, Superintendent or designee, or other district administrator, to obtain procedures for reporting a complaint. However, an employee may bypass his/her supervisor in registering a complaint where the supervisor is the alleged perpetrator of the sexual harassment. Employee complaints of sexual harassment shall be filed in accordance with AR 4031 - Complaints Concerning Discrimination in Employment.

The Superintendent or designee shall take all actions necessary to ensure the prevention, investigation and correction of sexual harassment, including but not limited to:

1. Providing periodic training to all staff regarding the district's sexual harassment policy, particularly the procedures for registering complaints and employees' duty in availing themselves of the complaint procedure in order to avoid harm
2. Publicizing and disseminating the district's sexual harassment policy to staff
3. Ensuring prompt, thorough and fair investigation of complaints in a way that respects the privacy of all parties concerned, to the extent necessary

4. Taking timely and appropriate corrective/remedial actions after completion of investigation. This may require subsequent monitoring of developments.

(cf. 4030 – *Nondiscrimination in Employment*)  
(cf. 4031 – *Complaints Concerning Discrimination in Employment*)  
(cf. 4117.4 – *Dismissal*)  
(cf. 4118 - *Suspension/Disciplinary Action*)  
(cf. 4218 - *Dismissal/Suspension/Disciplinary Action*)  
(cf. 4318 - *Suspension/Disciplinary Action*)

*Legal Reference:*

EDUCATION CODE  
200-262.4 *Prohibition of discrimination on the basis of sex, especially: GOVERNMENT CODE*  
12900-12996 *Fair Employment and Housing Act*  
LABOR CODE  
1101 *Political activities of employees*  
1102.1 *Discrimination: sexual orientation*  
UNITED STATES CODE, TITLE 42  
2000d-2000d-7 *Title VI, Civil Rights Act of 1964*  
2000e-2000e-17 *Title VII, Civil Rights Act of 1964 as amended*  
2000h-2-2000h-6 *Title IX, 1972 Education Act Amendments*  
CODE OF FEDERAL REGULATIONS, TITLE 34  
106.9 *Dissemination of policy*  
COURT DECISIONS  
*Faragher v. City of Boca Raton, (1998) 118 S. Ct. 2275*  
*Burlington Industries v. Ellreth, (1998) 118 S. Ct. 2257*  
*Gebser v. Lago Vista Independent School District, (1998) 118 S. Ct. 1989*  
*Oncale v. Sundowner Offshore Serv. Inc., (1998) 118 S. Ct. 998*  
*Juarez v. Ameritech Mobile Systems, (N.D. Ill.) 746 F.Supp. 798*  
*Dornhecker v. Malibu Grand Prix Corp., (5th Cir. 1987) 828 F.2d. 307*  
*Meritor Savings Bank, FSB v. Vinson et al., (1986) 447 U.S. 57*

*Management Resources:*

OFFICE OF CIVIL RIGHTS AND NATIONAL ASSOCIATION OF ATTORNEYS GENERAL  
*Protecting Students from Harassment and Hate Crime, January, 1999*  
WEB SITES  
EEOC: <http://www.eeoc.gov>  
OCR: <http://www.ed.gov/offices/OCR>

Policy adopted: 10/13/87

Policy revised: 5/25/93; 5/14/02; 3/15/06; 12/8/09

PERSONNELCertificated Personnel

## Unauthorized Release of Confidential Privileged Information

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.

(cf. 5125 - Student Records)

(cf. 5125.1 - Release of Directory Information)

(cf. 9321 - Closed Session Purposes and Agendas)

*Legal Reference:**EDUCATION CODE*

35010 Control of district; prescription and enforcement of rules

35146 Closed sessions (re student suspension)

44031 Personnel file contents and inspection

44932 Grounds for dismissal of permanent employees

44933 Other grounds for dismissal

45113 Rules and regulations for classified service

49060-49078 Pupil records

*GOVERNMENT CODE*

1098 Public officials and employees: confidential information

3540 et seq. Meeting and negotiating in public employment

6252 et seq. Inspection of public records

54957 Closed session; purposes for holding; definition of "employee" exclusion of witnesses

54957.2 Taking of minutes at closed sessions; clerk; minute book

54957.6 Closed session, representatives to employee organization(s); state conciliator

*LABOR CODE*

1102.5 Employees: disclosure of information

*UNITED STATES CODE, TITLE 20*

1232g Family Education Rights and Privacy Act

Policy adopted: 5/14/02

CENTRAL UNIFIED SCHOOL DISTRICT  
Fresno, California

## PERSONNEL

### Sexual Harassment

#### Definitions

Prohibited sexual harassment includes, but is not limited to, unwelcome sexual advances, unwanted requests for sexual favors, or other unwanted verbal, visual, or physical conduct of a sexual nature made against another person of the same or opposite sex in the work or educational setting when: (Education Code 212.5; 5 CCR 4916)

1. Submission to the conduct is made explicitly or implicitly a term or condition of the individual's employment.
2. Submission to or rejection of such conduct by the individual is used as the basis for an employment decision affecting him/her.
3. The conduct has the purpose or effect of having a negative impact upon the individual's work or has the purpose or effect of creating an intimidating, hostile, or offensive work environment. The conduct is sufficiently severe, persistent, pervasive, or objectively offensive so as to create a hostile or abusive working environment or to limit the individual's ability to participate in or benefit from an education program or activity.
4. Submission to or rejection of the conduct by the other individual is used as the basis for any decision affecting him/her regarding benefits, services, honors, programs, or activities available at or through the district.

