

CALIFORNIA STATE UNIVERSITY, PROGRAMS FOR CHILDREN

STUDENT/PART-TIME/TEMPORARY EMPLOYEE INFORMATION SHEET

PLEASE CHECK ALL THAT APPLY:

<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> STUDENT at Fresno State	<input type="checkbox"/> CHANGE
<input type="checkbox"/> RE-HIRE	<input type="checkbox"/> Fresno State Faculty	_____ #of units enrolled for:	<input type="checkbox"/> Address
	<input type="checkbox"/> Fresno State Staff	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> Emergency Info
	<input type="checkbox"/> Non-Fresno State Employee		<input type="checkbox"/> Pay Increase (complete below)

TO BE COMPLETED BY EMPLOYEE

Name: _____		Social Security Number: _____ / _____ / _____	
Local Address: _____ No. Street City State Zip Code		Home Phone Number: () _____	
Permanent Address: _____ No. Street City State Zip Code		Work Phone Number: () _____	
CSU Fresno Email Address: _____			

<input type="checkbox"/> Married	<input type="checkbox"/> Male	Date of Birth: _____
<input type="checkbox"/> Single	<input type="checkbox"/> Female	

Have you worked or are you currently working for the Foundation, Ag Foundation, or Fresno State Programs for Children?

Yes If Yes, Last Day Worked: _____

No Location: _____

EMERGENCY CONTACT INFORMATION (Employee must update each semester)

In case of emergency, notify:	Relationship:	Phone Number:
Name: _____	_____	() _____
Address: _____ No. Street City State Zip Code		

ACKNOWLEDGEMENTS

I have completed the attached forms: (please check) <input type="checkbox"/> I-9 (Form and Instructions attached) <input type="checkbox"/> W-4 & DE 4 forms <input type="checkbox"/> Application for Employment <input type="checkbox"/> Nature of Employment Acknowledgement	I have received the following: 1. Sexual harassment information and brochure 2. Workers' Compensation brochure 3. State Disability Insurance brochure 4. Nature of Employment Policy
Dated: _____	
Employee Signature _____	

TO BE COMPLETED BY SUPERVISOR

Cost Center: _____	Date of Hire or Re-hire: _____	Work Location and Mail Stop: _____
Hourly rate of Pay: \$ _____	Position Title and brief description of duties: _____	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

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 will not violate the PFC Nepotism policy. Yes No

PAY INCREASE

Reason for increase: _____

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

Signature of Employee	Date
Signature of Supervisor	Date
Signature of Manager Approving	Date

OFFICE USE ONLY

HR Setup	Entered by (Initial) _____	Date _____	PR Input (Initial) _____	Date _____
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CALIFORNIA STATE UNIVERSITY, FRESNO
AUXILIARY CORPORATIONS

Association
 Foundation

Agricultural Foundation
 Fresno State Programs for Children

Hiring Checklist

Name: _____

SSN: _____

Date of Hire: _____

Dept/Project: _____

Cost Center: _____

To be returned to Human Resources:

- Application – Completed and signed.
- I-9 Completed and Identification.* (See Notes)
Please see attached list on I-9 form of acceptable documents and bring originals to HR office to have copies made.
- W-4 & DE 4 Forms Attached.
- IIPP Safety Signoff Sheet.
- Student/Part-time Employee Information Sheet completed.
- Nature of Employment Acknowledgment (signed).
- Payroll Agreement completed for all University Employees.
- Copy of Driver's License (if new hire required to drive).
- Proof of Insurance (if new hire required to drive on duty).
- Handbook Signoff Sheet.
- Arbitration Agreement (signed).

Given to Employee at Original Date of Hire:

- Sexual Harassment Brochure.
- Nature of Employment Policy.
- Employee Assistance & Development Brochure (EAP).
- Workers' Compensation Informational Brochures.
- Workplace Violence Guide.
- State Disability Insurance Brochure.
- Paid Family Leave Insurance Brochure.
- IIPP Manual.
- MPN Implementation Notice.
- Employee Handbook.

Employee Signature

Date

Supervisor's Signature

Date

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

FRESNO STATE PROGRAMS FOR CHILDREN, INC.

NATURE OF EMPLOYMENT

The relationship between employees and Fresno State Programs for Children, Inc. (PFC) is for an unspecified term and is considered employment at-will. No supervisor or employee of PFC has the 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 in consultation with the Program 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 PFC, with or without cause or advance notice. PFC can also demote and change pay and duties of any employee at-will.

All employees should be aware that PFC is not governed by collective bargaining. Although some benefits and policies may be the same or similar to those of the University, PFC has developed its own policies and procedures under California law, including the California Code of Regulations, the Education Code, the California Department of Education, Child Development Division-Funding Terms and Conditions, the California Department of Social Services-Community Care Licensing and under directives and policies by the Trustees and the Chancellor of The California State University system. PFC is a private employer under the Internal Revenue Code and is not a State agency.

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

Acknowledgment:

I have entered into my employment relationship with PFC voluntarily and acknowledge that there is no specified length of employment. I understand that I or PFC 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 Fresno State Programs for Children, 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: _____

Employee Signature

Employee Name (*please print*)

Dated: 2-3-11

“Employer”

By: 

Nicole Lane, Human Resources Manager

**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's 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 Corporations

2771 E. Shaw Avenue, Fresno, CA 93710

Telephone: (559) 278-0865

Fax: (559) 278-0988

Website: www.auxiliary.com

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/Pager)

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			
	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>Name of Employer</i>	<i>Dates of Employment:</i> _____ From To
<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>Name of Employer</i>	<i>Dates of Employment:</i> _____ From To
<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>Name of Employer</i>	<i>Dates of Employment:</i> _____ From To
<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>Name of Employer</i>	<i>Dates of Employment:</i> _____ From To
<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
------	--------------	--------------

