

NEW ADMINISTRATOR/ACADEMIC SUPERVISORY WELCOME PACKET INTERNAL USE

Skyline College
 College of San Mateo
 Cañada College
 Chancellor's Office

Name: _____ G#: _____ DOH: _____
 Dept/Div: _____ Job Title: _____ Position #: _____
 Grade: _____ Step: _____ Percent of Full Time _____ Months/Year: _____

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Personnel Action Form <input type="checkbox"/> Application and Resume <input type="checkbox"/> Job Announcement <input type="checkbox"/> Job Offer Letter <input type="checkbox"/> Emergency Contact information <input type="checkbox"/> New Hire Workers Compensation Notice <input type="checkbox"/> WC: Pre-designated Personal Physician Form <input type="checkbox"/> Form I-9 Employment Eligibility Verification <input type="checkbox"/> Copy of Social Security Card <input type="checkbox"/> Copy of I-9 documentation employee provides <input type="checkbox"/> Child Abuse Reporting Policy <input type="checkbox"/> Elder/Dependent Adult Abuse Reporting Policy <input type="checkbox"/> Loyalty Oath Policy <input type="checkbox"/> New Employee Demographics <input type="checkbox"/> W-4 Employee Withholding Allowance Certificate <input type="checkbox"/> Electronic W-2 consent Form <input type="checkbox"/> Electronic 1095-C Consent Form <input type="checkbox"/> Payroll Direct Deposit Form | <ul style="list-style-type: none"> <input type="checkbox"/> Retirement System Membership <input type="checkbox"/> CALPERS Reciprocal Self-Certification Form <input type="checkbox"/> CALSTRS Retirement System Election Form <input type="checkbox"/> CALSTRS Acknowledgment of Receipt of Election Info <input type="checkbox"/> SSA -1945 Job not covered under SS <input type="checkbox"/> Hire-Right Background Check and Submission <input type="checkbox"/> Proof of Tuberculosis Info <ul style="list-style-type: none"> <input type="checkbox"/> Tuberculosis Results <input type="checkbox"/> Fingerprinting Information <ul style="list-style-type: none"> <input type="checkbox"/> Fingerprinting Completed <input type="checkbox"/> Employee Badge Information
Form 700 |
|---|---|
- Notes:

ACH Authorization Agreement **BANNER ENTRY CHECKLIST**

<input type="checkbox"/> PPAIDEN <input type="checkbox"/> Biographic <input type="checkbox"/> Address <input type="checkbox"/> Emergency	<input type="checkbox"/> PEAEMPL <input type="checkbox"/> NBAJOBS	<input type="checkbox"/> PDABDSU <input type="checkbox"/> BENEFIT FORMS	<input type="checkbox"/> PEAREVW <input type="checkbox"/> Fingerprinting <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Perfor Eval <input type="checkbox"/> I-9 Tracking	<input type="checkbox"/> GOATPAC <input type="checkbox"/> PEABARG <input type="checkbox"/> NBAJQUE	<input type="checkbox"/> PPACMNT Pay schedule <input type="checkbox"/> PPACMNT <input type="checkbox"/> PPAGENL <input type="checkbox"/> PPACERT
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Cañada College • College of San Mateo • Skyline College

Office of Human Resources
 3401 CSM Drive – San Mateo, CA 94402
 HR General Line: (650) 574-6555
 Fax: (650) 574-6574

CONTACT INFORMATION FORM

First and Last Name		Cell Phone #	
Home Address		Landline #	
State		City	
Email Address		Zip Code	

If your mailing address is different from your home address, please complete the information below:

Mailing Address		City	
State		Zip Code	

In case of an emergency, please notify:

(Please Complete by Order of Contact / Minimum of Two Emergency Contacts is Preferred.)

#1 Emergency Contact		#2 Emergency Contact	
First and Last Name		First and Last Name	
Relationship to Employee		Relationship to Employee	
Home Address		Home Address	
City		City	
State		State	
Zip Code		Zip Code	
Cell Phone #		Cell Phone #	
Landline #		Landline #	
Email		Email	

I understand that it is my responsibility to update the information included in this form.

Employee Signature: _____ Date: _____

Note: You may update your emergency contact and your address through Websmart at any time throughout your employment.



Office of Human Resources
3401 CSM Drive – San Mateo, CA 94402
Automated Service Line: (650) 574-6555
Fax: (650) 574-6574

workers' Compensation: Pre-Designation of Personal Physician

You have the right to be treated immediately by your personal physician if you notify SMCCCD, in writing, prior to the injury. Per Labor Code 4600 to qualify as your predesignated, personal physician (M.D./D.O), the physician must agree to treat you for a work related injury, must have previously directed your medical care, and must retain your medical history and records.

Please use this form to notify SMCCCD to designate your personal physician. Otherwise, you will be treated by one of our designated workers' compensation panel facilities (listing in our new hire injury/illness reporting packet).

EMPLOYEE NAME: _____

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

If I am injured on the job, I wish to be treated by my personal physician. This physician is my personal physician who has previously directed my medical care and retains my medical history and records.