Other examples of actions that might constitute sexual harassment, whether committed by a supervisor, a co-worker, or a non-employee, in the work or educational setting, include, but are not limited to:

1. Unwelcome verbal conduct such as sexual flirtations or propositions; graphic comments about an individual's body; overly personal conversations or pressure for sexual activity; sexual jokes or stories; unwelcome sexual slurs, epithets, threats, innuendoes, derogatory comments, sexually degrading descriptions, or the spreading of sexual rumors
2. Unwelcome visual conduct such as drawings, pictures, graffiti, or gestures; sexually explicit emails; displaying sexually suggestive objects
3. Unwelcome physical conduct such as massaging, grabbing, fondling, stroking, or brushing the body; touching an individual's body or clothes in a sexual way; cornering, blocking, leaning over, or impeding normal movements

Prohibited sexual harassment may also include 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.

### Training

Every two years, the Superintendent or designee shall ensure that supervisory employees receive at least two hours of classroom or other effective interactive training and education regarding sexual harassment. All newly hired or promoted supervisory employees shall receive training within six months of their assumption of the supervisory position. (Government Code 12950.1)

The district's training and education program for supervisory employees shall include information and practical guidance regarding the federal and state laws on the prohibition against and the prevention and correction of sexual harassment, and the remedies available to the victims of sexual harassment in employment. The training shall also include all of the content specified in 2 CCR 7288.0 and practical examples aimed at instructing supervisors in the prevention of harassment, discrimination, and retaliation. (Government Code 12950.1; 2 CCR 7288.0)

In addition, the Superintendent or designee shall ensure that all employees receive periodic training regarding the district's sexual harassment policy, particularly the procedures for filing complaints and employees' duty to use the district's complaint procedures.

### Notifications

A copy of the Board policy and this administrative regulation shall: (Education Code 231.5)

1. Be displayed in a prominent location in the main administrative building, district office, or other area of the school where notices of district rules, regulations, procedures, and standards of conduct are posted
2. Be provided to each faculty member, all members of the administrative staff, and all members of the support staff at the beginning of the first quarter or semester of the school year or whenever a new employee is hired
3. Appear in any school or district publication that sets forth the school's or district's comprehensive rules, regulations, procedures, and standards of conduct

All employees shall receive either a copy of information sheets prepared by the California Department of Fair Employment and Housing (DFEH) or a copy of district information sheets that contain, at a minimum, components on: (Government Code 12950)

1. The illegality of sexual harassment
2. The definition of sexual harassment under applicable state and federal law
3. A description of sexual harassment, with examples
4. The district's complaint process available to the employee

5. The legal remedies and complaint process available through DFEH and the Equal Employment Opportunity Commission (EEOC)
6. Directions on how to contact DFEH and the EEOC
7. The protection against retaliation provided by 2 CCR 7287.8 for opposing harassment prohibited by law or for filing a complaint with or otherwise participating in an investigation, proceeding, or hearing conducted by DFEH and the EEOC

In addition, the district shall post, in a prominent and accessible location, DFEH's poster on discrimination in employment and the illegality of sexual harassment. (Government Code 12950)

*(cf. 4031 - Complaints Concerning Discrimination in Employment)*  
*(cf. 4112.9/4212.9/4312.9 - Employee Notifications)*

Regulation approved: 5/25/93

Regulation revised: 3/7/06; 6/5/08; 11/09

## COMMUNITY RELATIONS

### Access to District Records

The Governing Board recognizes the right of citizens to have access to public records of the district. The Board intends the district to provide any person reasonable access to the public records of the schools and district during normal business hours and within the requirements of law. Public access shall not be given to records listed as exempt from public disclosure in the California Public Records Act and other state or federal law.

(cf. 3553 - *Free and Reduced Price Meals*)  
 (cf. 3580 - *District Records*)  
 (cf. 4112.6/4212.6/4312.6 - *Personnel Files*)  
 (cf. 4112.62/4212.62/4312.62 - *Maintenance of Criminal Offender Records*)  
 (cf. 4119.23/4219.23/4319.23 - *Unauthorized Release of Confidential/Privileged Information*)  
 (cf. 5020 - *Parent Rights and Responsibilities*)  
 (cf. 5125 - *Student Records*)  
 (cf. 5125.1 - *Release of Directory Information*)  
 (cf. 6162.5 - *Student Assessment*)  
 (cf. 9011 - *Disclosure of Confidential/Privileged Information*)  
 (cf. 9321 - *Closed Session Purposes and Agendas*)

The district may charge for copies of public records or other materials requested by individuals or groups. The charge shall be based on actual costs of duplication, as determined by the Superintendent or designee and as specified in administrative regulation.

In order to help maintain the security of district records, members of the public granted access shall examine records in the presence of a district staff member.