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? (Convictions 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)

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: _____ SS# : _____

Position Applied for: _____ Department: _____

Sex: Male Female

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

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:

Vietnam Era Veteran Other Veteran (see reverse for description)
 Disabled Veteran Individual with a Disability

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

CSU, Fresno employee CSU, Fresno Auxiliary employee
 Newspaper advertisement Auxiliary Job Announcement
 Internet Employment Agency
 Friend/Relative Other _____

To be completed by employer:

EEO-1 Category: 1. Officials and managers 6. Crafts – skilled
 2. Professionals 7. Operatives – semi-skilled
 3. Technicians 8. Laborers – unskilled
 4. Sales 9. Service workers
 5. Office and clerical

Employer information completed by:

Name

Date

Other Veterans includes those who served in a “war” and those who served in a campaign or on an expedition for which a campaign badge has been awarded.

Campaigns and Expeditions Which Qualify for Veterans' Preference

<i>Campaign or Expedition</i>	<i>Inclusive dates</i>
Armed Forces Expeditionary Medal (AFEM) A veteran's DD Form 214 showing the award of any Armed Forces Expeditionary Medal is acceptable proof. The DD form 214 does not have to show the name of the theater or country of service for which that medal was awarded.	
Berlin	August 14, 1961 to June 1, 1963
Bosnia (Operations Joint Endeavor, Joint Guard, and Joint Forge)	November 20, 1995 to December 20, 1996; December 20, 1996 to present; June 21, 1998 to present
Cambodia	March 29, 1973 to August 15, 1973
Cambodia Evacuation (Operation Eagle Pull)	April 11 – 13, 1975
Congo	July 14, 1960 to September 1, 1962, and November 23 to 27, 1964
Cuba	October 24, 1962 to June 1, 1963
Dominican Republic	April 28, 1965 to September 21, 1966
El Salvador	January 1, 1981 to February 1, 1992
Grenada (operation Urgent Fury)	October 23, 1983 to November 21, 1983
Haiti (Operation Uphold Democracy)	September 16, 1994 to March 31, 1995
Iraq (Operation Northern Watch)	January 1, 1997 to present
Korea	October 1, 1966 to June 30, 1974
Laos	April 19, 1961 to October 7, 1962
Lebanon	July 1, 1958 to November 1, 1958, and June 1, 1983 to December 1, 1987
Mayaguez Operation	May 15, 1975
Operations in the Libyan Area (Operation Eldorado Canyon)	April 12 – 17, 1986
Panama (Operation Just Cause)	December 20, 1989 to January 31, 1990
Persian Gulf Operation (Operation Earnest Will)	July 24, 1987 to August 1, 1990
Persian Gulf Operation (Operation Southern Watch)	December 1, 1995 to present
Persian Gulf Operation (Operation Vigilant Sentinel)	December 1, 1995 to February 1, 1997
Persian Gulf Operation (Operation Desert Thunder)	November 11 to December 22, 1998
Persian Gulf Operation (Operation Desert Fox)	December 16 to December 22, 1998
Persian Gulf Intercept Operation	December 1, 1995 to present
Quemoy and Matsu Islands	August 23, 1958 to June 1, 1963
Somalia (Operation Restore Hope)	December 5, 1992 to March 31, 1995
Taiwan Straits	August 23, 1958 to January 1, 1959
Thailand	May 16, 1962 to August 10, 1962
Vietnam Evacuation (Operation Frequent Wind)	April 29, 1975 to April 30, 1975
Vietnam (including Thailand)	July 1, 1958 to July 3, 1965

Navy expeditionary Medal and Marine Corps Medal for these Operations:

<i>Campaign or Expedition</i>	<i>Inclusive dates</i>
Cuba	January 3, 1961 to October 23, 1962
Indian Ocean/Iran	November 21, 1979 to October 20, 1981
Iranian/Yemen/Indian Ocean	December 8, 1978 to June 6, 1979
Lebanon	August 20, 1982 to May 31, 1983
Liberia (Operation Sharp Edge)	August 5, 1990 to February 21, 1991
Libyan Area	January 20, 1986 to June 27, 1986
Panama	April 1, 1980 to December 19, 1986 and February 1, 1990 to June 13, 1990
Persian Gulf	February 1, 1987 to July 23, 1987
Rwanda (Operation Distant Runner)	April 7 – 18, 1994
Thailand	May 16 – August 10, 1962

Other Campaign and Service Medals Qualifying for Preference:

<i>Campaign or Expedition</i>	<i>Inclusive dates</i>
Army Occupation of Austria	May 9, 1945 to July 27, 1955
Army Occupation of Berlin	May 9, 1945 to October 2, 1990
Army Occupation of German (Exclusive of Berlin)	May 9, 1945 to May 5, 1955
Army Occupation of Japan	September 3, 1945 to April 27, 1952
Chinese Service Medal (Extended)	September 2, 1945 to April 1, 1957
Korean Service	June 27, 1950 to July 27, 1954
Navy Occupation of Austria	May 8, 1945 to October 25, 1955
Navy Occupation of Trieste	May 8, 1945, to October 25, 1954
Southwest Asia Service Medal (SWASM) (Operations Desert Shield and Desert Storm)	August 2, 1990 to November 30, 1995
Units of the Sixth Fleet (Navy)	May 9, 1945 to October 25, 1955
Vietnam Service Medal (VSM)	July 4, 1965 to March 28, 1973



**FRESNO STATE
PROGRAMS FOR CHILDREN**

**EMPLOYEE
HANDBOOK**

FRESNO STATE PROGRAMS FOR CHILDREN, INC.
EMPLOYEE HANDBOOK

Effective November 1, 2009

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INTRODUCTION

Welcome to Fresno State Programs for Children!