Name of Physician: _____ Phone Number: _____

Physician's Address: _____

Name of Personal health insurance plan coverage: (non-occupational injuries or illnesses) _____

Employee Signature: _____ **Date:** _____

A Personal Physician must be willing to be a designated physician and treat you for a workers' compensation injury/illness.

The remainder of this form is to be completed by your physician and returned to SMCCCD.

PERSONAL PHYSICIAN ACKNOWLEDGEMENT

Per Labor Code 4600 to qualify **you must agree to be designated as the employee's personal physician and treat this employee for a work related injury.** You must have previously directed the employees medical care and retain their medical history and records. Our primary goal is to provide our employees with prompt, effective, quality medical treatment in the event of an industrial injury. We request your partnership by completing this acknowledgement form.

Personal Physician Name: _____

I agree to treat the above named employee in the event of an industrial accident or injury. I have previously directed the employee's medical treatment and retain medical records and medical history. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.

I do not agree to treat the above employee in the event of an industrial accident or injury.

I do not qualify as the employees' personal physician per Labor Code 4600. I have not previously directed the employee's medical treatment and do not retain medical records and medical history.

Physician Signature: _____ **Date:** _____

Return Completed Form to: Fax (650) 574-6574, Human Resources, SMCCCD, 3401 CSM Drive, San Mateo, CA 94402
Revised February 2019

NOTICE AND ACKNOWLEDGMENT OF MANDATED REPORTING PURSUANT TO THE CALIFORNIA CHILD ABUSE AND NEGLECT REPORTING LAW

California law requires certain persons to report known or suspected child abuse or neglect. These individuals are known under the law as “mandated reporters.” As an employee of the San Mateo County Community College District, you are a mandated reporter and are required by law to report the suspected abuse or neglect of a child (anyone under the age of 18).

What to Report:

1) Physical abuse, 2) Sexual abuse, 3) Child exploitation, child pornography and child prostitution, 4) Severe or general neglect, 5) Extreme corporal punishment resulting in injury, 6) Willful cruelty or unjustifiable punishment, 7) Abuse or neglect in out-of-home care.

When to Report:

A telephone report must be made immediately when you, in your professional capacity or within the scope of your employment, observe a child and have knowledge of, or have reasonable suspicion that the child has been abused. A written report, on a standard form, must be sent within 36 hours after the telephone report has been made.

To Whom Do You Report:

You have a choice of reporting to the local police or the County Sheriff or Child Protective Services (650-802-7922 or 800-632-4615).

Individual Responsibility:

Any individual who is a mandated reporter must report abuse. If you confer with another person and a decision is made that other person will file the report, one report is sufficient. However if the other person does not make the report, you are liable and must make the report.

Confidentiality:

Mandated reporters are required to give their names. Child protective agencies are required to keep the mandated reporter’s name confidential, unless court orders the information disclosed.

Criminal and Civil Liability:

You can be criminally liable for failing to report suspected abuse or neglect. The penalty for this misdemeanor is up to six months in county jail, a fine of not more than \$1,000 or both. You can also be civilly liable for the failure to report.

Immunity:

Any legally mandated reporter has immunity when making a report. In the event a civil suit is filed against the reporter, the state will reimburse attorney’s fees incurred in the suit up to \$50,000. No individual can be dismissed, disciplined or harassed for making a report of suspected child abuse.

If you have any questions about the information above, please contact the Office of Human Resources.

ACKNOWLEDGMENT OF MANDATED REPORTING OF CHILD ABUSE

I understand that while I am employed by the San Mateo County Community College District, I am a mandated reporter under the Child Abuse and Neglect Reporting Act (California Penal Code, Chapter 2.5, Section 11166). A copy of Penal Code Sections 11165.7, 11166, and 11167 is available upon request. As a mandated, I understand that I have a legal obligation to report child abuse and negligence and will comply with the law.

Employee Name

Employee Signature

Date

NOTICE AND ACKNOWLEDGEMENT OF MANDATED REPORTING OF SUSPECTED ELDER OR DEPENDENT ADULT ABUSE

California law requires certain persons to report known or suspected elder or dependent adult abuse. These individuals are known under the law as “mandated reporters.” As an employee of the San Mateo County Community College District, you are a mandated reporter and are required to comply with the provisions of Welfare and Institutions Code Section 15630 in connection with reporting the suspected abuse of elders (individuals 65 or older) and dependent adults.

What to Report:

Any incident that reasonably appears to be physical abuse (including sexual abuse), abandonment, abduction, isolation, financial abuse, or neglect (including self-neglect) of an elder or dependent adult.

When to Report:

If you have observed, suspect, or have knowledge of abuse, you must make a report by telephone immediately, or as soon as practically possible, and by written report sent within two working days to the agency.

To Whom Do You Report:

San Mateo County Adult Protective Services at 1-800-675-8437

Individual Responsibility: Any individual who is a mandated reporter must report abuse. If you confer with another person and a decision is made that other person will file the report, one report is sufficient. However if the other person does not make the report, you are liable and must make the report.