#### *Legal Reference:*

##### *EDUCATION CODE*

35145 *Public meetings*  
 35170 *Authority to secure copyrights*  
 35250 *Duty to keep certain records and reports*  
 41020 *Requirement for annual audit*  
 42103 *Publication of proposed budget; hearing*  
 44031 *Personnel file contents and inspections*  
 44839 *Medical certificates; periodic medical examination*  
 49060-49079 *Pupil records*  
 49091.10 *Parental review of curriculum and instruction*  
 52850 *Applicability of article (School-Based Program Coordination Plan availability)*

##### *GOVERNMENT CODE*

3547 *Proposals relating to representation*  
 6250-6270 *California Public Records Act*  
 6275-6276.48 *Other exemptions from disclosure*  
 53262 *Employment contracts*  
 54957.2 *Minute book record of closed sessions*  
 54957.5 *Agendas and other writings distributed for discussion or consideration*  
 81008 *Political Reform Act, public records; inspection and reproduction*

##### *CALIFORNIA CONSTITUTION*

*Article 1, Section 3 Right of access to governmental information*

##### *CODE OF REGULATIONS, TITLE 5*



430-438 *Individual pupil records*

**COURT DECISIONS**

*International Federation of Professional and Technical Engineers v. The Superior Court of Alameda County*, (2007) 42 Cal.4th 319

*Los Angeles Times v. Alameda Corridor Transportation Authority*, (2001) 88 Cal.App.4th 1381

*Kleitman v. Superior Court*, (1999) 74 Cal.App. 4th 324

*Fairley v. Superior Court*, (1998) 66 Cal.App. 4th 1414

*North County Parents Organization for Children with Special Needs v. Department of Education*, (1994) 23 Cal.App. 4th 144

**ATTORNEY GENERAL OPINIONS**

71 Ops.Cal.Atty.Gen. 235 (1988)

64 Ops.Cal.Atty.Gen. 186 (1981)

**Management Resources:**

**ATTORNEY GENERAL PUBLICATIONS**

*Summary of the California Public Records Act, 2004*

**LEAGUE OF CALIFORNIA CITIES PUBLICATIONS**

*The People's Business: A Guide to the California Public Records Act, 2008*

**WEB SITES**

CSBA: <http://www.csba.org>

California Attorney General's Office: <http://www.caag.state.ca.us>

Institute for Local Government: <http://www.cacities.org/index.jsp?zone=ilsg>

State Bar of California: <http://www.calbar.ca.gov>

Policy adopted: 4/10/84

Policy revised: 2/26/02; 3/10/09

## COMMUNITY RELATIONS

### Access to District Records

#### Definitions

Public records include any writing containing information relating to the conduct of the district's business prepared, owned, used, or retained by the district regardless of physical form or characteristics. (Government Code 6252)

Writing means any handwriting, typewriting, printing, Photostatting, photographing, transmitting by electronic mail or facsimile, and every other means of recording upon any tangible thing any form of communication or representation, including letters, words, pictures, sounds, or symbols or combinations thereof, and any record thereby created, regardless of the manner in which the record has been stored. (Government Code 6252)

A member of the public includes any person, except a member, agent, officer, or employee of the district acting within the scope of his/her office or employment. Governing Board members shall have the ability to access public records permitted by law in the administration of their duties. Notwithstanding, members of the Board are entitled to access to district public records on the same basis as any other person. (Government Code 6252, 6252.5)

#### Public Records

Records to which the public shall have access include, but are not limited to:

1. Proposed and approved budgets and annual audit of the district (Government Code 6252; Education Code 41020, 42103)

*(cf. 3100 - Budget)*

*(cf. 3460 - Financial Reports and Accountability)*

2. Statistical compilations (Government Code 6252)
3. Reports and memoranda (Government Code 6252)
4. Notices and bulletins (Government Code 6252)
5. Minutes of public meetings (Government Code 6252)

*(cf. 9324 - Minutes and Recordings)*

6. Meeting agendas (Government Code 6252, 54957.5)

*(cf. 9322 - Agenda/Meeting Materials)*

7. Official communications between governmental branches (Government Code 6252)

8. School-based program plans (Education Code 52850)

*(cf. 0420.1 - School-Based Program Coordination)*

9. Information and data relevant to the evaluation and modification of district plans

*(cf. 0420 - School Plans/Site Councils)*

*(cf. 0440 - District Technology Plan)*

*(cf. 0450 - Comprehensive Safety Plan)*

*(cf. 0520.2 - Title I Program Improvement Schools)*

*(cf. 0520.3 - Title I Program Improvement Districts)*

10. Initial proposals of exclusive employee representatives and of the district (Government Code 3547)

*(cf. 4143.1/4243.1 - Public Notice - Personnel Negotiations)*

11. Tort claims filed against the district and records pertaining to pending litigation which predate the filing of the litigation, unless protected by some other provision of law (Government Code 6254.25; Fairley v. Superior Court; 71 Ops.Cal.Atty.Gen. 235 (1988))

*(cf. 3320 - Claims and Actions Against the District)*

12. Statements of economic interests required by the Conflict of Interest Code (Government Code 81008)

*(cf. 9270 - Conflict of Interest)*

13. Contracts of employment and settlement agreements (Government Code 53262)

*(cf. 2121 - Superintendent's Contract)*

*(cf. 4117.5/4217.5/4317.5 - Termination Agreements)*

*(cf. 4141/4241 - Collective Bargaining Agreement)*

The Superintendent or designee shall ensure that any record containing personal information is redacted to ensure that such information, including, but not limited to, an employee's home address or social security number, is not disclosed to the public.