Fresno State Programs for Children (PFC) provides care and early education services to Fresno State students, primarily low-income, and to a lesser degree, other students, faculty, staff and community members. The four PFC centers are: Home Management House (infant/toddler program), Family Food Sciences (preschool program), and the Joyce M. Huggins Early Education Center (infant/toddler, preschool, school-age programs). Each of the Centers coordinates with the academic programs at Fresno State and serves as child development or early childhood education laboratory for training, demonstration and research purposes.

Although each center and classroom is unique, they share the common goal of supporting families by providing high quality care and early education services.

Dr. Ellen Junn
Executive Director

Catherine Mathis
Program Director

EMPLOYMENT RELATIONSHIP

Fresno State Programs for Children, Inc. (hereinafter “PFC”) is an at-will employer. As such, any employee may terminate his/her employment with the PFC at any time, with or without advance notice, and with or without cause. PFC has similar rights.

No manager, supervisor or employee of PFC has authority to enter into any agreement for employment for any specified period of time or to make any agreement for employment other than that of an at-will nature. Additionally, in its sole discretion and without advance notice, the PFC may advance, promote, demote, increase or decrease pay, and/or modify job duties of any employee.

This Employee Handbook was developed to provide guidelines and summary information for the employees of PFC. It is not possible to anticipate or describe every situation that may arise in the workplace, nor is it possible to provide information that answers every question. Therefore, when appropriate, PFC may modify, add to, reduce or eliminate the policies, practices, and benefits described herein or in any other document(s). Changes and revisions will be communicated in writing in a way that provides a reasonable amount of notice of such changes.

PFC is not governed by any form of collective bargaining. Although some benefits and policies may be similar to those offered by the University to its employees, PFC has developed its own policies and procedures (many of which are outlined in this Employee Handbook).

Questions regarding PFC’s policies, procedures, or programs should be addressed to the Auxiliary Human Resources Department. University employees may not be familiar with the policies, procedures, and programs of PFC, and as such may not be able to provide accurate information regarding them. Therefore, it would be inappropriate to rely on University employees to explain PFC policies, procedures, or programs.

This Employee Handbook contains policies and revisions that supersede all prior Employee Handbooks of the PFC as of its effective date of November 1, 2009. Employees should disregard and destroy any prior Employee Handbooks in order to avoid any confusion or misunderstandings.

EMPLOYEE RELATIONS

PFC strives to perpetuate an environment where there is truly fair and equal opportunity for employment for all qualified employees and applicants. To help guide us in working toward this high standard, we have created several policies which can be found throughout this Employee Handbook. These policies provide a process for the review and investigation of possible violations of any of PFC’s policies, procedures, or programs.

We strive to meet the standards of equal employment for all qualified employees, and have created these and other policies to help reach our goals. Each employee has an individual obligation to be observant and report what they believe is or might be a violation of any of these policies. We cannot address issues for which we are not aware, and each employee can and

should contribute toward achieving our organizational goals by actively partaking in this endeavor.

GENERAL INFORMATION

Employment Categories

Categories have been created in order to determine eligibility for PFC sponsored benefits. Upon hiring, employees are placed in one of these employment categories. The following definitions are designed to help you understand your employment status and eligibility for benefits. These classifications do not guarantee employment for any specified period of time and are subject to change.

Position Designation

Every position is designated as either “Non-Exempt” or “Exempt”. This designation has no relationship to whether or not an employee is eligible for a specific benefit, except that employees filling non-exempt positions are eligible for overtime pay (when applicable). These positions typically include hourly, clerical, and some administrative support positions.

Employees whose position is designated as exempt are not eligible to receive overtime pay. These positions typically include executive, administrative, and professional/para-professional positions.

Modifying position designations requires the approval of both the Program Director and the Executive Director.

Benefit Eligibility

Regular employees generally include those employees who are eligible to receive PFC sponsored benefits, while “other” employees are generally ineligible for PFC benefits. The following definitions are used by the PFC to describe eligibility for benefits:

Regular Full-Time positions are those typically assigned to work 40 hours per week which are paid on a salary basis. These positions are eligible for full benefits provided by the PFC (health insurance, vacation/sick leave, etc.).

Regular Part-Time positions are those typically assigned less than 40 hours per week but at least 20 hours per week and whose employment is expected to last at least six months. These positions are eligible for benefits provided by the PFC.

Other positions include those considered part-time, student, temporary, casual, or on-call and are not eligible for PFC provided benefits. These employees are typically eligible for other employer mandated benefits such as Workers' Compensation, Disability, and Unemployment Insurance.

Position Reclassifications

Prior to a classification or reclassification of any type, and upon the request by the Program Director, Auxiliary Human Resources must conduct a complete job responsibility audit of the position. Following the audit, the Human Resources Department will write a job description for the position. Requests for reclassification will be submitted by the Human Resources Department to the Executive Director for final review and approval.

Reclassifications shall be approved only when a position's range of job responsibilities has changed to a level that warrants a change in exempt status, pay grade, or a change impacting eligibility for benefits. An increase or decrease in volume of work in and of itself is not typically justification for a reclassification.

Performance Evaluations

Employees who supervise other employees have special responsibilities to treat their employees fairly, afford them equal opportunities, maintain open and honest communication, and ensure they understand their performance standards. Performance evaluations must be undertaken against these standards objectively and without bias.

Regular full time employees will typically receive performance evaluations on their anniversary date or before July 1st of each year. Evaluations will be reviewed in private between the supervisor and the employee. Evaluations are part of the personnel file and may be considered when making decisions affecting training needs and opportunities, pay, promotion, transfer, or continued employment.

Supervisors and employees are strongly encouraged to discuss job performance and goals on an informal day-to-day basis so the formal performance evaluation is not the first time the employee is made aware of either good performance or performance problems related to the assigned job duties and expectations.