Criminal and Civil Liability: You can be criminally liable for failing to make a mandated report. The penalty for this misdemeanor is up to six months in county jail, a fine of not more than \$1,000 or both. You can also be civilly liable for the failure to report.

If you have any questions about the information above, please contact the Office of Human Resources.

ACKNOWLEDGMENT OF MANDATED REPORTING OF ELDER AND DEPENDENT ADULT ABUSE

I understand that while I am employed by the San Mateo County Community College District, I am a mandated reporter of elder and dependent adult abuse under Welfare and Institutions Code Section 15630. A copy of the Welfare and Institutions Code Section 15630 is available upon request. As a mandated reporter, I understand that I have a legal obligation to report elder and dependent adult abuse and will comply with the law.

Employee Name

Employee Signature

Date

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information

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

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

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

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

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

W-2 ELECTRONIC CONSENT FORM

To consent to receive your W-2 electronically, go to WebSMART (<https://websmart.smccd.edu>). Once you are on WebSMART, select the employee menu tab, then the tax forms link, then the tax consent link and check the box to accept electronic consent. You also have the option to complete this form and submit to the Office of Human Resources or Payroll Office.

By consenting to receive your W-2 form electronically, you agree to go on WebSMART between January 31 and October 15 of the appropriate year to print your W-2 form online. You may be required to print and attach your W-2 form to your Federal, State, or local income tax return.

Your consent will be valid for all subsequent tax years unless revoked by you, upon your termination of District service, or the termination of this service in a future given tax year.

You may revoke your consent at any time and receive a paper form W-2 by accessing WebSMART and unchecking the box. You can also complete this form and submit to the Office of Human Resources or Payroll Office.

A paper copy of your W-2 form may be obtained by contacting the Office of Human Resources or Payroll Office. Updating of employee contact information is the responsibility of the employee by providing correct up-to-date information to the Office of Human Resources or Payroll Office.

Selection Criteria

Consent to receive W-2 form electronically:

Cancel consent to receive W-2 form electronically:

I understand the instructions provided to me for accessing and printing my electronic W-2 form.

Employee Name: _____

G#: _____

Employee Signature: _____

Date: _____

1095-C ELECTRONIC CONSENT FORM

To consent to receive your 1095-C electronically, go to WebSMART (<https://websmart.smccd.edu>). Once you are on WebSMART, select the employee menu tab, then the tax forms link, then the tax consent link and check the box to accept electronic consent. You also have the option to complete this form and submit to the Office of Human Resources or Payroll Office.

By consenting to receive your 1095-C form electronically, you agree to go on WebSMART between January 31 and October 15 of the appropriate year to print your 1095-C form online. You may be required to print and attach your 1095-C form to your Federal, State, or local income tax return.

Your consent will be valid for all subsequent tax years unless revoked by you, upon your termination of District service, or the termination of this service in a future given tax year.

You may revoke your consent at any time and receive a paper form 1095-C by accessing WebSMART and un-checking the box. You can also complete this form and submit to the Office of Human Resources or Payroll Office.

A paper copy of your 1095-C form may be obtained by contacting the Office of Human Resources or Payroll Office. Updating of employee contact information is the responsibility of the employee by providing correct up-to-date information to the Office of Human Resources or Payroll Office.

Selection Criteria

Consent to receive 1095-C form electronically: Cancel consent to receive 1095-C electronically:

I understand the instructions provided to me for accessing and printing my electronic 1095-C form.

Employee Name: _____

G#: _____

Employee Signature: _____

Date: _____

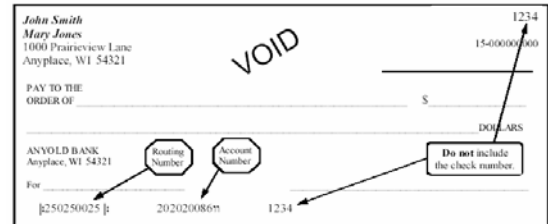
PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Initial Request
 Change
 Cancel

Employee Name: _____

Employee ID#: _____

- **Checking account:** For verification purposes, please attach a voided check to this form.
- **Savings account:** Contact your financial institution to obtain its transit routing number.
- Please read and return this completed form to the Payroll Office.
- Direct deposit goes into effect the following month after the initial request is processed.
- Issue dates (pay dates) for direct deposit are the last working day of the month (the last day that the San Mateo County Community College District Offices are open for business in the month).
- Employee recognizes that there could be a delay in the deposit to his/her account and that Employer is responsible only for transmitting net pay to paying bank designated by County Treasurer. Employer assumes no responsibility beyond that point.
- Employer may remove an employee from direct deposit when payment must be stopped to ensure compliance with legal requirements. Examples are: lack of valid credentials; salary attachments, etc.



NAME ON ACCOUNT	TRANSIT/ABA NUMBER	ACCOUNT NUMBER	ACCOUNT TYPE: Checking/Savings	AMOUNT
				Remaining Net Pay Balance will be deposit to this account.