Confidential Records

Records to which the general public shall not have access include, but are not limited to:

1. Preliminary drafts, notes, interdistrict or intradistrict memoranda which are not retained by the district in the ordinary course of business, provided that the public interest in withholding these records clearly outweighs the public interest in disclosure (Government Code 6254)

*(cf. 4119.23/4219.23/4319.23 - Unauthorized Release of Confidential/Privileged Information)*

*(cf. 9011 - Disclosure of Confidential/Privileged Information)*

2. Records specifically prepared for litigation to which the district is a party or to respond to claims made against the district pursuant to the Tort Claims Act **are confidential**, until the pending litigation or claim has been finally adjudicated or otherwise settled, unless the records are protected by some other provision of law (Government Code 6254, 6254.25; Fairley v. Superior Court; 71 Ops.Cal.Atty.Gen. 235 (1988))
3. Personnel records, medical records, student records, or similar materials, the disclosure of which would constitute an unwarranted invasion of personal privacy (Government Code 6254)

*(cf. 4112.6/4212.6/4312.6 - Personnel Files)*

*(cf. 4112.62/4212.62/4312.62 - Maintenance of Criminal Offender Records)*

*(cf. 5125 - Student Records)*

*(cf. 5125.1 - Release of Directory Information)*

The home addresses and home telephone numbers of employees may be disclosed only as follows: (Government Code 6254.3)

- a. To an agent or a family member of the individual to whom the information pertains
  - b. To an officer or employee of a state agency or another school district or county office of education when necessary for the performance of official duties
  - c. To an employee organization pursuant to regulations and decisions of the Public Employment Relations Board, unless the employee performs law enforcement-related functions or requests in writing that the information not be disclosed
  - d. To an agent or employee of a health benefit plan providing health services or administering claims for health services to district employees and their enrolled dependents, for the purpose of providing the health services or administering claims for employees and their enrolled dependents
4. Test questions, scoring keys, and other examination data except as provided by law (Government Code 6254)

*(cf. 6162.51 - Standardized Testing and Reporting Program)*

*(cf. 6162.52 - High School Exit Examination)*

5. Without affecting the law of eminent domain, the contents of real estate appraisals or engineering or feasibility estimates and evaluations made for or by the district relative to the acquisition of property, or to prospective public supply and construction contracts, until all of the property has been acquired or all of the contract agreement obtained (Government Code 6254)
6. Information required from any taxpayer in connection with the collection of local taxes

that is received in confidence and the disclosure of the information to other persons would result in unfair competitive disadvantage to the person supplying the information (Government Code 6254)

7. Library circulation records kept for the purpose of identifying the borrower of items available in the library (Government Code 6254)

*(cf. 6163.1 - Library Media Centers)*

8. Records for which the disclosure is exempted or prohibited pursuant to state or federal law, including, but not limited to, provisions of the Evidence Code relating to privilege (Government Code 6254)

*(cf. 9124 - Attorney)*

9. Documents prepared by or for the district to assess its vulnerability to terrorist attack or other criminal acts intended to disrupt district operations and that are for distribution or consideration in closed session (Government Code 6254)

*(cf. 3516 - Emergencies and Disaster Preparedness Plan)*

10. Recall petitions or petitions for the reorganization of school districts (Government Code 6253.5)

11. Minutes of Board meetings held in closed session (Government Code 54957.2)

*(cf. 9321 - Closed Session Purposes and Agendas)*

12. Computer software developed by the district (Government Code 6254.9)

13. Written instructional textbooks or other materials which, when providing a copy, would infringe a copyright or would constitute an unreasonable burden on the operation of the district (65 Ops.Cal.Atty.Gen. 185 (1981))

*(cf. 5020 - Parent Rights and Responsibilities)*

14. Records that contain individually identifiable health information, including records that may be exempt pursuant to physician-patient privilege, the Confidentiality of Medical Information Act, and the Health Insurance Portability and Accountability Act (Government Code 6254, 6255)

*(cf. 5141.6 - School Health Services)*

15. Any other records listed as exempt from public disclosure in the California Public Records Act or other statutes

16. Records for which the district can demonstrate that, based on the particular facts of the case, the public interest served by not making the record public clearly outweighs the

public interest served by disclosure of the record (Government Code 6255)

#### Inspection of Records and Requests for Copies

Every person may request a copy or inspection of any district record that is open to the public and not exempt from disclosure. (Government Code 6253)

Within 10 days of receiving any request to inspect or copy a district record, the Superintendent or designee shall determine whether the request seeks release of a disclosable public record in the district's possession. The Superintendent or designee shall promptly inform the person making the request of his/her determination and the reasons for the decision. (Government Code 6253)

In unusual circumstances, the Superintendent or designee may extend the 10-day limit for up to 14 days by providing written notice to the requester and setting forth the reasons for the extension and the date on which a determination is expected to be made. Unusual circumstances include the following, but only to the extent reasonably necessary to properly process the request: (Government Code 6253)