Procedures regarding performance evaluations are guidelines and PFC reserves the right to modify or revoke these procedures at any time. Furthermore, satisfactory performance does not guarantee increases in salary, promotions, or continued employment.

Pay Rate Changes

Pay is based on the position and duties an employee is performing. Pay increases are based on performance, availability of funding, and other considerations that may vary during the course of employment. If included in the approved annual budget, merit pay increases are typically awarded annually at the end of the fiscal year, and are not guaranteed.

Employee Benefits

PFC has established a number of employee benefit programs for eligible employees. Although this Employee Handbook does not restate all of the features of these benefit programs, it provides brief summaries to acquaint employees with some of their key features. Official plan documents should be consulted for further information regarding health, dental, vision, and life insurance benefits as these plans change on a regular basis. These documents are available from the Auxiliary Human Resources Department.

While it is PFC's intention to continue these benefits, PFC reserves the right to modify, increase, reduce or eliminate any benefit, in whole or in part, at any time. Neither the benefit programs nor their descriptions are intended to create any guarantees regarding employment or continued employment.

Vacation

PFC's vacation plan is designed to provide Regular Full-Time employees with a period of rest and relaxation away from work without loss of pay. The amount of vacation that accrues is based on the length of service in a Regular Full-Time status. Vacation is not accrued during periods of layoff, leave or when the employee is not scheduled to work for certain months in the year. "Other" employees do not accrue paid vacation. However, Regular Part-Time employees who work at least twenty (20) hours per week and are expected to work more than six (6) months will accrue vacation on a pro-rated basis, not to exceed the amount of vacation accrued for Regular Full-Time employees. For every month of service or one-hundred seventy three (173) hours worked, Regular Full-Time employees receive a vacation allowance according to the following schedule.

<u>Length of Service</u>	<u>Regular Classification</u>
1 month through 3 years	6.7 hours a month 10 days a year
3 years, 1 month through 6 years	10 hours a month 15 days a year
6 years, 1 month through 10 years	11.4 hours a month 17 days a year
10 years, 1 month through 15 years	12.7 hours a month 19 days a year
15 years, 1 month through 20 years	14 hours a month 21 days a year

PFC encourages employees to take accrued vacation time. Typically, employees may select the time frame they wish to take their vacation. However, the supervisor must approve the requested vacation schedule in advance. It should be recognized that in some cases it may not be possible

to accommodate a particular vacation request and the vacation may be deferred until a time when workload or other business related factors permit the vacation to be approved. Final decisions on vacation schedules remain at the purview of PFC.

Vacation can accrue up to a maximum as indicated on the following schedule. Once this maximum is reached, no further vacation will accrue until vacation time is used. When some vacation is used and the balance drops below the maximum accrual amount, vacation time will begin to accrue again. PFC does not offer any payout for accrued vacation.

1-3 years of service	80 hours
3 years, one month to 11 years of services	100 hours
11 or more years of service	120 hours

Any employee whose employment is separated will be paid for any unused, accrued vacation hours.

Holidays

PFC provides Regular employees with paid holidays consistent with the University's approved Academic Calendar. Regular employees working less than eight (8) hours per day will have a prorated holiday benefit based on the employee's normal work schedule.

In order to be eligible for a paid holiday, an employee must work the last scheduled workday before and the first scheduled workday after the applicable holiday. If an employee is on an approved vacation or approved sick day when the holiday occurs, the holiday will be paid. A doctor's certification may be required if sick leave is used immediately prior to or after a holiday. Employees on an unpaid leave of absence are not eligible for holiday pay.

If an employee is required to work on a paid scheduled holiday, that employee will receive straight time pay in addition to holiday pay. Exempt employees receive no additional compensation or accrued time for working on a holiday.

Career Development and Educational Assistance

Employees are encouraged to take job related courses, regardless of whether they are seeking a college degree. An approved job related course may be taken during work hours with pay providing the course has been approved by the Program Director. PFC does not pay for fees associated with such courses.

Seminars, workshops and conferences: An employee's immediate supervisor or the Program Director is required to approve in advance and funding must be available. Time off may be given with pay if the supervisor determines that the employee would benefit in the job from such attendance. If such attendance is only a personal benefit, the employee may be granted time off

without pay or approved to use vacation time when doing so would not adversely affect PFC operations.

Health Insurance

Various HMO and PPO plans are available to all Regular employees and their eligible dependents. PFC's contribution to the cost of health insurance is determined periodically as the cost of this insurance changes. Any employee's share of the premium cost is paid through payroll deduction.

Employees and eligible family members must enroll within thirty days from the date of eligibility or wait until the next annually designated "open enrollment period".

Insurance coverage is effective the first day of the month following employment in a Regular classification and remains in effect until the last day of the month following the month of separation from employment.

Upon marriage, an employee may enroll the new spouse within thirty (30) days with proof of marriage. Newborn and adopted children may be enrolled within sixty (60) days of birth or custody.

Dental Insurance

Dental insurance is provided to eligible employees with an option for dependent coverage. Eligibility for coverage begins the first (1st) day of the month following employment in a Regular classification.

Vision Insurance

Vision coverage is provided to eligible employees with an option for dependent coverage. Eligibility for coverage begins the first (1st) day of the month following employment in a Regular classification.

Life Insurance

Term life insurance is provided for all Regular employees from the date of hire through the date employment ends. The amount of the insurance is \$50,000 for exempt employees and \$25,000 for non-exempt employees.

Flex Cash Program

Employees who have alternative health or dental coverage outside of the PFC may enroll in the Flex Cash Program and receive cash payments instead of company sponsored health care insurance. Please contact the Auxiliary Human Resources for monthly taxable rates for opting out of health insurance coverage and any other terms and conditions that may apply prior to enrolling in the Program.

