

CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION, INC.

STUDENT/PART-TIME/TEMPORARY EMPLOYEE INFORMATION SHEET

PLEASE CHECK THE CORRECT BOX(ES):

<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE	<input type="checkbox"/> PART-TIME <input type="checkbox"/> Fresno State Faculty <input type="checkbox"/> Fresno State Staff <input type="checkbox"/> Non-Fresno State Employee	<input type="checkbox"/> STUDENT AT FRESNO STATE _____ #of units enrolled for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> CHANGE <input type="checkbox"/> Address <input type="checkbox"/> Cost Center <input type="checkbox"/> Pay Increase <input type="checkbox"/> Other: _____
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TO BE COMPLETED BY EMPLOYEE

Name: _____	Social Security Number: _____
Mailing Address: _____ <small>Street Apt. # City State Zip Code</small>	Phone Number: () _____
Fresno State Email Address: _____@mail.fresnostate.edu	
<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____	
Have you worked or are you currently working for the Foundation, Ag Foundation, or Fresno State Programs for Children?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Last Day Worked: _____ Department: _____	

EMERGENCY CONTACT INFORMATION

In case of emergency, notify:

Name: _____ Relationship: _____ Phone: _____

ACKNOWLEDGEMENTS

I have received and acknowledge the following forms as part of the new hire packet:

- | | |
|--|---|
| <input type="checkbox"/> Nature of Employment Agreement | <input type="checkbox"/> Injury and Illness Prevention Program |
| <input type="checkbox"/> Association Arbitration Agreement | <input type="checkbox"/> CalPERS Exclusion Form |
| <input type="checkbox"/> AB 469 Rate and Payday Notification | <input type="checkbox"/> Association Employee Handbook (available on www.Auxiliary.com) |
| <input type="checkbox"/> Drug Free Workplace Policy | <input type="checkbox"/> I-9 Employment Eligibility Form |
| <input type="checkbox"/> CANRA Acknowledgment | <input type="checkbox"/> Federal W-4 |

Dated: _____ Employee Signature: _____

TO BE COMPLETED BY SUPERVISOR

Cost Center/Obj. Code/Subsidiary:	Date of Hire or Re-hire:	Mail Stop:
Pay Rate:	Position Title:	Kronos Supervisor:
Is it likely that this position would have contact with minors (individuals under the age of 18)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Confidential Data Access? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is driving a requirement for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisory Responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No

Nepotism: "Related employees are not permitted to work in job positions in which a conflict of interest could arise or in a direct supervisory relationship." To my knowledge, this hire does not violate the Association Nepotism policy. _____ Employee Initials _____ Supervisor Initials

PAY INCREASE *Please attach justification and AB 469

Reason for Increase: _____

Current Hourly Rate:	New Hourly Rate:	Effective Date:
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AUTHORIZATION REQUIRED

Employee Signature	Date
Supervisor Signature	Date
Approving Manager Signature	Date

OFFICE USE ONLY

Aux ID:	Date:	Entered by:	Paid Sick Leave:	Date:	Reviewed by:	Date:
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CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION

Hiring Checklist

Name: _____

Date of Hire: _____

Dept/Project: _____

Cost Center: _____

To be returned to Human Resources at Time of Hire:

- Employee Information Sheet
- Application
- Nature of Employment Acknowledgment
- Association Arbitration Agreement
- AB 469 Rate and Payday Notification
- Child Abuse and Neglect Reporting Act (CANRA) Acknowledgment
- Employee Handbook Acknowledgment
- Drug Free Workplace Acknowledgment
- Injury and Illness Prevention Program Acknowledgement
- CalPERS Exclusion Acknowledgment
- Federal W-4
- I-9 Employment Eligibility Form & Appropriate Identification

Additional Forms Available to Employees by Request:

- Employee Handbook (available on www.Auxiliary.com)
- Sexual Harassment Brochure
- Employee Assistance & Development Brochure (EA&D)
- Workers' Compensation Informational Brochures
- Workplace Violence Guide
- State Disability Insurance Brochure
- Paid Family Leave Insurance Brochure

Employee Signature

Date

Supervisor's Signature

Date

*Employee **CAN NOT** begin work until I-9 form has been verified by HR personnel.



California State University, Fresno
Auxiliary Corporations

2771 E. Shaw Avenue, Fresno, CA 93710 · www.auxiliary.com · Fax: (559) 278-0988 · HRAUX@LISTSERV.csufresno.edu

EMPLOYMENT APPLICATION FOR STUDENT/PART-TIME/TEMPORARY POSITIONS

Please Print

Date: _____

Name: _____
(Last) (First) (MI)

Address: _____
(Number & Street) (City) (State) (Zip)

Telephone: (_____) _____ (_____) _____ (_____) _____
(Home) (Work) (Cell Phone)

Email: _____

Employment Desired

Position applying for: _____ Department: _____ Salary desired: _____

What days and hours are you available for work? _____

Are you available for work on weekends? Yes No

Would you be available for overtime, if necessary? Yes No

If hired, on what day can you start work? / /

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree Or Diploma
High School	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City State Zip			
College/ University	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City State Zip			
Vocational/ Business	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City State Zip			
Other	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City State Zip			

Please provide the following information and indicate the skills you possess **only** if they are a requirement of the position for which you are applying:

Driver's License Number: _____ State: _____ Class: _____

Languages you speak, read or write fluently in addition to English: _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at California State University, Fresno Auxiliary Corporations? Yes No

If so, please explain: _____

Employment History

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

	<i>Dates of Employment:</i> _____ From To
<i>Name of Employer</i>	
<i>Type of Business</i>	<i>Your Supervisor's Name</i> ()
<i>Street Address</i>	<i>Telephone No.</i>
<i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____	<i>Monthly Pay:</i> _____ Starting Ending
<i>Your Position and Duties:</i> _____	<i>Your Reason for Leaving:</i> _____
	<i>May we contact this employer for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

	<i>Dates of Employment:</i> _____ From To
<i>Name of Employer</i>	
<i>Type of Business</i>	<i>Your Supervisor's Name</i> ()
<i>Street Address</i>	<i>Telephone No.</i>
<i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____	<i>Monthly Pay:</i> _____ Starting Ending
<i>Your Position and Duties:</i> _____	<i>Your Reason for Leaving:</i> _____
	<i>May we contact this employer for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

	<i>Dates of Employment:</i> _____ From To
<i>Name of Employer</i>	
<i>Type of Business</i>	<i>Your Supervisor's Name</i> ()
<i>Street Address</i>	<i>Telephone No.</i>
<i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____	<i>Monthly Pay:</i> _____ Starting Ending
<i>Your Position and Duties:</i> _____	<i>Your Reason for Leaving:</i> _____
	<i>May we contact this employer for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

	<i>Dates of Employment:</i> _____ From To
<i>Name of Employer</i>	
<i>Type of Business</i>	<i>Your Supervisor's Name</i> ()
<i>Street Address</i>	<i>Telephone No.</i>
<i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____	<i>Monthly Pay:</i> _____ Starting Ending
<i>Your Position and Duties:</i> _____	<i>Your Reason for Leaving:</i> _____
	<i>May we contact this employer for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Information

Have you ever applied to or worked for California State University, Fresno Auxiliary Corporations (which include the Association, the Agricultural Foundation, and the Foundation) before? Yes No
If yes, for which corporation and when? _____

Do you have friends or relatives working for California State University, Fresno Auxiliary Corporations? Yes No
If yes, state name, relationship and organization: _____

Name	Relationship	Organization
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If hired, would you have a reliable means of transportation to and from work?..... Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: _____
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense? Do not disclose convictions for marijuana-related offenses that are more than two years old, or any offense for which you were referred to or participated in a pre-trial diversion program, or any conviction which was sealed or expunged by court order, or otherwise legally eradicated. (Conviction for a criminal offense does not necessarily preclude you from being considered for employment.) Yes No

If yes, state nature of the crime (by code section if known), when and where convicted, and disposition of the case: _____

(attach additional sheet if necessary)

Have you been arrested for one or more charges that are still pending trial? Yes No
If yes, please explain: _____

Are you currently employed? Yes No
If so, may we contact your current employer? Yes No

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

_____ Date
_____ Applicant's Signature

Equal Employment Opportunity Data

To be completed by applicant:

_____ *Application Date*

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: _____

Position Applied for: _____

Department: _____

Gender: Male Female

Race/Ethnicity: American Indian/Alaskan Native
 Asian/Pacific Islander
 Black
 Hispanic
 White

Method of referral for employment at California State University, Fresno Auxiliary Corporations:

<input type="checkbox"/> Fresno State employee	<input type="checkbox"/> Fresno State Auxiliary Corporations employee
<input type="checkbox"/> Newspaper advertisement	<input type="checkbox"/> Auxiliary Job Announcement
<input type="checkbox"/> Internet	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Other: _____

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Other Veteran
<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Individual with a Disability

To be completed by employer:

EEO-1 Category:

<input type="checkbox"/> 1. Officials and managers	<input type="checkbox"/> 6. Crafts – skilled
<input type="checkbox"/> 2. Professionals	<input type="checkbox"/> 7. Operatives – semi-skilled
<input type="checkbox"/> 3. Technicians	<input type="checkbox"/> 8. Laborers – unskilled
<input type="checkbox"/> 4. Sales	<input type="checkbox"/> 9. Service workers
<input type="checkbox"/> 5. Office and clerical	

Employer information completed by:

_____ *Name*

_____ *Date*

**CALIFORNIA STATE UNIVERSITY, FRESNO
ASSOCIATION, INC.**

NATURE OF EMPLOYMENT

The relationship between employees and the Association is for an unspecified term and is considered employment at-will. No manager, supervisor or employee of the Association has authority to enter into any agreement for employment for any specified period of time or to make any agreement for employment other than at-will. Only the Executive Director has the authority to make any such agreement and then only in writing, signed by the Executive Director and indicating it is intended as a modification of a particular employee's at-will status. Consequently, the employment relationship with any employee can be terminated at will, either by the employee or the Association, with or without cause or advance notice. The Association can also demote and change pay and duties of any employee at-will.

All employees should be aware that the Association is not governed by collective bargaining. Although some benefits and policies may be the same or similar to those of the University, the Association has developed its own policies and procedures under California law, the California Code of Regulations, the Education Code, and under directives and policies by the Trustees and the Chancellor of The California State University system. The Association is a private employer under the Internal Revenue Code and is not a State agency.