I hereby authorize the school district named above, hereinafter called EMPLOYER, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my indicated account and the depository institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

This authorization is to remain in effect until the EMPLOYER has received written notification from me of its termination in such time and in such manner as to afford EMPLOYER and DEPOSITORY a reasonable opportunity to act on it.

I have read and agree to the foregoing.

Employee Signature: _____ **Date:** _____



ACCOUNTS PAYABLE
3401 CSM DRIVE, SAN MATEO, CA 94402
TELEPHONE: (650) 574-6505 FAX: (650) 574-6574

ACH AUTHORIZATION AGREEMENT (Please TYPE)

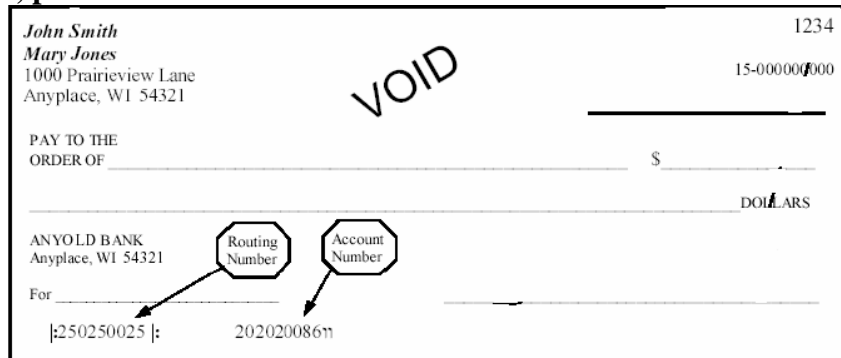
VENDOR / PAYEE NAME	FEDERAL TAX ID NUMBER/SOCIAL SECURITY NUMBER
<input type="checkbox"/> Initial Request	<input type="checkbox"/> Change
<input type="checkbox"/> Cancel	

PRE AUTHORIZED AUTOMATIC DEPOSITS

I (WE) hereby authorize SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT, hereinafter called SMCCCD, to initiate deposits and, if necessary, debit entries to adjust for any credit entries made in error to my (our) Bank account and the depository institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME		TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
BRANCH ADDRESS		TRANSIT/ABA NUMBER	
CITY	STATE	ZIP CODE	ACCOUNT NUMBER

For Verification purposes, please attach a voided check to this form.



This authority is to remain in full force and effect until SMCCCD has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SMCCCD and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE	NAME(S)	TITLE	DATE
SIGNATURE	NAME(S)	TITLE	DATE
TELEPHONE NUMBER	E-MAIL ADDRESS		

The following instructions are to assist you and your employer in completing the *Retirement System Election form* (ES 0372). Please read the instructions and information for retirement system coverage before completing the form. Please type or print legibly in dark ink.

INFORMATION

A member of the CalSTRS Defined Benefit Program who becomes employed by a school district, a community college district, a county superintendent of schools, limited state departments, or the California Community Colleges Board of Governors to perform service that requires membership in a different public retirement system, may elect to receive credit under the CalSTRS Defined Benefit Program for such service by completing a *Retirement System Election form* (ES 0372) within 60 days after the hire date requiring membership in the other system, and CalSTRS must receive the completed form within 60 days of the signature date. If the CalSTRS member does not elect to continue as a member of CalSTRS, all service subject to coverage by the other public retirement system will be reported to that retirement system. (Education Code sections 22508, 22508.5 and 22509)

A member of CalPERS who was employed by a school employer, Board of Governors of the California Community Colleges, or State Department of Education within 120 days before the member's date of hire, or who has at least five years of CalPERS credited service, and who accepts employment to perform creditable service that requires membership by the CalSTRS Defined Benefit Program, may elect to receive credit under CalPERS for such service by submitting a *Retirement System Election form* (ES 0372) to CalPERS, within 60 days after the hire date of employment requiring membership in CalSTRS. If the CalPERS member does not elect to continue as a member of CalPERS, all CalSTRS creditable service will be reported to CalSTRS. (Government Code section 20309).

Education Code section 22509 requires that within 10 working days of hire, an employer must provide all employees who have the right to make this election with the information regarding their election rights and must make available written information about the retirement systems to assist the employee in making an election.

SECTION 1: MEMBER INFORMATION AND ELECTION

Section 1 must be completed by the employee with assistance from the employer. Please complete all entries in Section 1.

EMPLOYEE NAME and SOCIAL SECURITY NUMBER – Enter employee's full name, and full Social Security Number.

RETIREMENT SYSTEM COVERAGE:

If you are a member of CalSTRS and have accepted employment to perform service that requires membership in a different public retirement system, mark the box next to the coverage you elect.

If you are a member of CalPERS and have accepted employment to perform service that requires membership in CalSTRS, mark the box next to the coverage you elect.

EMPLOYEE SIGNATURE – Sign and date the form. By signing this document, you certify that you have received information from your employer regarding your right to the Retirement System Election. You also certify that you understand this election is irrevocable, and that it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS which may result in up to one year in jail and a fine of up to \$5,000. (Education Code section 22010)

Submit the signed and dated *Retirement System Election form* (ES 0372) to your employer. Retain a copy for your records.