1. The need to search for and collect the requested records from field facilities or other establishments that are separate from the office processing the request
2. The need to search for, collect, and appropriately examine a voluminous amount of separate and distinct records which are demanded in a single request
3. The need for consultation, which shall be conducted with all practicable speed, with another agency (e.g., a state agency or city) having a substantial interest in the determination of the request or among two or more components of the district (e.g., two different school sites) with substantial interest in the request.
4. In the case of electronic records, the need to compile data, write programming language or a computer program, or construct a computer report to extract data

If the Superintendent or designee determines that the request seeks disclosable public records, the determination shall state the estimated date and time when the records will be made available. (Government Code 6253)

Public records are open to inspection at all times during district office hours. Any reasonably segregable portion of a record shall be made available for inspection by every person requesting the record after deletion of the portions that are exempted by law. (Government Code 6253)

Upon request for a copy that reasonably describes an identifiable record, an exact copy shall be promptly provided unless it is impracticable to do so. (Government Code 6253)

The Superintendent or designee shall charge an amount for copies that reflects the direct costs of duplication. Written requests to waive the fee shall be submitted to the Superintendent or

designee.

If any person requests a public record be provided in an electronic format, the district shall make that record available in any electronic format in which it holds the information. The district shall provide a copy of the electronic record in the format requested as long as the requested format is one that has been used by the district to create copies for its own use or for use by other agencies. (Government Code 6253.9)

The cost of duplicating an electronic record shall be limited to the direct cost of producing a copy of the record in electronic format. However, the requester shall bear the cost of producing the copy of the electronic record, including the cost to construct the record and the cost of programming and computer services necessary to produce the copy, under the following circumstances: (Government Code 6253.9)

1. The electronic record is one that is produced only at otherwise regularly scheduled intervals
2. The request would require data compilation, extraction, or programming to produce the record

#### Assistance in Identifying Requested Records

If the Superintendent or designee denies a request for disclosable records, he/she shall assist the requester in making a focused and effective request that reasonably describes an identifiable record. To the extent reasonable under the circumstances, the Superintendent or designee shall do all of the following: (Government Code 6253.1)

1. Assist in identifying records and information responsive to the request or the purpose of the request, if specified

If, after making a reasonable effort to elicit additional clarifying information from the requester to help identify the record, the Superintendent or designee is still unable to identify the information, this requirement shall be deemed satisfied.

2. Describe the information technology and physical location in which the records exist
3. Provide suggestions for overcoming any practical basis for denying access to the records or information sought

Provisions of the Public Records Act shall not be construed so as to delay access for purposes of inspecting records open to the public. Any notification denying a request for public records shall state the name and title of each person responsible for the denial. (Government Code 6253)

Regulation approved: 2/02

Regulation revised: 03/07/06; 2/09

# REPORTING CHILD ABUSE

## Table of Contents

- I. Background Material For Reporting Child Abuse
- II. Procedures For Reporting
- III. Report Forms

### I. BACKGROUND FOR REPORTING CHILD ABUSE

Following are excerpts from Child Abuse Prevention Handbook which is published by the Crime Prevention Center, Office of the Attorney General, John K. Van de Kamp, Attorney General (October 1983, Revised Edition):

#### What is Child Abuse?

To many, child abuse is narrowly defined as having only physical implications. In reality, child abuse is any act of omission or commission that endangers or impairs a child's physical or emotional health and development. This includes:

- Physical abuse and corporal punishment resulting in a traumatic condition.
- Emotional abuse.
- Emotional deprivation.
- Physical neglect and/or inadequate supervision.
- Sexual abuse and exploitation.

The act of inflicting injury or allowing injury to result, RATHER THAN THE DEGREE of injury, is the determinant for intervention. A parent or caretaker may begin by inflicting minor injuries. Then may increasingly cause more serious harm over a period of time. Therefore, detecting the initial small injuries and intervening with preventive action may save a child from future permanent injury or death.

#### The Legal Aspects

Child abusers may be arrested, prosecuted, fined, imprisoned or instructed to take part in treatment programs. The following are summaries of California Penal Code sections pertaining to crimes against children:

Penal Code Section 11165 (partially summarized) – is part of Article 2.5 – the child abuse reporting law. Section 11165 provides that a child is any person under 18 years of age, and “child abuse” is evidenced by:

- 1) Physical injury which is inflicted by other than accidental means on a child by another person.

Background For Reporting Child Abuse



### The Legal Aspects

- 2) Sexual assault of a child
- 3) Willful cruelty or infliction of unjustifiable punishment or mental suffering (any act or omission proscribed by Penal Code Section 273a).
- 4) Cruel or inhuman corporal punishment or injury resulting in a traumatic condition (Penal Code Section 273d).
- 5) Severe and general neglect of a child.
- 6) Abuse in out-of-home care, including “negligent” abuse.

### Reporting Child Abuse

While EVERYONE should report suspected child abuse and neglect, Article 2.5 of the Penal Code provides that it is a crime for certain professionals and laypersons who have a special working relationship or contact with children NOT to report suspected abuse to the proper authorities. Following are excerpts and summaries of sections from this article regarding child abuse reporting:

“... 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 of reasonably suspects has been the victim or 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 to entertain such a suspicion based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse.”(Penal Code Section 11166.)

Failure to report by telephone and in writing within 36 hours is a misdemeanor punishable by six months in jail or a \$500 fine, or both. (For those required to report who do not do so, there may also be civil liabilities.)

Those required to report should be aware that mere reporting does not always mean that a civil or criminal proceeding will be initiated. However, all reports are investigated.