Any questions should be addressed to the Association Human Resources Department or the Executive Director for clarification. University employees may not be familiar with the policies and procedures of the Association and may not be able to provide accurate information.

Acknowledgment:

I have entered into my employment relationship with the Association voluntarily and acknowledge that there is no specified length of employment. I understand that I or the Association can terminate the relationship at-will, with or without notice or cause, at any time.

Employee's Name (Printed)

Employee's Signature

Date

AGREEMENT TO ARBITRATE EMPLOYMENT DISPUTES

1. _____ (“Employee”) and the California State University, Fresno Association, Inc. (“Employer”) agree to resolve all claims, disputes or controversies arising out of or relating to Employee’s employment and/or the cessation of employment exclusively by final and binding arbitration to the extent permitted by law.

2. By signing this Agreement, the parties are voluntarily giving up their respective rights to a jury trial. The arbitrator shall apply the substantive law (and the law of remedies, if applicable) in the state in which the claim arose, or federal law, or both, as applicable to the claim(s) asserted. The arbitrator shall conduct the arbitration proceedings pursuant to the California Arbitration Act (“CAA”) in accordance with the Employment Dispute Resolution Rules of the American Arbitration Association. If required by law, the Company shall bear the costs of the arbitration, including the arbitrator’s fees. Each party shall be responsible for compensating their own attorneys and witnesses unless the arbitrator orders otherwise.

3. This Agreement shall governed by the Federal Arbitration Act (“FAA”) to the extent applicable; if the FAA is not applicable, the CAA shall govern this Agreement.

4. If the parties cannot agree upon an arbitrator, the Fresno County Superior Court shall appoint the arbitrator.

5. This Agreement does not restrict Employee from exercising his or her statutory right to file a complaint, claim or unfair labor practice charge with the California Department of Fair Employment and Housing (“DFEH”), the U.S. Equal Employment Opportunity Commission (“EEOC”), the National Labor Relations Board (“NLRB”), the Agricultural Labor Relations Board (“ALRB”), and/or any other federal, state or local government agency that has jurisdiction over such claim. This Agreement does not affect the right of any federal, state or local government agency with jurisdiction over Employee’s claim from prosecuting a civil action in such agency’s name. However, any litigation brought by the Employee is subject to this arbitration agreement.

6. In addition to any other consideration, each party’s promise to resolve disputes by arbitration in accordance with the provisions of this Agreement, rather than through the courts or other forums, is consideration for the other party’s like promise.

7. Employee understands this is an important document that affects his/her legal rights and Employee has been given the opportunity to discuss this Agreement with private legal counsel. This Agreement supersedes any prior or contemporaneous agreement on the subject, shall survive the termination of Employee’s employment, and may only be mutually revoked or modified in a signed written document. Any provision of this Agreement that is adjudged to be void or unenforceable shall not affect the validity of the remainder of the Agreement. The Arbitrator has exclusive authority to resolve any dispute concerning the formation, meaning or enforceability of the Agreement.

Dated: _____

Dated: _____

Employee Signature

“Employer”

By: 

Nicole Lane, Human Resources Manager

Employee Name (*please print*)

**Notice and Acknowledgement of Pay Rate and Payday
Under Section 2810.5 of the California Labor Code
Notice for Hourly Rate Non-Exempt Employees**

Employee Information	
Name:	Start Date:

Employee Rate of Pay Per Hour		
Straight Time Rate:	Time & One Half Rate:	Double Time Rate:

Employer & Worker's Compensation Information	
Employer: California State University, Fresno Association, Inc. 2771 E. Shaw Avenue Fresno, CA 93710 Phone: (559) 278-0865 Mailing Address (if different): N/A Doing Business As (DBA) Name(s): N/A	Workers' Compensation Insurance Carrier (name, address, phone): Sedgwick CMS P.O. Box 14629 Lexington, KY 40512-4479 Toll Free Phone: (916) 851-8058 Policy #: 04-1-4509-012

Wage Information	
Notice Given: <input checked="" type="checkbox"/> At hiring <input type="checkbox"/> Before a change in pay rate(s), allowances claimed or payday Allowances taken: <input checked="" type="checkbox"/> None	Pay is: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input checked="" type="checkbox"/> Semi-monthly <input type="checkbox"/> Other Regular Pay Dates: <u>7th and 22nd</u>

Paid Sick Leave
Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee: <ol style="list-style-type: none"> a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year; b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for: <ol style="list-style-type: none"> 1. Requesting or using accrued sick days; 2. Attempting to exercise the right to use accrued paid sick days; 3. Filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code; 4. Cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.
The following applies to the employee identified on this notice: (Check one box)
<input type="checkbox"/> 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave. <input type="checkbox"/> 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246. <input checked="" type="checkbox"/> 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period. <input type="checkbox"/> 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption)

Employee Acknowledgment	
On this day I have been notified of my pay rate, overtime rate, allowances, designated pay day, and my employer's information on the date given below.	
_____ Employee Name (Printed)	_____ Date
_____ Employee Signature	_____ Preparer's Name and Title

**CALIFORNIA STATE UNIVERSITY, FRESNO
AUXILIARY CORPORATIONS**

EMPLOYEE EMERGENCY INFORMATION

Please complete the following emergency information (please print):

Employee Name _____ Phone _____

Address _____ Cell _____

City _____ Zip _____

In case of emergency, notify the following:

Name _____ Relationship _____

Address _____ Phone: Home _____

City _____ Zip _____ Work _____

PRE-DESIGNATE PHYSICIAN FOR WORK RELATED INJURY

Please read carefully: This information pertains to work-related injury or illness:

You are entitled to be treated by your own personal physician if the pre-designation form is completed and returned to the Auxiliaries Human Resources Office prior to any work-related injury. If you do not designate a physician and need medical treatment for a work-related injury or illness, you will be referred to the organization's approved physician. If you do not pre-designate a physician before the injury, you will be treated by the organization's approved physician.

Please complete below:

- I elect to be treated by the organizations' approved work physician
- I elect to be treated by my own physician (Please list physician information below)

Physician Name Phone

Address City Zip Code

Employee Signature _____ Date _____

CALIFORNIA STATE UNIVERSITY, FRESNO AUXILIARY SERVICES**ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS AND LEGAL DUTY TO REPORT CHILD ABUSE AND NEGLECT**

California law **requires** certain people to report known or suspected child abuse or neglect. For purposes of Executive Order 1083, which implements California law, you are such a person, known in the law as a “mandated reporter.” The law requires that you, as a mandated reporter, sign this statement that you know your legal reporting obligations, summarized below, and will comply with them.

The definition of mandated reporter (Penal Code § 11165.7), along with the law describing your reporting obligations (Penal Code § 11166) and the law describing the content of reports and the confidentiality of those who report (Penal Code § 11167) is provided in Attachment C to CSU Executive Order 1083. The Executive Order and all its attachments are available at <http://calstate.edu/eo/EO-1083.html>.

WHEN REPORTING ABUSE IS REQUIRED

As a mandated reporter, whenever in your professional capacity or within the scope of your employment you have knowledge of or observe a person under the age of 18 years whom you know or reasonably suspect has been the victim of child abuse or neglect, you must report the suspected incident (Penal Code § 11166).

MANDATED REPORTING COORDINATOR

Each campus has a Mandated Reporting Coordinator, who is available to assist you and other mandated reporters in performing their duties. Your Coordinator is Nancy A. Petenbrink, Director of Employee Assistance and Wellness, who can be reached at: npetenbrink@csufresno.edu and (559) 278-4357. The Coordinator can help with identifying whether there is a reasonable suspicion that abuse has occurred and how to report it, as well as provide you with appropriate resources.

PROCEDURE FOR REPORTING

To make a report, you **must** use the following procedure:

- **Immediately, or as soon as practically possible**, contact the campus police by telephone.
- **Within 36 hours of receiving the information concerning the incident** prepare a written report using the form provided in Attachment D and send, fax or electronically transmit the report to the campus police (Penal Code § 11166).

The Coordinator can help you fill out the incident form.

The CSU encourages, but does not require, mandated reporters to also report suspected child abuse or neglect to their supervisors. **Reporting to a supervisor, a coworker, or other person shall not be a substitute for making a mandated report to the agencies listed above.**

ABUSE THAT MUST BE REPORTED

Physical injury inflicted by other than accidental means on a child (Penal Code § 11165.6).

Sexual abuse meaning sexual assault or sexual exploitation of a child (Penal Code § 11165.1).

Neglect meaning the negligent treatment or maltreatment of a child by a parent or caretaker under circumstances indicating harm or threatened harm to the child’s health or welfare (Penal Code § 11165.2).

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child to be placed in a situation in which the child or child’s health is endangered (Penal Code § 11165.3).

Unlawful corporal punishment or injury willfully inflicted upon a child and resulting in a traumatic condition (Penal Code § 11165.4).

WHAT IS NOT CHILD ABUSE?

The law does **not** consider the following child abuse for reporting purposes:

- Corporal punishment that is not cruel or inhumane or does not result in a traumatic condition
- Injuries caused by two children fighting during a mutual altercation (Penal Code § 11165.4)
- An injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment (Penal Code § 11165.6)
- Reasonable and necessary force used by public school officials to quell a disturbance threatening physical injury to person or damage to property (Penal Code § 11165.4)
- Voluntary sexual conduct between minors
- Not receiving medical treatment for religious reasons (Penal Code § 1165.2(b))
- An informed and appropriate medical decision made by a parent or guardian after consultation with a physician who has examined the child (Penal Code § 11165.2(b))

IMMUNITY AND CONFIDENTIALITY OF REPORTER

No mandated reporter shall be civilly or criminally liable for any report required or authorized by law (Penal Code §11172(a)). The identity of a mandated reporter who makes a report, and the report itself, is confidential and disclosed only among appropriate agencies (Penal Code §§ 11167(d)(1)).

PENALTY FOR FAILURE TO REPORT ABUSE

A mandated reporter who fails to make a required report is guilty of a **misdemeanor** punishable by up to six months in jail, a fine of \$1,000, or both. Any mandated reporter who willfully fails to report abuse or neglect, or any administrator or supervisor who impedes or inhibits a report of abuse, where that abuse results in death or great bodily injury, shall be punished by up to one year in jail, a fine of \$5,000, or both.

COPY OF THE LAW

I acknowledge being provided with copies of Penal Code sections 11165.7, 11166, and 11167.

ACKNOWLEDGEMENT OF RESPONSIBILITY

I have read the above statement and will comply with the applicable reporting requirements.