Workers' Compensation

All employees are covered by Workers' Compensation Insurance. This benefit is provided to assist PFC employees who may become injured on the job or acquire a work-related illness. Coverage applies to employment-based illnesses or injuries that require medical or hospital treatment. Medical costs as well as partial reimbursement for lost time are paid as a benefit to the employee under this program subject to certain policy requirements. The following guidelines apply to benefits provided under our Workers Compensation program:

- a. The amount of benefit payments are based on the employee's earnings.
- b. Employees who cannot finish the work shift due to a work-related injury or illness are paid for the remainder of their shift or workday.
- c. Employees must notify their supervisor immediately of any work-related illness or injury, regardless of how minor it may appear, so that any necessary medical treatment can be provided and required paperwork initiated. Failure to follow notification and documentation procedures may result in benefits under this program being delayed or denied.
- d. Benefit payments received from Workers Compensation will be integrated with sick leave and vacation, if available. Employees must contact the Payroll Department as soon as they receive notification from the Workers Compensation administrator informing them of the amount of their weekly compensation. The Payroll Department will then deduct that amount from the amount normally received by the employee for that pay period and pay the difference in sick leave and vacation, if available.
- e. When injuries occur during an employee's voluntary participation in any off-duty recreational, social, or athletic activities, whether or not such activity is sponsored by the PFC, those injuries are not covered under this program.

Procedures: After verbal notification to the supervisor of an injury or illness, the applicable employee will complete the appropriate Workers Compensation forms located within the center, or contact the Human Resources Department if forms are not available.

Medical Treatment: If medical treatment is necessary, either the supervisor or Human Resources Department will contact the applicable medical provider to authorize treatment. Any instructions

or paperwork from the doctor or facility should be relayed to the Human Resources Department verbally and then immediately forwarded by mail.

If the injury or illness is not an emergency, employees should go to the medical provider listed below during normal business hours once permission from the supervisor or the Human Resources Department is received. If the problem cannot wait, employees should seek care at the nearest emergency facility. Employees may also call University Police at extension 8400 or dial 911 for assessment and assistance. The Campus Health Center should not be used for illnesses or injuries even if the employee is registered as a student.

The following medical provider specializes in industrial injuries and illness and is familiar with our policies and procedures:

San Joaquin Total Care
5361 E. Kings Canyon
Fresno, Ca. 93727
Phone: 559-251-2225

Either the supervisor or a family member should take the injured employee for medical treatment in all but the most minor cases. Injured or ill employees may cause further injury to themselves or others if allowed to drive (examples: dizziness, bleeding, broken bones, and severe strains to muscles). Contact the Auxiliary Human Resources Department for further guidance or assistance with transportation.

Unemployment

When employment is reduced or terminated, Unemployment Insurance provides benefits to all eligible former employees. The Employment Development Department (EDD) establishes eligibility for these benefits and performs administration of this program. The dollar amount of benefits you may be eligible to receive for unemployment is determined solely by the EDD.

Disability

Disability Insurance provides benefits to employees that are unable to work due to illness or injury that is not related to work. EDD establishes eligibility for disability benefits, and performs administration for benefits under this program. The dollar amount of benefits you may be eligible to receive is determined by the EDD.

Child Care

PFC does not sponsor childcare benefits; however, there are childcare facilities on campus and employees may enroll eligible children based on availability and the regulations established by the facility.

Parking (On-Campus)

Parking on campus is permitted with an appropriate parking permit only. Employees wishing to park on campus must pay for parking by purchasing a daily permit, a permanent restricted permit, or semester parking decal. Daily parking permits are available at various entrances to the campus. Permanent restricted decal fees (year-around) are paid through payroll deduction. Semester only decals are purchased at the Joyal Administration Cashier Window for the entire semester. Both types of decals are only issued with appropriate written authorization from Auxiliary Human Resources.

If an employee wishes to keep a permanent restricted decal during a period of layoff or authorized leave of absence, the full amount of the monthly parking will be deducted from the first full pay check after the employee's return to work unless other arrangements are made. A decal may be purchased or returned at any time; however the full charge for the month will be made regardless of that month's usage. Refunds will be made only upon determination that an error in the deduction was made. At the time of termination, all employees are required to return their parking decal to Auxiliary Human Resources during the exit interview. All parking fines or towing charges are the employee's responsibility and must be addressed with University Police.

Campus Identification Cards

Campus Identification Cards may be required to use various facilities on campus, purchase discount or other tickets to campus events, provide identification to events, check out campus library materials, utilize check cashing privileges, or to provide identification upon request by University Police. The Campus Identification Card is produced in the University Keycard Office only after the Human Resources Department gives appropriate authorization. It may not be loaned to another individual and must be returned to the Human Resources Department as part of the exit interview process at the time of termination of employment.

Campus Blood Bank

Blood bank privileges are available to PFC employees and their families. If an employee or family member should need units of blood, please contact Auxiliary Human Resources. Employees who wish to donate blood may elect to do so when the University sponsors campus-wide blood drives.

Employee Assistance and Wellness Program

The Employee Assistance and Wellness Program is a service provided at no cost to employees and their family members. It provides a confidential means for employees to obtain professional advice, counseling, or referral to other professional services in order to deal with various issues, needs and concerns. Visit the website at <http://www.csufresno.edu/employeeassistance>. Other assistance may be available by contacting Auxiliary Human Resources.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

The Consolidated Omnibus Budget Reconciliation Act (COBRA) provides employees and qualified beneficiaries the opportunity to continue health, dental, and vision insurance coverage under existing plans when a "qualifying event" would normally result in the loss of coverage or eligibility. Some qualifying events include resignation, termination of employment (except for gross misconduct), death of an employee, reduction in hours, a leave of absence, employee's divorce or legal separation, or a dependent child no longer meeting eligibility requirements.