It is important to note that reporting under the law is an INDIVIDUAL statutory responsibility, and that no one should in any way interfere with an individual’s legal obligation to report. Additionally, no individual required to report is relieved of his or her obligation by depending on another person or supervisor to report the suspected incident.

Those professionals required to report by Penal Code Section 11165 and 11166 are:

Background For Reporting Child Abuse

### Reporting Child Abuse

- “CHILD CARE CUSTODIAN” means a teacher, administrative officer, supervisor of child welfare and attendance, or certificated pupil personnel employee of any public or private school; an administrator of a public or private day camp; a licensed day care worker; an administrator of a community care facility licensed to care for children; headstart teacher; a licensing worker or licensing evaluator; public assistance worker; employee of a child care institution including, but not limited to, foster parents, group home personnel and personnel of residential care facilities; a social worker or a probation officer, as well as others.

Employees of community service programs or organizations for abused or neglected children under contract or agreement with a county to provide shelter, care or counseling are also considered “child care custodians”. (Welfare and Institutions Code Section 307.5)

- “MEDICAL PRACTITIONER” means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the business and Professions Code. Physician and psychotherapist PRIVILEGES ARE APPLICABLE. The doctor or psychotherapist must file a report as mandated even if the patient does not want him to.
- “CHILD PROTECTIVE AGENCIES” are police or sheriff’s departments, county probation departments and county welfare departments.

PERSONS REQUIRED TO REPORT ARE NOT LIABLE EITHER IN CIVIL DAMAGES OR FOR CRIMINAL PROSECUTION AS A RESULT OF MAKING A REPORT. OTHER PERSONS ARE NOT LIABLE EITHER CIVILLY OR CRIMINALLY, UNLESS IT CAN BE PROVEN THAT A FALSE REPORT WAS MADE AND THAT THE PERSON KNEW THAT THE REPORT WAS FALSE. (Penal Code Section 11172.)

When making the telephone report, the following information is to be provided:

- name of the child;
- whereabouts of the child;
- character and extent of injuries and/or molestation, and any other information which led person to suspect child abuse;
- age of child; and
- address of the child and parents.

### What Happens To The Reports?

Reports are investigated by either the local law enforcement agency or by the county children’s protective services agency assigned to handle dependency cases (the welfare department or juvenile probation department). If the investigation reveals evidence of criminal child abuse, the local law enforcement agency has the authority to: take the child into protective custody, file criminal charges against the parent (s) or responsible parties and/or to refer the case to probation,

welfare or another service agency (counseling, church, etc.). Ideally, this decision is made after consultation with representatives from other disciplines.

## Background For Reporting Child Abuse

### What Happens To The Reports?

If an investigation does not reveal evidence of criminal child abuse, but suggests other family problems or a potential abuse situation, the children's protective service agencies can attempt to intervene and provide appropriate services to, it is hoped, prevent the crisis before it happens.

Copies of all written reports received by welfare and probation agencies are to be filed immediately, or as soon as possible, with the local law enforcement agency having jurisdiction.

The reporting law is designed to ensure the local law enforcement and county social service agencies receive all reports (except general neglect), whether initially reported to them or to an alternative agency.

### Professional Responsibilities

Medical professionals and other mandated reporters may be subject to civil damage suits if they fail to report. In the case of *Landeros v. Flood* (1976) 17 Cal. 3d 399, an infant, Gina, was brought into a hospital with injuries, treated and released back to her mother. Subsequently, she was treated for new and more serious injuries by a second doctor who reported the injuries as suspected child abuse. The child was made a ward of the court and a guardian ad litem was appointed. The guardian ad litem then instituted a suit on behalf of the child against the first doctor for failure to report as required by law. The California Supreme Court, reversing a lower court decision which dismissed the complaint, held that the complaint stated a cause of action based on a failure to report as required by statute. The case held that failure to perform the statutorily imposed duty to report raises a presumption that a defendant doctor failed to exercise due care. The Supreme Court sent the case back to the lower court for trial. The plaintiffs in this case sued the doctor for \$2 million, plus costs. A decision for the plaintiffs would obviously have been serious for the doctor involved. In spite of the ultimate outcome of this case (the charges could not be substantiated), it is clear that medical practitioners and other persons who have a statutory duty to report suspected cases as required by law.

Welfare and Institutions Code Section 318 (Appendix III) gives the child's counsel the right to investigate all records of reported child abuse to see if mandated reports complied with the child abuse reporting laws. The child's counsel also has the duty to recommend to the court that a civil action on behalf of the child be initiated against any mandated reporter who did not comply with the child abuse reporting laws if the child sustains ANY further injury.

School teachers, nurses, counselors, principals and supervisors of child welfare and attendance and other designated school personnel who are mandated to report suspect child abuse cases play a critical role in the early detection of child abuse and neglect. (Every school is required by law to have a supervisor of child welfare and attendance.)

### Professional Responsibilities

Child abuse and/or neglect, which may include injuries, listlessness, poor nutrition, disruptive behavior, absenteeism or depression, are often seen by school personnel. Because immediate investigation of suspected abuse by proper child protective agencies may save a child from repeated injuries, school personnel should not hesitate to report suspicious injuries or behavior. Their duty is to **REPORT**, not investigate.