For general membership information, contact CalSTRS by calling 800-228-5453, or write to CalSTRS at P.O. Box 15275, MS 17, Sacramento, CA 95851-0275.

SECTION 2: EMPLOYER CERTIFICATION

Section 2 must be completed by the employer and the County Office of Education. Please complete the employer certification only after the employee has completed Section 1. Employees must qualify for membership before they can retirement system elect.

EMPLOYER:

POSITION HIRE DATE – Enter the date the employee was hired in the position.

POSITION EFFECTIVE DATE – Enter the first date that service was/will be performed by the employee in the new position.

POSITION TITLE – Enter employee's new position title and check the box next to the applicable position type.

CO/DIST CODE/STATE DEPARTMENT – Enter the appropriate county and district codes. Example: Kern

County, Edison Elementary would be 15-012, and CA Department of Education would be 59-174.

EMPLOYER CERTIFICATION – Print school or state official's name, title and phone number, and sign and date the form.

Submit the completed form to the County Office of Education.

If you represent a state department, submit the form directly to CalSTRS and retain a copy of the employee's signed election form.

COUNTY OFFICE OF EDUCATION:

Print the County official's name, title and phone number, and sign and date the form.

Retain a copy for your and the employee's files.

SUBMIT THE FORM:

The *Retirement System Election* form (ES 0372) must be submitted to the retirement system elected by the employee. For additional requirements, please see the Information section.

Mail completed forms to:

CalSTRS
P.O. Box 15275, MS 17
Sacramento, CA 95851-0275

CalPERS
P.O. Box 942709 Sacramento, CA 94229-2709

CalSTRS also accepts the form by secure messaging via the Secure Employer Website.

Retirement System Election

ES 0372 REV 02/21

[For CalSTRS' Official Use Only]

CALSTRS®

California State Teachers' Retirement System

P.O. Box 15275, MS 17

Sacramento, CA 95851-0275

800-228-5453

CalSTRS.com

RETIREMENT SYSTEM ELECTION AND ACKNOWLEDGEMENT OF RECEIPT OF RETIREMENT SYSTEM INFORMATION

Please read the attached information and instructions before completing this form. Please type or print legibly in dark ink.

SECTION 1: Member Information and Election (to be completed by employee)

NAME (LAST, FIRST, MIDDLE INITIAL)

SOCIAL SECURITY NUMBER

A member of **CalSTRS** who becomes employed in a new position by the same or a different school district, a community college district, a county superintendent of schools, limited state employment or the Board of Governors of the California Community Colleges, as defined in Education Code sections 22508 and 22508.5, to perform service that *requires* membership in a different public retirement system will have that service credited with that other public retirement system unless the member files a written election (within 60 days after the date of hire) to have that service covered by CalSTRS, pursuant to Education Code section 22508(a) or 22508.5(a).

I am a member of CalSTRS who has accepted employment to perform service that *requires* membership in a different public retirement system and am eligible to elect to continue retirement system coverage under CalSTRS.

I elect coverage in: (please choose one)

- CA State Teachers' Retirement System (CalSTRS)
- CA Public Employee's Retirement System (CalPERS) *
- A Different Public Retirement System identified here:

OR

A member of **CalPERS** who was employed by a school employer, Board of Governors of the California Community Colleges or State Department of Education within 120 days before the member's date of hire, or who has at least five years of CalPERS credited service, as defined in Government Code section 20309, and who is subsequently employed to perform creditable service that requires membership in the Defined Benefit Program of CalSTRS, will have that service credited with CalSTRS unless the member files a written election (within 60 days after the date of hire) to have the service credited with CalPERS, pursuant to Government Code section 20309.

I am a member of CalPERS who has accepted employment to perform service that requires membership in the CalSTRS Defined Benefit Program and am eligible to elect to continue coverage under CalPERS.

I elect coverage in: (please choose one)

- CA State Teachers' Retirement System (CalSTRS)
- CA Public Employee's Retirement System (CalPERS) *



ES0372

With my signature below, I certify that I have received information from my employer regarding my eligibility to elect membership for this position as described on this form. I fully understand that this election is irrevocable. I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering or receiving a benefit administered by CalSTRS and it may result in up to one year in jail and/or a fine of up to \$5,000 pursuant to Education Code section 22010.

EMPLOYEE SIGNATURE

DATE

SECTION 2: Employer Certification (to be completed by employer and County Office of Education)

With my signature below, I certify that I have provided information to the above employee regarding his/her eligibility to elect membership for this position, pursuant to Education Code section 22509. I certify the employee meets the qualifications to make a retirement system election, pursuant to Education Code sections 22508 or 22508.5, or Government Code section 20309.