Under COBRA, the beneficiary must pay the full cost of coverage at the group rate plus an administration fee. The PFC provides eligible employees (or their beneficiaries or dependents) with a written notice describing their rights, obligations, and premium costs under COBRA when aware of a qualifying event. To qualify for coverage, all employees are obligated to notify the Human Resources Department of a qualifying event in those instances where it would not normally have knowledge of the qualifying event.

It must be emphasized that COBRA only extends to prior coverage. It does not continue if the insurance coverage no longer exists or if the employee declined coverage before a qualifying event. If amendments are made to provide different coverage limits, or to change deductibles, premiums, or contribution rates, a COBRA beneficiary is subject to those changes in the same manner as an active employee and family members. Typically, dependents may not be added to the insurance if they were not covered on the plan at least one day before the qualifying event.

Under most circumstances, an employee is required to elect continuation of coverage within sixty (60) days of the qualifying event or upon written notice by the Auxiliary Human Resources Department. Failure to elect coverage within this time frame or failure to pay the required premiums forfeits the employee's right to continued coverage. The use of any services under a plan requires that the premiums be paid for that month. Termination of coverage may be made at any time during COBRA continuation upon proper notification to the Human Resources Department.

Unless notification is given in advance of the date the insurance is to be canceled, the employee may be required to pay for an additional month of insurance. Once the insurance has been canceled, it may not be reactivated. Due to the complexities of COBRA, individuals should fully understand their rights and obligations by contacting the Human Resources Department before making decisions or assumptions with regards to coverage.

LEAVES OF ABSENCE

PFC has several types of leaves of absence available to accommodate a variety of leave situations, depending on the circumstances. While some leaves are paid, some are provided without pay. Employees who contemplate taking a leave of absence for any reason must discuss their leave of absence with their direct supervisor and the Human Resources Department in as far advance as practical to help ensure they have a complete understanding of the leave they will take, and how the policies apply to their specific needs.

Sick Leave and Bereavement Leave (Paid Absence)

Sick leave is provided for employees to help ensure that they will not be financially burdened if unable to work due to illness. Eight (8) hours of sick leave is provided for each full calendar month worked for Regular Full-Time Employees. Sick leave is pro-rated based on the hours worked for Regular Part-Time Employees. Sick leave is not earned during overtime, periods of unpaid disability, or unpaid leaves of absence.

Sick leave may be used for medical examinations, for the employee's own illness or injury, or to attend to the illness of a child, grandchild, current spouse, domestic partner, domestic partner's child, or parent. Also, in the unfortunate event of death of an immediate family member (parent, parent-in-law, child, current spouse, domestic partner, domestic partner's child, brother or sister, grandparent, or grandchild), an employee may use up to five sick leave days to arrange and attend the funeral. One day of sick leave may be used to attend services for an extended family member such as an uncle, aunt, or cousin.

Employees who are unable to report to work due to sickness are to notify their direct supervisor prior to the scheduled start of the workday or as soon as a required absence is known. If an employee becomes sick during the day, the supervisor or a person in management must be notified before leaving the work site. Failure to follow these procedures or other instructions given by the supervisor may result in an unexcused absence and/or disciplinary action.

PFC reserves the right to require a satisfactory statement from a licensed health care provider whenever an employee uses sick leave. If required, the health care provider statement must verify that an injury or disability existed, its beginning and ending dates, and/or the employee's ability to return to work without presenting a risk to their own health and safety or the health and safety of others. When requested, such verifications and releases may be a condition for receiving sick leave benefits and returning to work.

If an illness or disability lasts more than seven (7) calendar days, or if an employee is hospitalized before the eighth day of an absence, the employee should apply for Disability Insurance. Benefit payments received from Disability Insurance will be integrated with accrued sick leave and vacation. Employees must contact the Payroll Department when they are notified of the amount of disability compensation to be received. The Payroll Department will then deduct that amount from the amount normally received by the employee for that pay period and pay the difference in accrued sick leave or vacation (if available). When an employee is absent from work and is receiving Workers' Compensation benefit payments, accrued sick leave will be used to supplement the employee's pay. A health care provider's statement must be provided confirming that the employee is unable to work and expected duration of absence. When released to return to work, a written statement from the health care provider indicating any restrictions and the length of time restrictions will be in place must be provided to the supervisor and the Human Resources Department.

Sick Leave accrues without a maximum accrual limit. Unused sick leave is not paid out to an employee at the time of separation. Sick leave cannot be used until it has been earned.

Pregnancy and Related Leave

Employees should contact the Auxiliary Human Resources as soon they become aware of the need for a leave of absence due to pregnancy disability.

Generally, an employee is entitled to up to four months of unpaid pregnancy disability leave during a twelve month period when disabled due to pregnancy, childbirth, or related medical condition as certified by a licensed health care provider. The leave ceases when the disability ends as certified by a licensed health care provider. If the pregnancy disability lasts longer than four months, considerations for a leave of absence may be applicable under other programs. Sick leave and vacation credits may be used and integrated with Disability Insurance to provide full pay to the extent possible during the leave.

Military Leave

Military leaves are granted in accordance with Uniformed Services Employment and Reemployment Rights Act (USERRA). Employees subject to military duty must discuss the individual case with Auxiliary Human Resources so that the type of military leave entitlement may be determined.

Jury and Witness Duty

Regular Full-Time Employees who are summoned to serve jury duty will be allowed up to thirty (30) days of paid leave during any one-year period. A jury duty notice must be given to the supervisor as soon as received and forwarded to the Human Resources Department prior to commencing jury duty.