Employee’s Name: _____ Auxiliary Name / Dept.: _____

Signature: _____ Date: _____

Enclosed are the following attachments to CSU Executive Order 1083

- Attachment A** [*THIS ACKNOWLEDGEMENT*]
- Attachment B** (Certificate of Training Completion)
- Attachment C** (Copy of Penal Code §§ 11165.7, 11166, and 11167)
- Attachment D** (Form SS 8572, Suspected Child Abuse Report form)

NOTE: The original signed version of this Acknowledgement (Attachment A) needs to be returned to **Auxiliary Human Resources** for placement in the Employee’s Personnel File. The Employee must be given a copy.

Drug-Free Workplace Policy

California State University, Fresno Association Inc.

Purpose and Goal

The California State University, Fresno Association Inc. (“Association”) is committed to protecting the safety, health and well being of all employees and other individuals in our workplace. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment. The organization encourages employees to voluntarily seek help with drug and alcohol problems.

Covered Workers

Any individual who conducts business for the organization, is applying for a position or is conducting business on the organization's property is covered by our drug-free workplace policy. Our policy includes, but is not limited to executive management, managers, supervisors, full-time employees, part-time employees, contractors, volunteers, interns and applicants.

Applicability

Our drug-free workplace policy is intended to apply whenever anyone is representing or conducting business for the organization. Therefore, this policy applies whenever conducting business or representing the organization.

Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. It is our intent and obligation to provide a drug free, healthful, safe, and secure work environment.

Prohibited Behavior

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance at an Association worksite or on the campus or while elsewhere conducting Association or university business is absolutely prohibited and subject to sanctions noted below.

On campus or Association worksite use of alcohol is limited to certain approved events and locations covered by the guidelines of Fresno State’s official Policy on Alcohol and Other Drugs. Workplace abuse of alcohol will not be tolerated. Employees needing assistance in dealing with such problems are encouraged to use the University’s Employee Assistance services as a resource.

The organization encourages employees to voluntarily seek help with drug and alcohol problems through use of the Employee Assistance Program.

Notification of Convictions

Any employee who is convicted of a criminal drug violation in the workplace must notify the organization in writing within five calendar days of the conviction. The organization will take appropriate action within 30 days of notification.

Association employees must, as a condition of employment, abide by the terms of the Policy and report any conviction under a criminal drug statute for violations occurring at an Association worksite or university or while elsewhere conducting Association or university business. A conviction must be reported to the Human Resources Department within 5 (five) days. Violation of the Policy may result in disciplinary action up to and including suspension or termination of employment and referral for prosecution where laws have been broken.

A copy of this policy statement will be provided each Association employee. In addition, the University will make drug education programs available to all Association employees.

The Dangers of Workplace Drugs

In spite of efforts to keep drug use at work a hidden habit, there are often VISIBLE EFFECTS ON THE USER. Workplace use of the drugs specified below may result in:

Alcohol

- Decreased performance & absenteeism
- Poor judgment & coordination/tremors
- More accidents
- Drowsiness & mood swings
- Lower morale & increase in conflict with co-workers
- Frequent “flu-like” symptoms

Marijuana

- Disruption of space and distance judgment
- Slower physical reflexes and poor coordination; dilated pupils
- Forgetfulness & diminishing mental powers
- Drowsiness & mood swings

Cocaine/Crack

- Shortened attention span
- Impairment of judgment & decision-making ability
- Lack of dependability
- Mood swings, euphoria, irritability, depression
- Stealing to cover cost of drug
- Runny nose & excessive sweating

Opiates

(Heroin, pain pills, Codeine, Darvon, Vicodin, Percodan)

- Impaired judgment & lowered efficiency
- Drowsiness & mood swings
- Disinterest in workplace safety
- Crime (stealing to cover cost of drug)
- Constricted pupils, impaired reflexes

Hallucinogens

(PCP, LSD, MDMA/Ecstasy, Designer Drugs)

- Loss of memory & concentration

- Sudden bizarre changes in behavior
- Moodiness & interpersonal conflict
- Pupil changes, may be dilated/constricted
- Visual and auditory hallucinations

Amphetamines

(Benzedrine, Dexedrine – cross tops, whites, uppers; Methamphetamines – crank, crystal)

- Dilated pupils
- Impaired reflexes
- Hyperactivity, irritability, anxiety, depression
- Increased accidents
- Impaired judgment & decision making
- Decreased appetite, weight loss, tremors

Sedatives

(Barbiturates; tranquilizers – Valium, Xanax; Seconal, Tuinal – reds, downers

Muscle relaxers)

- Slowed reflexes & lower productivity
- Slowed mental processes & depression
- Memory loss
- Slurred speech

Consequences

One of the goals of our drug-free workplace program is to encourage employees to voluntarily seek help with alcohol and/or drug problems. If, however, an individual violates the policy, the consequences are serious.

In the case of applicants, if he or she violates the drug-free workplace policy, the offer of employment can be withdrawn. The applicant may not reapply.

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

Penalties for Workplace Drug Use

WARNING

- **State and Federal penalties** apply to anyone convicted of the manufacture, distribution, possession or use of controlled substances.
- **Misdemeanor convictions for** workplace drug use can result in a fine and incarceration of up to a year in a county jail.
- **Felony convictions** for workplace drug use can result in a substantial fine and a lengthy jail sentence in state prison. Convictions for manufacture, possession for sale or use of substances such as the following examples are felony offenses: amphetamines (whites, uppers), barbiturates, codeine, cocaine/crack, heroin, L.S.D., Methamphetamines (crank, crystal), marijuana, and P.C.P

The Association can take disciplinary action up to and including suspension or termination of employment for staff convicted of a workplace drug offense.

The bottom line? The price for drug use is high...let's keep the Association a drug-free workplace!!

Assistance

The Association recognizes drug and alcohol dependency as treatable conditions and offers the University's Employee Assistance and Wellness (EA&W) office for employees with substance-dependency problems. Employees are encouraged to seek assistance for drug- and alcohol-related problems and may request leaves of absence for this purpose, in addition to using approved vacation or sick leave. Information obtained regarding an employee during participation in EA&W will be treated as confidential.

- Association staff may contact the Employee Assistance and Wellness Office (278-4357) for confidential consultation regarding substance abuse or other personal problems at no cost to the employee or member of their immediate family. A careful assessment of the situation will be made and alternatives will be offered which are both appropriate and affordable.
- Community agencies are also available to address drug and alcohol problems. Most of the various local drug treatment programs offer no-cost assessment. They can be located in the Yellow Pages of the phone book or on the Internet under "Drug Abuse & Addiction Information & Treatment Centers"

Treatment for alcoholism and/or other drug use disorders may be covered by the employee benefit plan. However, the ultimate financial responsibility for recommended treatment belongs to the employee.

Confidentiality

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

Drug Free Workplace Awareness workshops and seminars sponsored by the Fresno State Human Resources and EA&W offices are another source of information and assistance.

Shared Responsibility

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

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

It is the supervisor's responsibility to:

- * Inform employees of the drug-free workplace policy.
- * Document negative changes and problems in performance.

Communication

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

- * All employees will receive a written copy of the policy.
- * All employees will receive an update of the policy annually with their paychecks.

* Employee education about the dangers of alcohol and drug use and the availability of help will be provided to all employees.

Impact of Substance Abuse in the Workplace

Employee Health

- Higher use of health benefits
- Increased use of sick time
- Higher absenteeism and tardiness

Productivity:

- Reduced output
- Increased errors
- Lower quality of work
- Reduced customer satisfaction

Decision Making

- Reduced innovation
- Reduced creativity
- Less competitiveness
- Poor decisions, both daily and strategic

Safety/Danger

- Increased accidents
- Increased health and safety risks for others
- More workers' compensation claims

Employee Morale

- Higher turnover
- Lower quality
- Reduced team effort

Security

- Theft
- Law enforcement involvement

Organizational Image and Community Relations

- Reduced trust and confidence
- Reduced ability to attract high-quality employees

Specific Drugs of Abuse

Alcohol - signs and symptoms of abuse:

- Dulled mental processes
- Lack of coordination
- Slowed reaction time
- Poor judgment

- Reduced inhibitions

Marijuana - Signs and symptoms of use:

- Bloodshot eyes
- Impaired or reduced short-term memory and comprehension
- Altered sense of time
- Reduced ability to perform tasks requiring concentration and coordination, such as driving a car

Inhalants – signs and symptoms of abuse:

- Nausea
- Nosebleeds
- Muscle fatigue
- Permanent damage to the nervous system
- Severely impaired judgment and driving ability.
- Severe disorientation, visual distortion and confusion.

Cocaine - signs and symptoms of abuse:

- Dilated pupils
- Insomnia
- Paranoia
- Anxiety, agitation
- Periods of increased activity followed by fatigue and depression
- Wide mood swings
- Difficulty in concentration

**Drug-Free Workplace Policy
California State University, Fresno Association
Acknowledgment**

I understand that the California State University, Fresno Association, Inc. is committed to protecting the safety, health and well being of all employees and other individuals in the workplace. It is also my understanding that the drug-free workplace policy is intended to apply whenever anyone is representing or conducting business for the organization. Therefore, I understand that I am expected and required to report to work on time and in an appropriate mental and physical condition for work. Furthermore, I acknowledge that if I am convicted of a criminal drug violation in the workplace I must notify the organization in writing within five calendar days of the conviction.

Employee Acknowledgement: I certify that I have read and understand the contents contained in the Drug-Free Workplace Policy for California State University, Fresno Association. I understand a copy of this agreement will be placed in my personnel file in Human Resources.

Employee Signature

Date

Manager Signature

Date

ACKNOWLEDGMENT

This Employee Handbook describes important information about the California State University, Fresno Association, Inc. (Association). I understand that I should consult Auxiliary Human Resources regarding any questions not answered in this Handbook.

I have entered into my employment relationship with the Association voluntarily, and acknowledge there is no specified length of employment. I understand the Association is an at-will employer, which means I can terminate my employment at any time, with or without advance notice, with or without cause, and the Association has similar rights.

No manager, supervisor, or employee of the Association has authority to enter into any agreement for employment, for any specified period of time or to make any agreement for employment other than at-will.

Since the information, policies, and benefits described are subject to change, I acknowledge changes and revisions may occur and that such changes will be communicated through appropriate notices, and that those changes may modify, eliminate, reduce or improve existing policies and benefits.