EMPLOYEE POSITION INFORMATION:

POSITION HIRE

POSITION EFFECTIVE DATE

POSITION TITLE

SELECT ONE:

CREDENTIALLED

CLASSIFIED

STATE SERVICE

EMPLOYER INFORMATION:

CO/DIST/STATE DEPT NAME

CALSTRS REPORT UNIT CODE

SCHOOL/STATE OFFICIAL'S NAME

TITLE

PHONE NUMBER

SIGNATURE OF SCHOOL/STATE OFFICIAL

DATE

COUNTY OFFICIAL'S NAME

TITLE

PHONE NUMBER

SIGNATURE OF COUNTY OFFICIAL

CALPERS EMPLOYER CODE

Here are the steps to expedite your ID card/key requests. To do this we will need some information. Here is a link to the [Badge/Key Request form](#).

Please complete the form with your supervisor and include as much detail as you can. Your employee ID (G#), district email address and the areas you need access will be required. Once the form is complete, return it to your supervisor for approval. The completed form must be sent to the facilities department on your campus for physical keys **and** a copy sent to me for ID card setup and printing. Please list the subject line as “**ID Request – [last name]**”. This will make it easier to organize and fulfill your request.

Physical Key requests:

[Tatiana Degai](#) – Cañada College Facilities
[Alexandra Degai](#) – Skyline College Facilities
[Qing Lan \(Linda\) Liu](#) – CSM Facilities

ID card photographs, ID card printing, programming and activation:

[Jason Wendt](#) – CSM Public Safety

In order to print your ID card, I will need a passport style photo of you. I can schedule a time to meet with you and take your photo or, in an effort to expedite this process and promote safety and social distancing, you can send me a digital passport style photo of yourself. The requirements for the photo are that it must be a forward facing photo with a white background. A white wall with no objects in the background will suffice for the background.

If you take the photo with a cell phone then please send it as full size so I can format it properly for your ID card.

*****For security purposes, I request you to send your photo to your supervisor so they confirm your photo and they email it to me. This provides an additional level of security for your ID card.*****

Here is an example of good and bad photos:



You should receive an email indicating the status of your ID card a day or two after we receive these items. Your ID card will be available at the public safety office on your campus with instructions to call 650-738-7000 (Public Safety) should you have any questions.

Please contact me if you have any questions and I will do my best to assist you.

Regards,

Jason Wendt

KEY / ID BADGE REQUEST FORM

TERMS & CONDITIONS RELEASE AGREEMENT

Step 1: Identification - Enter information of the individual receiving key(s) / access credential(s)

Home Campus: Chancellor's Office Cañada College College of San Mateo Skyline College

Last Name	First Name	MI	G#	Date
Division/Department	Email		Telephone:	

Check one: 1 Permanent 2 Adjunct 3 Short-Term* 4 Contracted* 5 External Group* 6 Student Assistant* *Term End Date:

Step 2: Request Type - Select the type of request

(Check all that apply) Relocation Modify Access Damaged Key Damaged Badge Lost Key** Lost Badge** New Key New Badge

Step 3: Building Access - List Building and Rooms Requiring Access

Building	Room No. / Space / Area / Description	Facilities Use Only	
		Key Type	Key / Badge Serial Number

ADDITIONAL INFORMATION: Include access deactivation date/additional information as required.

NOTE: For buildings with electronic access control, a badge will be required to access certain interior doors. The device will also be programmed to provide access to perimeter doors before and after regularly scheduled building usage hours.

**Step 4: Replacement / Lost Key(s)/ Badge - Complete this section

Details:

Last Date of Possession:

Step 5: Signatures

EMPLOYEE SIGNATURE: My signature below indicates that I have read and understand the attached Key and Lock Procedures. I understand the District's keys SHALL NOT be loaned, duplicated or transferred. I also understand that in accordance with California Penal Code Section 469, the duplication of keys or attempt to duplicate keys without authorization is a misdemeanor.

Signature of Employee	Date
Immediate Supervisor (Signature)	Printed Name and Title Date
College Vice-President/President ¹ (Signature)	Printed Name and Title Date

¹(Required for Master Access/Master Key approval only)

Recipient will be notified via email when key(s) and/or badge is ready for pick up.

Procedure for District Key and Badge Issuance:

1. This Key Request Form must be completed and photo must be taken before any keys or badge are issued.
2. All key requests must have all required Approval Signatures.
3. Key(s) will only be issued to the individual whose name is on the key request form. Keys shall not be loaned to others or duplicated at anytime.
4. Key(s) will be available for pickup at the Office of the Department of Public Safety for the College that the key(s) are issued for. Valid photo ID must be presented in order to receive key(s).

Use of Keys and Badge:

District keys shall not be loaned or duplicated. California Penal Code 469 states:
Any person who knowingly makes, duplicates, causes to be duplicated, or uses, or attempts to make, duplicate, causes to be duplicated, or use, or has in his/her possession any key to a building or other areas owned, operated or controlled by the State of California, any state agency, board or commission, a county, city or any public school or community college district without authorization from the person in charge of such building or area or his designated representative and with knowledge of the lack of such authorization is guilty of a misdemeanor.

District key(s) are issued for the sole purpose of accessing those building areas which are necessary in order to perform the individual's assigned duties/work. Use of such keys shall be strictly limited to the building areas and timeframes directly associated with performing the individual's assigned duties/work.