Jury duty pay is calculated on the employee's base pay rate. If required to serve beyond the 30-day period, employees may request to use vacation or an unpaid leave. On an unpaid leave, employees are responsible for health and dental insurance premiums that normally would be covered by the employer. In addition, accrual of other benefits will be suspended while unpaid leave is taken. As previously stated, the salary of exempt employees will not be reduced for any week in which any work is performed, but may be reduced if no work is performed. The paid leave is only given during the time that an employee would normally be scheduled to work and only if the fees for service are remitted to the PFC (except mileage, which the employee may retain). Such benefits will not be paid if the employee is on leave or if the job ends for any reason while serving jury duty.

Evidence of jury duty attendance must be presented to the Human Resources Department. Employees should continue to report for work on those days or parts of days when excused from jury duty or when jury duty does not conflict with the work schedule.

If subpoenaed as a witness, but not as a party or an expert witness, in a court case, an employee will be granted time off with pay provided that the witness fee is remitted to the PFC. If the witness fee is not remitted, the time off will be without pay unless vacation is used. All time required serving as a witness in any PFC matter will be with full pay.

Parental Leave for Employees with Children in School

An employee who is the parent or guardian of one or more children in kindergarten through twelfth (12th) grade may take up to forty (40) hours of unpaid leave during each school year, per child, to visit the school. Any employee contemplating such leave should contact their immediate supervisor in advance prior to scheduling such absence.

Time Off to Vote

The PFC encourages employees to fulfill civic responsibilities by participating in elections. Generally, employees are able to find time to vote either before or after the regular work schedule. However, if employees are unable to vote during non-working hours, the PFC will grant up to two (2) hours of paid time off with acceptable justification for the request.

Employees must request time off from the supervisor in writing at least two working days prior to the election day so that necessary time off can be scheduled at the beginning or end of the work day, or at whatever time provides the least disruption to the normal work schedule. A voter's receipt is required on the first working day following the election in order to qualify for paid time off.

Literacy Leave

The PFC will make reasonable accommodations for any employee who reveals a literacy problem and requests assistance in enrolling in an adult literacy program. Assistance to employees will also be given by either providing information on the location of local literacy programs or making arrangements for a job-site visit by a special literacy education provider.

Upon request, the use of vacation or personal leave may be granted for participation in a literacy program by the employee's supervisor.

Personal Leaves of Absence

Generally, an employee who has worked for the PFC for at least one year in a Regular status may be granted a personal leave **without pay** for a period not to exceed thirty (30) days. Approval for a leave under this program may be granted to an employee who desires schooling or training to improve quality of service, or for other reasons not covered under other policies. Unless mandated by law, a personal leave of absence is an employee privilege, not a right, and must be approved by the employee's supervisor and the Director of Human Resources. All requests will consider the employee's length of service, performance and work record, the reason for the request, the business impact, and the ability to temporarily replace the employee during the leave.

All vacation must be used before a leave of absence begins. A leave because of illness will not be granted until all sick leave has been exhausted. The cost of all insurance premiums shall be the responsibility of the employee while on a personal leave of absence.

If an employee fails to report to work at the expiration of the approved leave, the PFC will assume the employee has resigned.

PAYROLL AND TIMEKEEPING

Employees are required to sign the information sheet or transaction form whenever there is a change to their payroll record. Failure to do so will result in a delay of the transaction being processed. The employee will receive a copy of the processed form for their records.

Pay Days

Salaried employees are paid on the fifteenth (15th) and the last day of each month. When the pay date falls on a holiday or weekend, the last workday before the normal pay date will be the pay day.

Employees who are paid hourly may be paid seven (7) working days after the end of the month and seven (7) working days after the fifteenth (15th) of the month, depending on the exact position they fill. Pay dates usually fall on the seventh (7th) and twenty-second (22nd) of the month. However, if these dates fall on a weekend or a holiday, then the preceding Friday or last working day is the pay day.

Pay Checks

Pay checks are normally available in the employees' center. However, each employee should consult with their supervisor as to the procedures and place where their paycheck will be available. If an employee is not available on the pay day due to vacation or some other reason, the paycheck will be mailed to the employee's home address.

Employees who discover a mistake in their paycheck, or lose the check, should notify the Payroll Department immediately. Confirmed errors will be corrected, and in the case of loss or theft, a new check will be issued. The PFC cannot be held responsible for the loss or theft of a check if it cannot stop payment on the check.

Direct Deposit

As a service to our employees and to increase payroll efficiency and minimize time away from work to deposit pay checks, direct deposit is highly encouraged for all employees.

Deductions from Pay

On each pay day, employees will receive a statement showing gross pay, deductions, and net pay, in addition to their pay check or deposit confirmation notice. Local, state, federal and Social Security taxes will be deducted automatically. Employees may elect to have additional voluntary deductions taken from their pay when they provide their written authorization.

Tax Sheltered Annuities are deductions that Regular employees may take advantage of through a salary reduction agreement initiated by the employee. Annuities offer the benefit of reducing the amount of current taxable income and increasing the amount of income in a future period when the expected earnings and tax bracket are lower. Only federal and state taxes are reduced by the annuity, and those taxes are paid at the time of withdrawal or retirement.

The PFC does not contribute to annuities or take responsibility for a company's management of funds. Individuals may enter into agreements with the company of their choice. We are prohibited from recommending any annuity or from recommending any particular company handling annuities. Therefore, managers and supervisors are prohibited from recommending an individual or company to any employee.

Garnishments from pay that are court ordered under state or federal law will be honored and deducted from the employee's pay as ordered. Garnishments may only be stopped if the employee brings an official release from the court or agency to the Payroll Department.

Overpayments. If an employee is paid in excess of the actual amount he/she has earned, it is the employee's responsibility to notify the Human Resources Department immediately. Overpayments must be paid back to PFC immediately.