I agree to read the Employment Handbook, whether in paper form or electronic form, read all changes in a timely manner, and agree to comply with the policies contained in the Handbook and any revisions made to it.

PRINT FULL NAME _____

EMPLOYEE SIGNATURE _____

DATE _____

California State University, Fresno Association Inc.

Information Security and Hardware/Software Policy

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California State University, Fresno Association Inc.

Information Security and Hardware/Software Policy

(The following policy supersedes and replaces all references in the Employee Hand Book)

Information Security and Hardware/Software Policy

Computer information systems and networks are an integral part of business of the California State University, Fresno Association Inc. (“the Association”). The Association has made a substantial investment in human and financial resources to create these systems.

The enclosed policies and directives have been established in order to protect this investment, safeguard the information contained within these systems, reduce business and legal risk, and protect the good name of the company.

Acceptable use

This section defines what constitutes “acceptable use” of the company’s electronic resources, including software, hardware devices, and network systems. Hardware devices, software programs, and network systems purchased and provided by the company are to be used only for creating, researching, and processing company-related materials, and other tasks necessary for performing one’s employment duties. By using the company’s hardware, software, and network systems you assume personal responsibility for their appropriate use and agree to comply with this policy and other applicable company policies, as well as city, state, and federal laws and regulations.

Violations

Violations may result in disciplinary action in accordance with company policy. Failure to observe these guidelines may result in disciplinary action by the company depending upon the type and severity of the violation, whether it causes any liability or loss to the company, and/or the presence of any repeated violation(s).

Administration

The MIS director is responsible for the administration of this policy. This policy is a living document and may be modified at any time by the MIS Director or the Association Executive Director.

Director and Supervisor Responsibilities

- Ensure that all appropriate personnel are aware of and comply with this policy.
- Implement and support this policy within their respective departments, as well as create practices/procedures (specific to their departments) that are designed to provide reasonable assurance that all employees observe this policy.

MIS Director Responsibilities

- Develop and maintain written procedures necessary to ensure implementation of and compliance with these policy directives.
- Provide appropriate support and guidance to assist employees to fulfill their responsibilities under this directive.

California State University, Fresno Association Inc.

Information Security and Hardware/Software Policy

The Internet and e-mail

The Internet is a very large, publicly accessible network that has millions of connected users and organizations worldwide. One popular feature of the Internet is e-mail.

Access to the Internet is provided to employees for the benefit of the Association and its employees. Employees are able to connect to a variety of information resources around the world.

Conversely, the Internet is also replete with risks and inappropriate material. To ensure that all employees are responsible and productive Internet users and to protect the company's interests, the following guidelines have been established for using the Internet and e-mail.

Acceptable use

Employees using the Internet are representing the company. Employees are responsible for ensuring that the Internet is used in a safe, effective, ethical, and lawful manner and only in the course of performing the employees' job.

An employee who uses the Internet or e-mail shall:

- Ensure that all communications are for work-related reasons and that they do not interfere with his/her productivity.
- Be responsible for the content of all text, audio, or images that (s)he places or sends over the Internet, and not illegally transmit or receive the same. All communications should have the employee's name attached.
- Not transmit copyrighted materials without permission.
- Know and abide by all applicable policies dealing with security and confidentiality of records.
- Run a virus scan on any external files received on flash drive or CD's.

Unacceptable use

Employees must only use the Internet for purposes that are company-related. Content that is illegal, unethical, inappropriate for a University setting, harmful to the University or the company, or nonproductive are prohibited.

Examples of unacceptable use are:

- Sending or forwarding chain e-mail, i.e., messages containing instructions to forward the message to others.
- Broadcasting e-mail, i.e., sending the same message to more than 10 recipients or more than one distribution list.
- Conducting a personal business using company resources.
- Transmitting any content that is offensive, harassing, or fraudulent.
- Participating in Internet "chat" rooms.
- Downloading or storing of music files anywhere on the network – including your 'personal' directories or your local 'C' drive.

California State University, Fresno Association Inc.

Information Security and Hardware/Software Policy

Downloads

File downloads from the Internet are **NOT** permitted unless specifically authorized in writing by the MIS director.

Copyrights

Employees using the Internet are not permitted to copy, transfer, rename, add, or delete information or programs belonging to others unless given express permission to do so by the owner. Failure to observe copyright or license agreements may result in disciplinary action by the company and/or legal action by the copyright owner. In addition, illegal file sharing is a violation of Title 5 of the California Code of Regulations and may also result in disciplinary action.

Monitoring

All messages created, sent, or retrieved over the Internet are the property of the company and *may be regarded as public information*. The Association reserves the right to access the contents of any messages sent over its facilities or using its equipment, if the company believes, in its sole discretion, that it has a business reason to do so.

All communications, including text and images, can be disclosed to law enforcement or other third parties without prior consent of the sender or the receiver. **Do not put anything in your e-mail messages that you wouldn't want to see on the front page of the newspaper or be able to explain to your employer.**

Computer Viruses

Computer viruses are programs designed to make unauthorized changes to programs and data. Therefore, viruses can cause destruction of or damage to corporate property.

MIS will install and maintain appropriate antivirus software on all computers and will respond to all virus attacks. All virus related incidents will be documented.

It is important to know that:

- Computer viruses are much easier to prevent than to cure.
- Defenses against computer viruses include protection against unauthorized access to computer systems, using only trusted sources for data and programs, and maintaining virus-scanning software.

The following applies to all employees:

- Employees shall not knowingly introduce a computer virus into company computers.
- Employees shall only load CD's, DVD's or Flash Drives with saved files that pertain to company business.
- Incoming CD's, DVD's or Flash Drives shall be scanned for viruses before they are read.
- Any employee who suspects that his/her workstation has been infected by a virus shall IMMEDIATELY log off the network and call the MIS help desk at 8-0820.
- Users shall not disable the automated Anti-Virus Download Scan.

California State University, Fresno Association Inc.

Information Security and Hardware/Software Policy

Access Codes and Passwords

The confidentiality and integrity of data stored on company computer systems must be protected by access controls to ensure that only authorized employees have access. This access shall be restricted to only those capabilities that are appropriate to each employee's job duties.

The MIS director shall be responsible for the administration of access controls to all company computer systems. The MIS director will ensure the process of adds, deletions, and changes upon receipt of a written request from the end user's supervisor.

Deletions may be processed by an oral request prior to reception of the written request.

MIS Responsibilities

- Ensure contractor credentials have restricted hours whenever possible. Disable contractor credentials when project is complete and/or not active.
- Do periodic audits against user logon and logoff, looking for things out of the ordinary, such as logons after normal business, excessive lockouts, etc.
- The MIS director will maintain a list of administrator and/or security officer access codes and passwords and keep this list in the MIS safe.

Employee responsibilities

Network logon is the first line of defense for company network resources. This section is intended to establish responsibilities to protect the network's front door. Being lax about network logon and passwords is like giving strangers the key to your home's front door. Because your logon allows you entrance to the network's front door, employees must take every precaution to protect their logon information.

Each employee:

- Shall be responsible for all computer transactions that are made with his/her User ID and password.
- Shall NOT disclose or share their password with others. Passwords must be changed immediately if it is suspected others may know it. Direct password change requests to the MIS help desk.
 - Passwords shall not be recorded or stored where they may be easily obtained.
 - Passwords shall **NOT** be stored on shared drives or the local 'C' drive. Appropriate places to store passwords are in a wallet, safe, locked cabinet or drawer that is not shared with other employees.
 - Passwords should **NEVER** be communicated over the Internet and/or email.
- Should use passwords that will not be easily guessed by others; values such as names of any kind, birthday or social security number, current month, sports teams, etc. are NOT acceptable passwords.
- Will be prompted to change passwords at least every 90 days. The exception to this is 'Inquiry users' such as Project Directors. These users have inquiry access only and will NOT be required to change passwords. However, they are encouraged to change their password when they feel it has been compromised and/or when staff changes within their department.
- Should lock computers at all times when away from their desks by using the *Windows Lock Computer* function. Call the Auxiliary MIS help desk for assistance with this function if needed.

California State University, Fresno Association Inc.

Information Security and Hardware/Software Policy

Supervisor's responsibility

Directors and supervisors should notify the MIS director promptly whenever an employee leaves the company or transfers to another department so that his/her access can be revoked and/or changed as necessary. Involuntary terminations must be reported concurrent with the termination.

Human Resources responsibility

The Human Resources Department will notify MIS immediately of employee transfers and terminations. Involuntary terminations must be reported concurrent with the termination.

Hardware

All hardware devices acquired by the Association or developed by it (through its own employees or through those hired by the Association to develop the hardware devices) is and at all times shall remain company property. All such hardware devices must be used in compliance with applicable licenses, notices, contracts, and agreements.

Purchasing

All purchasing of company computer hardware devices shall be centralized within the MIS department to ensure that all equipment conforms to corporate hardware standards and is purchased or leased at the best possible price.

All requests for corporate computing hardware devices must be in the annual corporate budget document and have the department Directors approval. The request must then be sent to the MIS department, who will review the need for such hardware, and then determine standard hardware that best accommodates the desired request, if MIS determines that such hardware is needed.

Hardware standards

Hardware configurations are reviewed with each new lease in order to determine what equipment will best meet the needs of the end user. The MIS department makes every effort to provide the most suitable desktop or laptop while maintaining company cost effectiveness.

Employees will be given access to appropriate network printers. In some limited cases, employees may be given local printers if deemed necessary by the department director in consultation with the MIS department.

Employees needing computer hardware beyond that which is typically provided must request such hardware from the MIS department. Each request will be considered on a case-by-case basis in conjunction with the hardware-purchasing section of this policy.

Outside equipment

No outside equipment may be connected to the company's network without the MIS department's written permission.

California State University, Fresno Association Inc.

Information Security and Hardware/Software Policy

Software

All software acquired for or on behalf of the company or developed by company employees or contract personnel on behalf of the company is and at all times shall remain company property. All such software must be used in compliance with applicable licenses, notices, contracts, and agreements.

Purchasing

All purchasing of company software shall be centralized within the MIS department to ensure that all applications conform to corporate software standards and are purchased at the best possible price. All requests for corporate software must be submitted to the department Director for his/her approval. The request must then be sent to the MIS department, which will review the need for such software, and then determine the standard software that best accommodates the desired request, if MIS determines that such software is needed.