No one may interfere with the individual reporting responsibility; nor may a mandated reporter be absolved of responsibility by delegating to or depending on someone else to meet his/her statutory responsibility.

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

### Disclosure

When the parents of an abused child ask for the name of the individual who reported when, the child protective agency will not release the name of the reporting person. Only a court can order such disclosure and will do so only under certain circumstances. Mandated reporters **MUST** give their names to a child protective agency when reporting. All reporters, however, are protected by the cloak of confidentiality described above.

## II. PROCEDURES FOR REPORTING SUSPECTED CHILD ABUSE CASES

Any teacher aide or any certificated district employee is a “mandated reporter” and should follow these steps where there is a reasonable suspicion of child abuse:

1. Immediately notify the principal of the school of the child and call **CHILD PROTECTIVE SERVICES 255-8320**. (You and the principal may wish to make the phone call jointly.) Information you should be ready to provide Protective Services over the phone:
  - a. Your name and position
  - b. Child’s name and address
  - c. Present location of the child
  - d. Character and extend and/or molestation and other information which led to suspect child abuse
  - e. Birthdate of child, names of siblings (if possible) and,
  - f. Name (s) and address of parents.

**BEFORE** you conclude your conversation with Child Protective Services write down the name of the person to whom you reported and the exact time and date of the report.

2. Within 36 hours of receiving the information concerning the incident you must prepare and send a written report using Suspected Child Abuse Report (11166PC) form number SS8572.

The report is to be sent to:

CHILD PROTECTIVE SERVICES  
Box 1912  
Fresno, CA 93750

Two or more people may file a report jointly.

3. Send to the district Child Welfare and Attendance Supervisor a photo copy of the written report with a notation of the date, time and to whom the phone report was given.
4. Have the principal of the school phone the Child Welfare Attendance Supervisor soon after the initial telephone request.

**CALIFORNIA PENAL CODE 11165**

11165. As used in this article "child" means a person under the age of 18 years.

**CALIFORNIA PENAL CODE 11165.7**

11165.7. (a) As used in this article, "mandated reporter" is defined as any of the following:

- (1) A teacher.
- (2) An instructional aide.
- (3) A teacher's aide or teacher's assistant employed by any public or private school.
- (4) A classified employee of any public school.
- (5) An administrative officer or supervisor of child welfare and attendance, or a certificated pupil personnel employee of any public or private school.
- (6) An administrator of a public or private day camp.
- (7) An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
- (8) An administrator or employee of a public or private organization whose duties require direct contact and supervision of children.
- (9) Any employee of a county office of education or the California Department of Education, whose duties bring the employee into contact with children on a regular basis.
- (10) A licensee, an administrator, or an employee of a licensed community care or child day care facility.
- (11) A Head Start program teacher.
- (12) A licensing worker or licensing evaluator employed by a licensing agency as defined in Section 11165.11.
- (13) A public assistance worker.
- (14) An employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.
- (15) A social worker, probation officer, or parole officer.
- (16) An employee of a school district police or security department.
- (17) Any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school.
- (18) A district attorney investigator, inspector, or local child support agency caseworker unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor.
- (19) A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section.
- (20) A firefighter, except for volunteer firefighters.
- (21) A physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage, family and child counselor, clinical social worker, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

(22) Any emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

(23) A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.

(24) A marriage, family, and child therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.

(25) An unlicensed marriage, family, and child therapist intern registered under Section 4980.44 of the Business and Professions Code.

(26) A state or county public health employee who treats a minor for venereal disease or any other condition.

(27) A coroner.

(28) A medical examiner, or any other person who performs autopsies.

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

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

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

(A) "Animal control officer" means any person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.

(B) "Humane society officer" means any person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code.

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

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

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

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

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

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

(b) Except as provided in paragraph (35) of subdivision (a), volunteers of public or private organizations whose duties require direct contact with and supervision of children are not mandated reporters but are encouraged to obtain training in the identification

and reporting of child abuse and neglect and are further encouraged to report known or suspected instances of child abuse or neglect to an agency specified in Section 11165.9.

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

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

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

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

#### **CALIFORNIA PENAL CODE 11166**

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

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

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

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

(b) If after reasonable efforts a mandated reporter is unable to submit an initial report by telephone, he or she shall immediately or as soon as is practicably possible, by fax or electronic



transmission, make a one-time automated written report on the form prescribed by the Department of Justice, and shall also be available to respond to a telephone followup call by the agency with which he or she filed the report. A mandated reporter who files a one-time automated written report because he or she was unable to submit an initial report by telephone is not required to submit a written followup report.

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

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

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

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

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

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

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

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

that would otherwise make the clergy member a mandated reporter.

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

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

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

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

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

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

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

(4) 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.

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

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

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

designated to report has failed to do so shall thereafter make the report.

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

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

(3) Reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person shall not be a substitute for making a mandated report to an agency specified in Section 11165.9.