All keys and locks issued by the District remain the property of the District and can be recalled at any time.

Return of Keys and Badge:

All District keys and badge must be returned to the Public Safety Office on any campus upon departure of employee or completion of assigned work by Construction and Service Company Personnel. Items must be placed in a sealed envelope with the name of the returnee written clearly on the front.

For Employees Only: The Payroll Office will check with the Public Safety Offices to make sure that all keys have been returned before the individual's final paycheck is distributed. Departures of employees include but are not limited to:

1. Termination/Resignation
2. Leaves of absence that are anticipated to exceed 90 days.

Keys and Badges for Construction and Service Company Personnel:

All construction company and service company personnel must have the approval of a Facilities Manager or the Director of Facilities Maintenance & Operations to obtain a key.

Student Use of Keys and Badge:

Under special circumstances and only when absolutely required, students may be assigned keys or given access to College facilities with approval of a full-time faculty or manager, the appropriate Dean, Vice President, and the Campus Facilities Manager.

Lost or Stolen Keys or Badge:

Lost or stolen keys must be reported immediately to the Public Safety Office or the Campus Facilities Department.
Costs for replacement of lost or stolen keys and re-keying of locks may be charged to the employee or the Division in which the employee works.

CONFIRMATION OF RECEIPT	
To be signed by applicant upon receiving keys and/or badge	
Signature of Employee	Date
Signature of Employee	Date
Printed Name	

FINGERPRINTING INFORMATION AND PROCEDURES

Pursuant to the California Education Code, District Rules and Regulations, and applicable laws, employees of the San Mateo County Community College District are required to be fingerprinted. Please complete your fingerprinting prior to your first day of employment.

- All permanent employees (whether full-time or part-time), adjunct faculty, assistant coaches, and volunteers.
- All employees who will be working with money, minors, or health services regardless of the duration of the employment, or whether it is full-time or part-time)
- All employees, including short-term employees and student assistants who will be working for a semester or longer.

Fingerprinting for new District employees can be completed at any of our bookstore locations:

- **College of San Mateo, Campus Copy & Post, Building 10 Room 190, 1700 W Hillsdale Blvd, San Mateo, CA 94402**
Q: CSM (650-574-6367) csmbookstore@smccd.edu
- **Skyline College, Graphics Art & Production, Building 5 Room 118, 3300 College Drive, San Bruno, CA 94066**
Q: Skyline (650-738-4014) skylinebookstore@smccd.edu
- **Cañada College, Bookstore Building 2, 4200 Farm Hill Blvd, Redwood City, CA 94061**
Q: Cañada (650-306-3313) canadabookstore@smccd.edu

Appointments are made at: <http://smccd.edu/livescan/>

You are required to bring the following items with you to your fingerprint appointment:

- 1.) **A non-expired U.S. Driver's License or DMV-issued ID Card** ([please see alternate identifications](#))
- 2.) **A Completed Livescan Request form**

NOTE: International students can wait until they receive their first paycheck to be fingerprinted so that they can use their foreign passport and pay stub for identification.

Your fingerprints will be processed in approximately one (1) to three (3) business days, and the results will be reported to the Chief Human Resources Officer.

Previous convictions are reviewed carefully as to the type of violation, regency, severity, and relevance to the type of work for which you are being hired. Criminal record information is processed in the strictest confidence and pursuant to regulations of the State of California Department of Justice, Bureau of Criminal Identification and Information, California Education Code, and SMCCCD Rules and Regulations.

No person, who has been convicted of any sex offense as defined by the California Education Code or convicted of a controlled substance offense, shall be employed or retained in employment by a California community college district.

TUBERCULOSIS PROCEDURES

The California Education Code 87408.6 and District Board Policies and Procedures require that all employees and volunteers submit to a TB risk assessment, developed by CDPH and CTCA and if risk factors are present, a blood test, chest x-ray and/or an examination to determine that they are free from infectious TB; This procedure is required initially upon hire, and every four years thereafter while employed by the district. This procedure is at no cost to the employee or volunteer.

Newly hired District employees are required to provide certification proof prior to the start of District employment. Continuing employees must be reassessed for new tuberculosis risk factors every four (4) years.

For your convenience, the TB risk assessment upon hire and every 4 years can be completed by each of the District College Health Centers by appointment only. Please use the email addresses below for scheduling with the respective college you work at or will be working at:

- **Skyline College:** TBComplianceSKY@smccd.edu
- **College of San Mateo:** TBComplianceCSM@smccd.edu
- **Cañada College:** TBComplianceCAN@smccd.edu

Employees with no risk factors will be reassessed every (4) years during their employment in the District (or more often as directed by a local health officer). There will be no TB blood test required during reassessment appointments unless there are new TB risk factors present. Employees who have tested positive for TB upon initial hire and had a negative chest x-ray and/or examination, and were cleared from infectious tuberculosis, require no follow-up reassessment during their employment in the District unless tuberculosis symptoms arise, at which point they should schedule an appointment with their primary health care provider. If someone is identified to have latent tuberculosis, this is not treated at the College Health Centers, and these individuals will be referred to an outside healthcare provider for treatment.