Licensing

Each employee is individually responsible for reading, understanding, and following all applicable licenses, notices, contracts, and agreements for software that he or she uses or seeks to use on company computers. If an employee needs help in interpreting the meaning/application of any such licenses, notices, contracts and agreements, he/she will contact MIS for assistance. Unless otherwise provided in the applicable license, notice, contract, or agreement, any duplication of copyrighted software, except for backup and archival purposes, may be a violation of federal and state law. In addition to violating such laws, unauthorized duplication of software is a violation of the company's Hardware/Software Policy.

Software Standards

The Management Information Systems department will install and configure a standard package of software on company computers that will best enable users to perform their daily duties. Employees needing software beyond that which is provided must request such software from the MIS department. Each request will be considered on a case by case basis in conjunction with the software purchasing section of this policy.

Software Installation

The MIS department is exclusively responsible for installing and supporting all software on company computers and telecommuter home computers that are provided by the company.

California State University, Fresno Association Inc.

Information Security and Hardware/Software Policy

Acknowledgment of Information Security and Hardware/Software Policy

This form is used to acknowledge receipt of and pledge compliance with the Association's Information Security and Hardware/Software Policy.

Complete the following steps:

1. Read the Information Security and Hardware/Software Policy.
2. Initial the spaces provided below, Sign and date the last page.
3. Return to the Management Information Services Director.

Initial

By initialing below, I agree to the following terms:

(i) I have received and read a copy of the Information Security and Hardware/Software Policy and understand and agree to abide by the same.

(ii) I understand and agree that any hardware and software provided to me by the company remain the property of the company.

(iii) I understand and agree that I am not to modify, alter, or upgrade any software programs or hardware devices provided to me by the organization without the permission of the MIS Department.

(iv) I understand and agree that I shall not copy, duplicate (except for backup purposes as part of my job), or allow anyone else to copy or duplicate any software.

(v) I agree that if I leave the employment of the California State University, Fresno Association, Inc. for any reason, I shall immediately return to the company the original and copies of any and all software, computer materials, or computer equipment that I may have received from the Association that is either in my possession or otherwise directly or indirectly under my control.

(vi) I understand and agree I must make reasonable efforts to protect all Association-provided software and hardware devices from theft and physical damage.

Employee Signature

Date

Employee Name

Employee Title

Department / Location

CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION, INC.
INJURY & ILLNESS PREVENTION PROGRAM
MANUAL

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California State University, Fresno Association, Inc.

Injury and Illness Prevention Policy

INTRODUCTION AND PURPOSE

It is the policy of California State University, Fresno Association, Inc. to maintain a safe and healthful workplace for employees, and to comply with all applicable occupational health and safety regulations. This Injury & Illness Prevention Program (IIPP) is intended to:

Establish a system for prompt identification and correction of workplace hazards.

Establish an effective system of facility inspection, training and record keeping.

Encourage prompt employee reporting of health and safety concerns without fear of reprisal.

Provide for the use of personal protective equipment and all necessary mechanical guards.

Maintain an education program to provide the following:

- a) Review and investigate accidents to determine cause and initiate prompt corrective action.
- b) Hold regularly scheduled safety meetings.
- c) Use bulletins, posters, and other appropriate visual aids.

RESPONSIBILITY FOR SAFETY - Title 8, Sec 3203 a(1)

Safety and health of all our employees is of primary importance. The company pledges to work diligently and conscientiously to eliminate unsafe and unhealthful conditions and expects equal diligence from all employees in the prevention and elimination of unsafe and unhealthful acts and practices. To achieve this objective, the company shall:

1. Establish a comprehensive safety and health program and designate the Director of Human Resources as the administrator.
2. Comply with all safety and health laws, rules and regulations.

3. Establish a safety committee with representatives from management and staff.
4. Conduct periodic safety inspections.
5. Investigate accidents promptly and thoroughly to determine the cause and implement appropriate corrective action to prevent recurrence.
6. Provide periodic employee safety training and education.

MANAGER AND SUPERVISOR RESPONSIBILITY

Managers and supervisors are responsible for (Supervisors are defined in this manual as those who supervise or direct other employees):

1. Communicating to their staff the Association's emphasis on health and safety.
2. Providing appropriate employee safety training and personal protective equipment as needed; ensuring that emergency first-aid and hospital phone numbers are posted at each unit.
3. Modeling and enforcing safe and healthful work practices.
4. Ensuring inspection of work areas and equipment under their authority.
5. Promptly correcting identified hazards.
6. Implementing measures to eliminate or control workplace hazards.
7. Stopping any work that poses an imminent hazard.
8. Encouraging employees to report health and safety issues without fear of reprisal.
9. Promptly reporting accidents occurring on the job under their supervision.
10. Enforcing the Association's drug-free workplace policy.

EMPLOYEE RESPONSIBILITY

The Association expects each employee to:

1. Cooperate with the Association's safety program, and comply with all applicable health and safety regulations, policies and established work practices, safe operating procedures and precautions. Observe health and safety-related signs, posters, warning signs and directions.
2. Participate in appropriate health and safety training and learn about the potential hazards of assigned tasks and work areas.
3. Report all injuries and accidents immediately to their supervisor and obtain necessary medical aid without delay.
4. Report hazardous conditions and other safety concerns immediately to their supervisor, and warn coworkers about defective equipment and other hazards.
5. Use proper personal protective equipment.
6. Review the building emergency plan and assembly area information.

The employee will follow all the Association's safety rules. Failure to follow the rules will result in disciplinary action.

SAFETY INSPECTION - Title 8, Sec 3203 a(4)

The Association shall conduct periodic safety inspections. Inspections allow for the general review of operations to determine the effectiveness of the overall safety program. Hazards identified during an inspection must be corrected.

HAZARD ABATEMENT PROCEDURE - Title 8, Sec 3203 a(6)

Supervisors are responsible for communicating safety and health issues in a form readily understandable by all workers. Employees are encouraged to communicate safety concerns to their supervisor without fear of reprisal. Supervisors are also responsible for ensuring that employees are supplied with hazard information pertinent to their work assignments.

Hazards can be reported anonymously using the attached "Report of Unsafe Condition or Hazard" form, which is available at each unit location. Hazardous conditions or activities noted should be reported to the Association's Human Resources Department. The Safety Committee will periodically review this record. Safety related items will be posted in each unit. Employees may also be informed about safety matters by email, voice mail, or distribution of written memoranda.

Hazards discovered either as a result of periodic inspection or during normal operations must be promptly corrected. Managers or supervisors are expected to correct unsafe conditions as quickly as possible after discovery, based on the severity of the hazard. Corrective actions should be documented. Appropriate corrective action related to training and retraining of employees will be documented on the individual employee's training record.

ACCIDENT INVESTIGATION - Title 8, Sec 3203 a(5)

Employees who are injured at work must report the injury immediately to their supervisor. If immediate medical treatment beyond first aid is needed, call 911. If non-emergency medical treatment for work-related injuries or illnesses is needed, contact San Joaquin Total Care (559) 251-2225.

Supervisors are responsible for investigating industrial injuries to determine and correct the cause(s) of the incident. All accidents shall be investigated promptly regardless of their severity. Supervisors must complete the attached accident investigation form, and promptly submit the entire workers compensation packet to Human Resources no later than the next business day after the incident. The investigation should include collecting the facts, determining the sequence of events that resulted in the accident, identifying action to prevent recurrence, and providing follow-up to ensure that corrective action was effective.

If the injured employee saw a physician, the supervisor should obtain a medical release form before allowing the employee to return to work. The Safety Committee will periodically review workers compensation reports. Appropriate recommendations for policy changes will be made as necessary.

BASIC RULES FOR ACCIDENT INVESTIGATION

- The purpose of an investigation is to find the cause of an accident and prevent further occurrences, not to fix the blame. An unbiased approach is necessary to obtain objective findings.

- Visit the accident scene as soon as possible - while facts are fresh and before witnesses forget important details.

- If possible, interview the injured worker at the scene of the accident and "walk" him or her through a re-enactment.

- All interviews should be conducted as privately as possible. Interview witnesses one at a time. Talk with anyone who has knowledge of the accident, even if they did not actually witness it.

-Consider taking signed statements in cases where facts are unclear or there is an element of controversy.

-Document details graphically. Use sketches, diagrams and photos as needed, and take measurements when appropriate.

-Every investigation should include an action plan. How will you prevent such accidents in the future?

-If a third party or defective product contributed to the accident, save any evidence. It could be critical to the recovery of claims costs.

RECORD KEEPING - Title 8, Sec 3203 b(1 & 2)

The Association will keep safety records, which include but are not limited to:

- Employee training records

- Safety meetings

- Safety inspections

- Safety Committee meetings

- Reports of Unsafe Condition or Hazard

- Accident investigations

- Employee and employer claim forms

- Cal/OSHA required records (Form 200, medical exposure records, injury reports)

EMPLOYEE HEALTH AND SAFETY TRAINING

Safety training will be provided to employees by their supervisor, or by representatives from other relevant Association, campus or non-campus personnel. Training will be documented using the “Employee Safety Check List” or an equivalent record. Training will include how to report unsafe conditions.

Supervisors must be trained on the hazards to which employees under their immediate control may be exposed. All supervisors must ensure that the personnel they supervise receive appropriate training on the specific hazards of work they perform, and the proper precautions for protection against those hazards. Training is particularly important for new employees. Personnel hired after the initial group training session will be oriented on this material as soon as possible by the appropriate supervisor. Health and Safety training

is also required when employees are given new job assignments on which they have not previously been trained and whenever a supervisor is made aware of a new or previously unrecognized hazard.

CORRECTIVE ACTION - Title 8, Sec 3203 a(2)

All employees are responsible for complying with safe and healthful work practices including applicable regulations, Association policy, and departmental safety procedures. When it becomes necessary, the California State University, Fresno Association, Inc. reserves the right to discipline employees who knowingly violate company safety rules or policies. Depending on the severity of the violation, disciplinary measures may include but not be limited to:

- Verbal warning for minor offenses,
- Written warning for more severe or repeated violations,
- Suspension without pay, or
- Termination of employment.

SAFETY RULES SECTION

- A. General Safety
- B. Housekeeping
- C. Slips and Falls
- D. Material Handling
- E. Fire Prevention Safety
- F. First Aid/Medical
- G. Emergency Evacuation Procedures
- H. Personal Protective Equipment and Personal Hygiene
- I. Electrical Safety
- J. Hand Tools
- K. Portable Power Tools
- L. Office Safety
- M. Motorized Vehicles

More specific information is included in each unit's own safety rules section, under the appendices.