(j) A county probation or welfare department shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse or neglect, as defined in Section 11165.6, except acts or omissions coming within subdivision (b) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse, which shall be reported only to the county welfare or probation department. A county probation or welfare department also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

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

**CALIFORNIA PENAL CODE 11167**

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

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

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

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

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

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

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

# SUSPECTED CHILD ABUSE REPORT

To Be Completed by **Mandated Child Abuse Reporters**

Pursuant to Penal Code Section 11166

CASE NAME: \_\_\_\_\_

PLEASE PRINT OR TYPE

CASE NUMBER: \_\_\_\_\_

<b>A. REPORTING PARTY</b>	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY					
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS		Street	City	Zip	DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	REPORTER'S TELEPHONE (DAYTIME) (      )		SIGNATURE		TODAY'S DATE					
<b>B. REPORT NOTIFICATION</b>	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY							
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)									
	ADDRESS		Street	City	Zip	DATE/TIME OF PHONE CALL				
<b>C. VICTIM</b> One report per victim	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY			
	ADDRESS				Street	City	Zip	TELEPHONE (      )		
	PRESENT LOCATION OF VICTIM				SCHOOL	CLASS	GRADE			
	PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER DISABILITY (SPECIFY)			PRIMARY LANGUAGE SPOKEN IN HOME		
	IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME				TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY)			
	RELATIONSHIP TO SUSPECT				PHOTOS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
<b>D. INVOLVED PARTIES</b>	<b>VICTIM'S SIBLINGS</b>									
	NAME		BIRTHDATE	SEX	ETHNICITY	NAME		BIRTHDATE	SEX	ETHNICITY
	1. _____				3. _____					
	2. _____				4. _____					
	<b>VICTIM'S PARENTS/GUARDIANS</b>									
	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY		
	ADDRESS				Street	City	Zip	HOME PHONE (      )	BUSINESS PHONE (      )	
	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY		
	ADDRESS				Street	City	Zip	HOME PHONE (      )	BUSINESS PHONE (      )	
	<b>SUSPECT</b>									
SUSPECT'S NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY			
ADDRESS				Street	City	Zip	TELEPHONE (      )			
OTHER RELEVANT INFORMATION										
<b>E. INCIDENT INFORMATION</b>	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____									
	DATE / TIME OF INCIDENT				PLACE OF INCIDENT					
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect)									

SS 8572 (Rev. 12/02)

## DEFINITIONS AND INSTRUCTIONS ON REVERSE

**DO NOT** submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS 8583 if (1) an active investigation was conducted and (2) the incident was determined not to be unfounded.

WHITE COPY-Police or Sheriff's Department; BLUE COPY-County Welfare or Probation Department; GREEN COPY- District Attorney's Office; YELLOW COPY-Reporting Party

# SEXUAL HARASSMENT / TITLE IX CONSULTATION

COMPLAINANT: \_\_\_\_\_  
(FIRST NAME ONLY IF COMPLAINANT WISHES TO REMAIN ANONYMOUS)

1. WHO harassed you? What is that person's role (Teacher, Student, Administrator, etc.)?
2. HOW did this harassment take place? (Be explicit).
3. WHERE did it take place?
4. WHEN did it take place? (Date and time if possible).
5. HOW OFTEN, if more than once?
6. How did you FEEL about it? What was your response?
7. In what way does the alleged harasser have POWER over the academic/career success (or well being) of the harassed? \*\*At the present time?
8. Were there any WITNESSES? If yes, who?
9. Did you tell anyone about your experience after the incident? If YES,
  - ❖ WHO?
  - ❖ WHEN?
  - ❖ WHERE?
  - ❖ WHAT did you tell him/her?
  - ❖ WHAT was his/her RESPONSE?
10. Do you think OTHER VICTIMS might exist?

SCHOOL STATUS: \_\_\_\_\_  
(i.e. STUDENT, FACULTY, OTHER EMPLOYEE, ETC)

11. Do you have, or think you can discretely obtain, KNOWLEDGE OF OTHER INCIDENTS of sexual harassment by the alleged harasser?
12. Do you know of (or perceive) any CONSEQUENCES or effects of your response?
  - ❖ Were they explicitly stated? HOW?
  - ❖ Implied? HOW?
13. If some time has elapsed since the incident, have any CONSEQUENCES occurred?

WHAT?

HOW?

14. What would you like DONE?
  - ❖ For you?
  - ❖ For others?
  - ❖ With respect to the alleged harasser?

A. Has sexual harassment occurred?

How severe is the harassment?

Does it warrant emergency action?

Is informal resolution suitable?

B. What is the potential for retaliation?

Can I realistically protect the complainant?

Can the complainant protect himself/herself?

C. What options is the complainant willing to pursue?

D. Disciplinary / Corrective measures taken:

Interviewer \_\_\_\_\_ Date \_\_\_\_\_



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 11-30-2013)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact \_\_\_\_\_.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:  
All employees.

Some employees. Eligible employees are:

- With respect to dependents:  
We do offer coverage. Eligible dependents are:

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

**Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

**No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

Yes (Go to question 15)      No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered **only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

a. How much would the employee have to pay in premiums for this plan? \$

b. How often?      Weekly      Every 2 weeks      Twice a month      Monthly      Quarterly      Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?**

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$

b. How often?      Weekly      Every 2 weeks      Twice a month      Monthly      Quarterly      Yearly

Date of change (mm/dd/yyyy):

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

## Embedded Adobe XML Form

The file <http://www.irs.gov/pub/irs-pdf/fw4.pdf> is an Adobe XML Form document that has been embedded in this document. Double click the pushpin to view.