Employees with identified tuberculosis risk factors will be sent for a QuantiFERON blood test at a QUEST Diagnostic Laboratory and if the test is positive will be referred by Health Center staff for an X-ray of the lungs within **7 days** of completion of the positive blood test. The health centers may refer employees to Peninsula Ultrasound Medical Group or to another care provider to determine the need for follow-up care.

Employees who are referred for chest X-rays will be reimbursed by the District for out-of-pocket costs incurred for the examination if the medical provider does not bill the District directly.

CERTIFICATION WITHIN THE LAST 60 DAYS

New employees who have received certification within the last 60 days immediately preceding District employment may submit the certificate to their respective college health center for approval. This certificate must be from a licensed medical provider.

INDIVIDUALS WHO TRANSFERRED FROM ANOTHER K-12 SCHOOL OR COLLEGE DISTRICT

New employees transferring from another school or college district may provide proof of freedom from tuberculosis from that previous employer if the examination was completed within the last four (4) years immediately prior to the District employment. This documentation needs to be submitted to their respective district health center using the email addresses above. During the appointment, the nurse will review and verify the record and determine the next steps. The certificate must be from a licensed medical provider and will not be valid if it is over four years since certification.

SPECIAL EXEMPTION

Following termination of a pregnancy, employees may be exempted from the requirement to provide proof of freedom from tuberculosis by chest X-ray for a period not to exceed sixty (60) days. After the 60-day period, contact your respective College Health Center to complete the TB requirement for employment.

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW, Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency</p> <p>Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center</p> <p>PO Box 1200, Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center</p> <p>1100 Walnut St., Box #11, Kansas City, MO 64106</p> <p>d. National Credit Union Administration</p> <p>Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street, Alexandria, VA 22314</p>
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E., Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W., Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 40 9 Third Street, SW, 8th Floor, Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

1. Why is the District issuing employee ID cards?

The primary reason for issuing the ID cards is to promote safety on each of the District's campuses. An ID card provides a consistent method of identification of those authorized to be on campus, which is particularly useful in the event of an emergency because if a person has his/her District ID, Public Safety or law enforcement/emergency responders can tell at a glance who does and doesn't belong in a building. Should a fire or accident occur, badges could provide important information for emergency personnel.

When IDs are worn (which is optional), they provide a simple way to identify staff members and thus students and members of the public can quickly determine if someone is a staff member when they need assistance. In addition, when identification is worn, it is easy to know a colleague's name and this can increase the sense of community at the District.

2. I still require a key to access some areas and the FOB is more convenient to carry with my keys. Can I keep the old FOB and have an ID Card?

No. The issuance of multiple access devices, (e.g. a card and a FOB) creates the potential for people to give away the FOB, while people are less likely to give away their picture ID. So, for security reasons, each person will be issued only one ID card that has the same access as the old FOBs. All FOBs must be turned in for new ID cards, and the old FOBs will be deactivated.

The District does recognize that it is a burden to carry keys and a card, therefore the Facilities Department continues to convert classrooms to electronic access instead of key access. If you believe that you have an urgent need to have a classroom converted, please let Facilities know so that it can assess the need.

3. Do I have to wear my card on a lanyard, clip it to my shirt or belt, or carry it with me? What is the benefit to me?

No. There is no requirement to wear or carry your ID card and you will not be randomly stopped by Public Safety and asked to "show ID." However, the benefit for employees who choose to wear/carry their ID cards include easy access to buildings and locked areas and easy identification by Public Safety in the event of an emergency. In addition, displaying an ID card makes employees easily identifiable to each other as they travel throughout the District and provides increased customer service for students and visitors.

The District is also evaluating enabling the cards so employees can scan their cards at events where attendance needs to be recorded, such as at mandatory training events. This feature has the potential to connect to a system so that employees can track their own participation in professional development activities, such as flex day.

The colleges are also discussing offering employees free admission to sporting events (except those prohibited by NCAA rules) and the District is exploring adding discounts connected to the ID card in the community in the future.

4. Will the District provide a lanyard or a cardholder if I want to use one?

RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING

Your Right to Take Time Off:

- You have the right to take time off from work to get help to protect you and your children's health, safety or welfare. You can take time off to get a restraining order or other court order.
- If your company has 25 or more workers, you can take time off from work to get medical attention or services from a domestic violence shelter, program or rape crisis center, psychological counseling, or receive safety planning related to domestic violence, sexual assault, or stalking.
- You may use available vacation, personal leave, accrued paid sick leave or compensatory time off for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer before, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, court order or doctor's or counselor's note or similar document.

Your Right to Reasonable Accommodation:

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

Your Right to Be Free from Retaliation and Discrimination:

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, or stalking.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: www.dir.ca.gov/dlse/DistrictOffices.htm. This Notice explains rights contained in California Labor Code sections 230 and 230.1.

Please contact Human Resources for further information.