CODE OF SAFE WORK PRACTICES

A. GENERAL SAFETY

1. Be alert for unsafe work methods or unsafe conditions. Either correct them or report them to your supervisor immediately.
2. Report every injury immediately, whether serious or not, to your supervisor.
3. Observe the Drug-Free Workplace policy.
4. Obey warning tags and signs.
6. Do not block fire fighting equipment, fire doors, or exits with any material or equipment.
7. Obey existing law about smoking in the workplace. Smoking is prohibited in all buildings.

B. HOUSEKEEPING

1. Keep your working environment clean and tidy at all times.
2. Do not place material or equipment in aisles, corridors, in front of emergency exits, or electrical control panels. Tools, equipment and chemicals shall be stored in designated spaces when not in use.
3. Do not place or stack material or equipment in such a manner that it constitutes a falling hazard.
4. If anything is spilled in the work area, it should be cleaned up as soon as possible after it has been determined if the spilled substance is not hazardous. If it is hazardous call your supervisor.

C. SLIPS AND FALLS

1. Wear safe, strong shoes which are in good repair.
2. Watch where you step. Be sure your footing is secure.
3. Pick up litter. Don't let tripping hazards exist.
4. Secure cables and extension cords so they don't trip you.

5. If you must climb to reach something, use a sound ladder or step stool, set and properly secured. When climbing, face the ladder and use both hands, and if possible, have someone hold the ladder to insure its steadiness.
6. When reaching from a ladder, keep your shoulder inside the vertical stringer. If you must reach further than this, move the ladder first.

D. MATERIAL HANDLING

1. Don't move it twice if once will do. Plan your work!
2. Don't try to lift objects which may be beyond your physical capacity and training. Get help or use a machine or hand truck.
3. Use gloves, aprons or pads when handling materials which are rough, sharp, hot or cold, or which are covered with hazardous substances. See more regarding hazardous substances in section IV.
4. When moving a load, be sure you can see where you are going. Check for obstructions or tripping hazards in the direction you will be moving. Make multiple trips as is necessary.
5. When carrying long objects like pipe or lumber, keep the leading end just above head height.
6. When lifting heavy objects from the floor, kneel on one knee, roll or tip the object onto the other knee, then pull the load next to your stomach and stand up. Use the reverse procedure to set a load down.
7. Pile material on a strong, level base. Interlock so the pile won't come apart. Chock round stock so it can't roll.

E. FIRE PREVENTION SAFETY

1. Fire fighting equipment and emergency exits must be kept clear and ready for immediate use. Do not block them with equipment or material. All personnel should be familiar with the position of fire fighting equipment.

2. Know where your primary exit route is, and what alternative emergency routes are available. Always use the closest emergency door to exit when evacuating the building.
3. Make sure flammable liquids and vapors are not exposed to ignition sources. All flammable liquids must be dispensed from and transported in approved containers. Glass containers are expressly forbidden.
4. Report all fires, no matter how small, to your Supervisor.
5. Immediate response to fires is essential. If a fire occurs, the first consideration must be the safety of personnel. All employees must be evacuated in the immediate area before attention can be given to the saving of property. Notify your Supervisor and the Campus Police as soon as possible.
6. Instruction and training on the use of fire extinguisher and evacuation procedures is provided. Learn how to use the extinguisher in your area (frequently read the instructions label on extinguisher) and know where they are located. If you are not sure, ask your Supervisor.

F. FIRST AID AND MEDICAL

1. Report all accidents to your supervisor regardless of whether anyone is injured and take steps to correct the factors which can contribute to the accident. If you injure yourself in any way at work, seek first aid treatment. Seek treatment for all injuries, even small cuts, scratches or burns to prevent infection and need for further medical care. An accident report must be completed by your supervisor even if you do not require medical care.
2. Employees must obtain permission from their supervisor and/or Human Resources:
 - a) When leaving work prior to the end of the working day for illness or injury.
 - b) When returning from any absence due to occupational illness or injury.
 - c) When returning from any absence due to non-occupational illness of three days of

more, a release from the treating physician may be required.

- d) When wearing a bandage or dressing which obscures vision.
 - e) When wearing a cast or splint; using a cane or crutch.
3. Be sure to notify the Human Resources Department of any change in your name, address or telephone number. This is important in order to maintain necessary contact with you and your family.
 4. In case of accident or sickness or inability to report to work, phone your Supervisor as soon as possible before the start of your shift. Three days without notification is considered a voluntary termination.

G EMERGENCY EVACUATION PROCEDURES

In the event of fire, earthquake or any other emergency, it may be necessary to quickly evacuate the building in a safe and orderly manner. The evacuation procedure to be followed by all personnel under these circumstances is:

1. The instruction to evacuate the building will be given by individual department supervisors.
2. Immediately stop work, switch off equipment and leave the building by the nearest emergency exit. All exits have signs and are shown on the building diagram.
3. Once outside the building you should proceed to the area designated for your building and wait for instructions from your supervisor.
4. Supervisors will check that all their employees are clear of the building.
5. Under no circumstances shall you leave the vicinity of the building without reporting to your supervisor.
6. If a person is missing, the supervisor will report this information to the appropriate emergency response agency representative.

7. Under no circumstances will personnel be permitted to re-enter the building until a safety clearance has been obtained from the facility manager.
8. All employees shall follow the directions of the facility manager. Any refusal to follow directions will be reported and disciplinary action will be taken.

H. PERSONAL PROTECTIVE EQUIPMENT AND PERSONAL HYGIENE

Protective equipment such as safety glasses, gloves, aprons and back supports are provided by California State University, Fresno Association., Inc. If you require any protective equipment ask your Supervisor to provide it for you.

1. This equipment shall be used whenever it is necessary by reason of hazards of processes or environment.
2. Personal protective equipment must be carefully checked each time before wearing to assure its integrity to provide protection for which it is designed.
3. The employee must check personal protective equipment. If replacement is necessary, the damaged equipment must be exchanged for replacement.
4. Protective equipment must be worn where required. Your supervisor will advise you as to what equipment is necessary for a particular job.
5. Avoid handling chemicals or immersing your hands in chemical solutions without wearing rubber gloves.
6. If you are cut or if you receive a puncture wound, keep cuts and puncture wounds clean to avoid infection. Report any such minor injuries to your supervisor.
7. If skin contact with chemicals occurs, immediately rinse the exposed area with running water. The important factor is always to remove chemical material as quickly as possible.
8. Employees must not clean their hands by washing in oils or solvents. Soap and water is the best and safest to use.
9. Wash hands after using any chemicals or solvents and before smoking, eating or contacting sensitive body areas such as eyes to prevent contamination.

10. Contact lenses increase the danger of eye damage when used in areas of potential eye injury. Contact lenses shall not be worn in any area where chemicals are used.
11. Wear appropriate clothing for the work that you do. Your supervisor will instruct you on the proper clothing and shoes for your department.

I. ELECTRICAL SAFETY

All cases of electrical shock must be reported to your Supervisor. All electrical control panels, switch panels and circuit breaker panels must be kept free of obstruction and remain easily accessible at all time. Periodically check electrical and extension cords to see if they are frayed or worn. Extension cords should not be used as a long-term alternative to permanent wiring. Refer to specific units for additional electrical safety rules.

J. HAND TOOLS

1. Cutting tools must be dressed at the proper angle cutting away from the body to prevent injury. They should be kept sharp, and in a scabbard or stored in a safe place.
2. The heads of striking tools must be dressed square (with a few exceptions) and without burrs.
3. Use the right kind and size of tool for the job.
4. Hold screwdrivers, wrenches, chisels, etc., in such a way that if there is a slip or a miss, you will not be hurt.
5. Do not use a file without a handle.

K. PORTABLE POWER TOOLS

1. All portable and stationary electric power tools must be properly grounded before and during use. Check the insulation on the wires and the condition of plugs and sockets. If they are frayed, worn, cut or broken, have them repaired before using.
2. String temporary extension cords and power lines so they will not create a tripping hazard and so they are protected from physical damage.

3. Before using a drill on a wall, floor or ceiling be sure electrical wires, gas lines and high pressure lines are not in the way.
4. Circular skill saws shall not be used without the guard. Do not pin the guard back.
5. Do not use power assisted tools for driving nails or spikes in walls, ceilings or floors when people are working on the other side of the partition.

L. OFFICE SAFETY

1. Never leave desk, file or cabinet drawers open since they can create a tripping or bumping hazard.
2. Never open more than one drawer at a time in a file cabinet. If it is necessary to keep books or other objects in a file cabinet, put them in the bottom drawers.
3. Do not extend electrical cord, telephone and equipment cables across aisles or walkways where they create tripping hazards.
4. Do not climb on chairs, up-turned wastepaper baskets, or other improvised hazardous supports.
5. Do not attempt to repair any electrical equipment. Report faults to your supervisor or maintenance.
6. Do not store materials on top of filing cabinets and open shelve units where they are likely to fall and injure someone.

M. MOTORIZED VEHICLES

1. Only authorized employees will operate company vehicles, including autos, trucks, forklifts, powered carts and other equipment requiring a driver.
2. Drivers shall possess a valid California Driver's License where necessary and such will be documented by the supervisor.
3. Drivers must meet the Association's Defensive Driving requirements and receive certification from Environmental Health and Safety.

4. Drivers required to have special class licenses shall possess these endorsements.
5. Any driver known to be under the influence of drugs or intoxicating substances is subject to immediate termination.
6. Passengers are forbidden to ride on vehicles not equipped with seats for passengers.
7. Do not get on or off a vehicle while it is in motion -- even slow motion.
8. Overloading a vehicle with passengers or materials is forbidden.
9. Vehicles will be maintained in a safe operating condition. It is the responsibility of the driver to report any defective conditions immediately. Guidelines for powered carts shall be posted in the cart.
10. No vehicle shall be driven in a reckless manner. The maximum speed any vehicle shall be driven at any time shall be subject to posted speed limits if driving on public roads, and such that the driver can stop the vehicle within the clear unobstructed distance ahead of him giving due regard for possible unforeseen obstructions and the condition of the road surface and the vehicle.
11. All vehicle accidents, whether involving injury or not, shall be reported to your supervisor.

HAZARD COMMUNICATION PROGRAM

California State University, Fresno Association, Inc. has developed a Hazard Communication Program to provide employees with information about the hazardous materials present in our workplace. The information includes container labeling, Material Safety Data Sheets (MSDS) and employee training.

I. CONTAINER LABELING

It is our policy that before use, each secondary container of hazardous materials must possess a label with the following information:

Name of the contents
Appropriate hazard warnings

The Facility Manager will ensure that each container has a label with the appropriate information.

II. MATERIAL SAFETY DATA SHEETS (MSDS)

Material Safety Data Sheets for each hazardous material to which our employees may be exposed are filed in an MSDS binder located within the unit. Facility Managers will review newly arriving data sheets for significant health and safety information and see that new information is passed on to the appropriate employees. If an MSDS is missing a new one will be requested.

The Material Safety Data Sheets are available to all employees during regular business hours. If an MSDS is not available for a particular material, contact the Human Resources department.

III. EMPLOYEE INFORMATION AND TRAINING

Employees will be trained in general and specific hazard communication procedures and regulations. The training content will address the following areas:

- 1. The Employee's Right to Know" Law**
- 2. Product Labels and Material Safety Data Sheets**
- 3. Specific Chemical Training**

It is important that all of our employees understand the training. If you have questions, please contact your Supervisor.

IV. LIST OF HAZARDOUS MATERIALS

A Hazardous Materials Inventory listing all known hazardous materials used in our workplace is located in each MSDS binder. The Inventory Chart lists the material name, manufacturer name, phone number, and revision date. A sample inventory chart is attached. Specific information for each hazardous material can be found in the Material Safety Data Sheet binder.

Unit Managers are responsible for updating the Hazardous Materials Inventory and making employees aware of the new materials being used in the workplace.

V. INFORMING CONTRACTORS

The Facility Manager will ensure that outside contractors are informed about the hazardous materials to which they may be exposed while working in our workplace.

Contractors having questions about this plan may contact the Director of Human Resources.

1. All Material Safety Data Sheets (MSDS) are available for review, and are kept in the Unit Manager's office.
2. Know the hazardous properties of all the chemicals you work with.
3. Read the label on the containers and follow the manufacturer's instructions to the letter.
4. Know what the first aid treatment is and be prepared to carry it out immediately if necessary.
5. Store chemicals in a safe manner and in accordance with the manufacturer's recommendations.
6. Keep containers closed when not in use.
7. Use goggles, gloves, masks, and other protective equipment as required.
8. Do not smoke, eat, or drink in areas where chemicals are used.
9. Use appropriate disposal methods for chemicals.

SAFETY COMMUNICATION - Title 8, Sec 3203 a(3 & 7)

It is our company policy to maintain open communication between management and staff on matters pertaining to safety and we encourage your active participation in our company safety program. Please feel free to express any of your safety concerns or suggestions individually to your supervisor, or in writing on the attached Hazard Report form. (This will allow you to remain anonymous if you so desire.)

SAFETY AND HEALTH TRAINING (NEW HIRES)

All new employees must undergo an initial orientation in order to receive instruction in:

- General company rules and policies.
- Safe work procedures.

In addition, other work related education will be included in the orientation process.

The Safety Training Program for all new employees will include:

- An initial training period including instruction on the safe use and operation of equipment, accident reporting procedures, and other miscellaneous safe work practices.
- Proper use and care of required protective equipment.
- Hazard communication when hazardous chemicals are to be used.
- Safe lifting techniques.
- Other specific safety information pertinent to the employee's job.
- Employee Safety Check Sheet used to document the training (see attached sample)

SAFETY AND HEALTH TRAINING (EXISTING EMPLOYEES)

The Safety Training Program is also intended to provide general and specific job safety training to existing company personnel. To insure that employees receive appropriate job safety training, all employees will participate in:

- Scheduled safety meetings.
- Additional training as job duties or work assignments are expanded or changed, or whenever employees are exposed to new processes, machinery, chemicals, or when previously unrecognized hazards will have an effect on their safety and health.
- Training for driving company vehicles and powered carts.

An employee training record will be kept for all employees. Those records will be kept by individual facility managers in the unit office (a sample employee training record is attached).

EMPLOYEE SAFETY MEETING - Title 8, Sec 3203 a(3)

Safety meetings will be conducted periodically in each department, by the department supervisor. These meetings will be brief and will cover 1-2 specific subjects. Safety meetings are required by CAL/OSHA in order to successfully communicate important

information to employees, as well as promote safety awareness. These meetings will be documented.

SAFETY COMMITTEE - Title 8, Sec 3203 a (3)

The Safety Committee will consist of members from management and staff. This committee will meet on at least a quarterly basis and follow an agenda. Minutes of the meeting will be documented.

The committee will generally or specifically address safety topics as necessary, as outlined in the Safety Committee Policy and Procedures Manual.

CALIFORNIA STATE UNIVERSITY,
FRESNO ASSOCIATION, INC.

**Safety Training Certification
For
Injury & Illness Prevention Program Acknowledgement**

THIS IS TO CERTIFY that I have on this day received a copy of the California State University, Fresno Association, Inc. Injury & Illness Prevention Policy, which I will read. I will be guided by this Policy while in the employ of this company.

I understand that it is a requirement of my employment that in case I am injured while in the course of my work, I will immediately report the injury to my supervisor and obtain the necessary First Aid or Medical Treatment.

Employee Name (please print)

Employee Signature

Date

Supervisor's Signature

FRESNO STATE

Auxiliary Services

Agreement for Waiver of Meal Period

Employee Name: _____

Employee and Employer agree to the following regarding the Employee's meal period:

Initial appropriate paragraph(s):

Employee's Initials

The nature of the Employee's work prevents the Employee from being relieved of all duty during the Employee's meal period and that the Employee shall work an on-the-job meal period that shall be paid for by the Company.

Employer's Initials

And/or

Employee's Initials

The Employee's work shift for the day's work does not exceed six (6) hours. The employee waives any meal period on the work shift.

Employer's Initials

And/or

Employee's Initials

The Employee's work shift for the day is 10 hours or more (but does not exceed 12 hours). The employee waives the second meal break.

Employer's Initials

This agreement is freely and voluntarily entered into.

This agreement is valid during the following dates: from _____ to _____

Employee Signature _____ Date: _____
Company/Unit _____

Employer Signature _____ Date: _____
Employer Name (Print) _____

A

P.O. Box 942709
Sacramento, CA 94229-2709
PERS-AESD-139 (9/99)

NOTICE OF EXCLUSION FROM CALPERS MEMBERSHIP

Your employer has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit package which includes service retirement, death, and disability benefits.

1. SOCIAL SECURITY NUMBER -- --		
2. CURRENT NAME (LAST) (FIRST) (MIDDLE)		
3. NAME OF PUBLIC AGENCY California State University, Fresno Association, Inc.		4. DEPARTMENT OR SCHOOL DISTRICT NAME
6. TERM OF APPOINTMENT <input type="checkbox"/> PERMANENT <input checked="" type="checkbox"/> TEMPORARY		7. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST. MONTHS
9. TIME BASE <input type="checkbox"/> FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> INDETERMINATE		8. APPOINTMENT DATE MM DD YYYY IF PART TIME, ENTER THE FRACTION OF FULL TIME:

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

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

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

If you believe that your employment does qualify you for CalPERS membership, ask your employer for an explanation. If you still have doubts, you may appeal directly to CalPERS by sending a letter to the Actuarial & Employer Services Division, Member Review Unit, at the address shown above, stating the reasons why you feel you should be a member.

SIGNATURE OF CERTIFYING OFFICER	TITLE	DATE
SIGNATURE OF EMPLOYEE		DATE

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



Employment Eligibility Verification

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

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

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

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

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

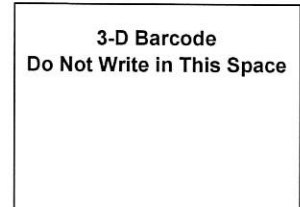
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

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

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

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name CSU Fresno Association, Inc.		
Employer's Business or Organization Address (Street Number and Name) 2771 E. Shaw Ave.	City or Town Fresno	State CA	Zip Code 93710	

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

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

This form can be used to manually compute your withholding allowances, or you can electronically compute them at www.taxes.ca.gov/de4.xls (Microsoft Excel required).

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

1. Number of allowances for Regular Withholding Allowances, Worksheet A _____

Number of allowances from the Estimated Deductions, Worksheet B _____

Total Number of Allowances (A + B) when using the California Withholding Schedules for 2007 _____

OR

2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____

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

Signature _____ Date _____

Employer's Name and Address	California Employer Account Number
-----------------------------	------------------------------------

----- cut here -----

Give the top portion of this page to your employer and keep the remainder for your records.

YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM

IF YOU RELY ON THE FEDERAL W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

PURPOSE: This certificate, DE 4, is for **California personal income tax withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

on the number of withholding allowances you claim on your Form W-4 withholding allowance certificate for your state income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

You should complete this form if either:

- (1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California personal income tax withholding than you claim for federal income tax withholding or,
- (2) You claim additional allowances for estimated deductions.

CHECK YOUR WITHHOLDING: After your W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form, and for federal withholding use the Internal Revenue Service (IRS) Publication 919 or federal withholding calculations.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4. You may only claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption automatically expires on February 15 of the next year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted before February 15. If you are not having federal income tax withheld this year but expect to have a tax liability next year, the law requires you to give your employer a new Form W-4 by December 1.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state personal income tax withholding tables. **If you rely**

Form W-4 (2015)

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 2015 expires February 16, 2016. 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 cannot claim exemption from withholding if your 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 do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not 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 2015. 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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	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.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$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 \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	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.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • 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 Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ 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.				2015
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 2015, 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)	
California State University Fresno Association Inc 2771 E. Shaw Fresno CA 93710			94-1512286	

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2015 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2015. 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 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 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 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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.

New Hire Notice -- Injuries Caused By Work

What does workers' compensation cover?

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures such as hurting your wrist from doing the same motion over and over). Generally, independent contractors, and volunteers who receive no compensation are not covered by workers' compensation benefits. Injuries resulting from off duty recreational, social, or athletic activities, unless condoned or sponsored by your employer, are generally not covered.

Benefits:

Workers' compensation benefits include: Medical care, temporary disability, permanent disability, supplemental job displacement voucher, and death benefits

Medical Care:

You are entitled to medical care that is reasonably required to cure or relieve you from the effects of your work-related injury. Medical care may include doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. Providers should never bill you directly for work-related injuries. There is a limit on some medical services. Your employer is required to provide you with a claim form within one business day of learning about your injury. It is extremely important that you complete the "Employee" section of the claim form as your employer is required to authorize medical care within one working day after you file the form. If additional care is necessary after the initial treatment, the claims administrator will authorize any care that is appropriate for your injury, including the referral to specialists.

Your Primary Treating Physician (PTP):

This is the doctor with overall responsibility for treating your injury or illness. The primary treating physician determines what type of treatment you need and when you may return to work. A multispecialty medical group of licensed doctors and osteopathy can be designated as personal physicians. If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness by making a request to the claims administrator. Chiropractors may not continue as the primary treating physician after 24 visits. If specialists, diagnostics, etc. are needed in your case, this physician will be responsible for making the referrals. If you name your personal physician before your injury, you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Special rules apply if your employer offers a Health Care Organization (HCO) or has a medical provider network.

You should receive information from your employer if you are covered by an HCO or MPN. Contact your employer for more information.

Treatment by your personal physician:

You may be treated by your personal physician if you notify your employer prior to your injury. A personal physician includes a medical group of licensed doctors of medicine or osteopathy. Please have your physician complete the attached form and return to your employer. The following requirements must be met:

1. You must have group health coverage from any source for non-industrial illnesses and injuries.
2. Your personal physician must agree in advance to treat you for any work injuries or illnesses
3. Your physician must be your regular physician and surgeon.
4. Your physician has previously directed your medical treatment and retains your records, including your medical history.

What happens if your employer disputes your injury?

State law requires employers to authorize medical care within one working day of receiving a DWC 1 claim form. Your employer may be liable for as much as \$10,000 in medical care until your claim is accepted or denied.

Medical Provider Networks:

Your employer may be using a MPN, which is a selected network of health care providers to provide treatment to workers injured on the job. If your employer is using a MPN, a MPN notice should be posted next to this poster to explain how to use the MPN. If you have pre-designated your personal physician prior to your work injury, then you may receive treatment from your pre-designated doctor. If you have not pre-designated and your employer is using a MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by the employer. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN.

What if my employer has a Medical Provider Network?

If your employer has Medical Provider Network additional information can be obtained by reviewing the full employee notification which is required to be posted in close proximity to the workers' compensation poster.

What if my employer does not have a Medical Provider Network?

If your employer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness within 30 days of reporting your injury. Chiropractors may not continue as

the primary treating physician after 24 visits. You may use the attached Notice of Personal Chiropractor or Personal Acupuncturist form to notify your employer of this change.

Emergency Medical Care:

If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department.

First Aid:

If you need first aid treatment, contact your employer. If you have more than a simple first aid injury, you will need to ask your employer for a claim form.

Temporary Disability (TD) Benefits:

You may be entitled to payments if you lose wages while recovering. Your temporary disability rate is calculated by multiplying your average weekly wage by two thirds. The first 3 days of disability are not payable under California law unless there is hospitalization at the time of injury or the disability exceeds 14 days. If your physician returns you to work on a modified basis, you may be entitled to wage loss. This is generally calculated by multiplying the difference between your average weekly wage and your earnings during modified duties times two thirds. This is subject to the benefit minimums and maximums set by the California Legislature. Temporary disability benefits are payable within 14 days of the date of injury or knowledge of the injury. Subsequent payments are due every 14 days. For injuries occurring on or after 1/1/08, no more than 104 weeks of temporary disability are payable within 5 years from the date of injury. For longer term conditions (hepatitis B & C, amputations, severe burns, HIV, high velocity eye injuries, chemical burns to the eyes, pulmonary fibrosis, and chronic lung disease) no more than 240 weeks within five years from the date of injury are payable. You may be eligible for state disability benefits from the Employment Development Department (EDD) if TD benefits are stopped, delayed, or denied. There are time limits so contact EDD for more information.

Permanent Disability (PD) Benefits:

You may be entitled to payments if your physician says your injury has limited your ability to work. The permanent disability rate is calculated by multiplying your average weekly wage by two thirds, subject to statutory minimums and maximums. The amount of permanent disability or impairment may depend on your doctor's opinion, as well as your age, occupation type of injury and date of injury. If you have permanent disability or your claims examiner suspects you have permanent disability, a letter will be sent to you explaining your benefits, including the estimate or total value of permanent disability, weekly payment amount, how the benefit was calculated, and all of your related rights under the California Labor Code, including your right to object to the report upon which the determination is being based. Permanent Disability benefits are payable within 14 days of the last payment of temporary disability benefit or after you physician indicates there is permanent disability. The benefit is payable every fourteen days. Permanent Disability benefits are not payable until your claim is finalized if your employer

offered a job upon termination of temporary disability benefits.

Supplemental Job Displacement Benefit:

You may be entitled to a nontransferable voucher payable to a state approved school. To qualify, your injury must result in a permanent impairment and your employer is unable to offer modified or alternative work within 60 days of receipt of a report asserting that all medical conditions have reached maximum medical improvement. If your employer does not offer a modified or alternate job within 60 days of determination of maximum medical improvement, you may chose to receive a nontransferable voucher to use at a state accredited school for education-related retraining or skill replacement. If you qualify for the supplemental job displacement benefit, your claims examiner will provide a voucher for up to \$6,000.00.

Return to Work Fund

If your injury results in permanent impairment and it is determined that the amount awarded is disproportionately low in comparison to your loss of earnings, you may be entitled to additional compensation. A fund was established to supplement permanent impairment benefits under specific circumstances. This fund is administered by the Division of Workers Compensation. Your examiner can assist in directing you to the correct resource to determine eligibility.

Death Benefits:

Death benefits are paid to dependents of a worker who dies from a work-related injury or illness. The benefit is calculated and paid in the same manner as temporary disability. This benefit is paid at a minimum rate of \$224 per week. The death benefit rates are set by state law and the amount depends upon the number of dependents. If dependent minor children are involved, death benefits are payable at least until the youngest child reaches majority age. Burial expenses are also provided under this benefit.

Report Your Injury:

Report the injury immediately to your supervisor or to:

Employer representative: Adriana Chavero-Chavez

Phone number: (559)278-0865

Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for your alleged injury and shall be liable for up to ten thousand dollars (\$10,000) in treatment until the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$ 10,000). If your claim is denied, you have the right to appeal the decision within one year of the date of injury.

Discrimination:

It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty recreational, social, or athletic activity that is not part of your work-related duties.

Questions?

If you have questions, see your employer or the claims examiner who handles workers' compensation claims for your employer.

Claims Administrator:

Sedgwick Claims Management Services, Inc.

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

The employer is insured for workers' compensation by:

How do I locate information regarding my employer's current workers' compensation carrier?

For information regarding your employer's workers' compensation carrier, please visit the below website.

<https://www.caworkcompcoverage.com>

If the workers' compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement - their number can be found in your local White Pages under California State Government, Department of Industrial Relations.

You can get free information from a State Division of Workers' Compensation Information & Assistance Officer.

The nearest Information & Assistance Officer is at:

Address: _____

City: _____ Phone: _____

Hear recorded information and a list of local offices by calling toll-free (800) 736-7401.

Learn more online: www.dir.ca.gov.

False claims and false denials:

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) if:

On the date of your work injury you have health coverage for injuries and illnesses that are not work related;

The doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;

Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries;

Prior to the injury your doctor agrees to treat you for work injuries or illnesses;

Prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN Employee:

Complete this section.

TO: (name of employer). If I have a work-related injury or illness, I choose to be treated by:

(name of doctor) (M.D., D.O.)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print): _____

Employee's Address: _____

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

Employee's Signature: _____ **Date:** _____

Physician: I agree to this pre-designation:

Signature: _____ **Date:** _____

(physician or designated employee of the physician)

The physician is not required to sign this form, however, if the physician or designated employee of the physician does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1 (a)(3).

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist. Chiropractors may not continue as the primary treating physician after 24 visits.

Note: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by a surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

(name of chiropractor or acupuncturist)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print): _____

Employee's Address: _____

Employee's Signature: _____ Date: _____

2015 Semi-Monthly Payroll Schedule

California State University, Fresno Association, Inc.
 California State University, Fresno Foundation
 Agricultural Foundation of California State University, Fresno
 Associated Students Inc. of California State University, Fresno
 Fresno State Programs for Children, Inc.

<u>Pay Period</u>	<u>Time-Sheet Due</u>	<u>Date Paychecks Available</u>
December 16-31	January 5	Wednesday, January 7
January 1-15	January 16	Thursday, January 22
January 16-31	February 2	Friday, February 6
February 1-15	February 16	Friday, February 20
February 16-28	March 2	Friday, March 6
March 1-15	March 16	Friday, March 20
March 16-31	April 1	Tuesday, April 7
April 1-15	April 16	Wednesday, April 22
April 16-30	May 1	Thursday, May 7
May 1-15	May 18	Friday, May 22
May 16-31	June 1	Friday, June 5
June 1-15	June 16	Monday, June 22
June 16-30	July 1	Tuesday, July 7
July 1-15	July 16	Wednesday, July 22
July 16-31	August 3	Friday, August 7
August 1-15	August 17	Friday, August 21
August 16-31	September 1	Monday, September 7
September 1-15	September 16	Tuesday, September 22
September 16-30	October 1	Wednesday, October 7
October 1-15	October 16	Thursday, October 22
October 16-31	November 2	Friday, November 6
November 1-15	November 16	Friday, November 20
November 16-30	December 1	Monday, December 7
December 1-15	December 16	Tuesday, December 22

ALL PAYROLL CHECKS ARE AVAILABLE
AFTER 1:00 PM ON THE DATE SHOWN ABOVE

Dear Employee:

New Health Insurance Marketplace Coverage Options and Your Health Coverage

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.¹

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 Auxiliary Human Resources at (559) 278-0865.

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

¹ 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 <i>California State University, Fresno Association Inc.</i>	4. Employer Identification Number (EIN) <i>94-1512286</i>	
5. Employer Address <i>2771 E. Shaw Avenue</i>	6. Employer Phone Number <i>(559) 278-0865</i>	
7. City <i>Fresno</i>	8. State <i>CA</i>	9. ZIP Code <i>93710</i>
10. Who can we contact about employee health coverage at this job? <i>Nicole Lane</i>		
11. Phone Number (if different than above)	12. Email address <i>nicolel@csufresno.edu</i>	

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:

Benefited employees (also called regular or full time employees).

- With respect to dependents:

We do offer coverage. Eligible dependents are:

A spouse, a domestic partner of the same sex as the Employee, or a domestic partner of the opposite sex of the Employee provided the partner is over age 62 and is registered with the California State Registry; and a child, stepchild or other eligible dependent up to age 26.

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 will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.