Time Cards, Attendance Reports, and Other Work Records

All employees must use the sign-in and sign-out sheets and approved attendance forms for recording hours worked, hours not worked and paid time off, such as sick leave and vacation. These forms are available at the center office and must be completed daily by each employee. Employees are to check in and out at the beginning and end of each workday, and in and out for meal breaks of 30 minutes or more. Failure to follow daily sign-in and sign-out procedures or to document accurately and fully hours worked or not worked is cause for disciplinary action up to and including termination. Meal breaks are not compensated unless classified by the Program Director as an on duty meal period. Rest breaks are paid time.

The supervisor should be notified as soon as possible when an error has been made regarding time worked or if there is a failure to sign in or sign out. Falsification of any time record will result in disciplinary action, including possible termination of employment.

Exempt and **nonexempt** salaried employees will accurately record their hours worked on a daily sign in and sign-out sheet **and** the appropriate attendance report. The attendance report shall be submitted to the Office Manager on the date specified on the report. The Office Manager will forward attendance reports to the supervisor for approval. All time worked and time taken off is

to be accurately recorded on the attendance report and a reason must be provided for all absences. Attendance reports are due in the Payroll Department five working days after the end of the designated pay period as reflected on the attendance report.

Hourly employees will document hours worked on a Temporary Help Voucher. Temporary Help Vouchers shall be turned into the Office Manager on the fifteenth and the last day of each month. Vouchers will be forwarded to the supervisor for approval.

Late submissions to the Payroll Department will result in late payment of wages to the employee(s). Further, it should be understood that if an employee does not submit a time and attendance report, in whatever form required for that employee, the employee will not be paid.

Salary Guidelines for Exempt Employees

Generally, exempt employees receive full salary for any week in which any work is performed, subject to the following:

- (1) An employee's salary may be reduced for complete days of absence due to vacation, personal business, time away before sick leave benefits accrue or after they are exhausted, and incomplete initial and final weeks of work. Partial days of absence are not deducted.
- (2) Salary will not be reduced due to partial weeks of work because of service as a juror or witness, military service, or for lack of work (except for layoffs). However, in order to receive full salary, exempt employees must remit to the PFC any fee that is received for any jury duty, witness duty, or military leave for that week.

Employees are encouraged to bring forward any questions concerning their pay to the Director of Human Resources so that errors can be avoided and/or corrected in a timely manner.

Hours of Work

The supervisor will assign each employee to a work schedule. Employee schedules are determined by the needs of each center or classroom. Employee work schedules may be adjusted as enrollment in a center or classroom fluctuates. Normally the work period is eight hours and the workweek is forty hours, with the standard workweek being Sunday through Saturday.

Exempt employees' work hours are as many as needed to satisfactorily accomplish the requirements of the position, to give proper supervision, and to be appropriately available to the supervisor and to those under their direction.

Generally, nonexempt employees who work over eight hours in a day or over forty hours in a week are paid overtime pay. Overtime pay is based on actual hours worked. Time off on sick leave, vacation, reporting time pay, or any leave of absence is not considered hours worked for purposes of computing overtime.

Advanced approval should be given in writing prior to work being performed that would result in overtime compensation. Employees that work overtime without permission may be subject to disciplinary action.

Reporting Time Pay

An employee who reports to work on a scheduled workday, but is not put to work or is furnished with less than half his/her usual or scheduled day's work, will be paid the greater of one-half (1/2) his/her usual or scheduled day's work (up to four (4) hours), or two (2) hours at his/her regular rate of pay.

An employee who reports to work a second (2nd) time in a scheduled workday and is furnished less than two (2) hours of work will be paid for two (2) hours at his/her regular rate of pay.

These provisions shall not apply where the failure to provide the scheduled amount of work results from specific causes beyond the PFC's control, such as (1) an inability to commence or continue operations because of threats to employees or to property, or because of the recommendation of civil authorities; (2) a failure of the sewer system or of public utilities to supply electricity, water, or gas; (3) an interruption of work caused by an act of God or other cause outside of the PFC's control; (4) instances where an employee makes a request to leave work early for personal reasons; or (5) where an employee reports to work unfit.

Uncontrolled Standby

Where an employee is not required to remain on the PFC's premises, but is merely required to leave word at his/her home or with the PFC about where he/she may be reached, or where an employee is required to carry a mobile telecommunications device through which he/she is on-call and where the employee is sufficiently unrestricted so that the time can be spent predominantly for his/her own purposes, such time is not considered hours worked and will not be compensated. In such cases, the employee will not be required to respond to a call or a page in less than twenty (20) minutes.

Where an employee responds to a call from the PFC to perform extra work without prearrangement after his/her scheduled hours of work have ended, the working time involved is deemed a call-back and will be paid at no less than two (2) hours at his/her regular rate of pay. Time spent in travel for call-backs to and from the PFC's regular place of business is not paid.

Rest and Meal Periods

All non-exempt employees are provided with two (2) rest periods of at least ten (10) minutes for each four (4) hours of work, or major portions thereof. To the extent possible, rest periods will be provided in the middle of work periods and should not conflict with the needs of other staff or the needs of the classroom. Since break time is paid as time worked, employees must not be absent from the workstation beyond the allotted time. Breaks are not to be added to the beginning or end of the work shift, and may not be accumulated for a later time or used to extend lunch breaks.

Typically, employees working an eight (8) hour workday will be given a one (1) hour unpaid meal period or a half (1/2) hour paid meal period. Employees who take a half (1/2) hour paid meal period must remain in the center and be immediately accessible to the classroom.

Supervisors or master teachers will schedule meal periods to accommodate operating requirements and to ensure employees are relieved of all active work responsibilities and restrictions during meal periods. As center of classroom enrollment changes, it may be necessary to adjust breaks and meal periods.

Business and Travel Expenses

The PFC will reimburse employees for reasonable business travel expenses while on assignment away from the normal work location. All business travel must be approved in advance by the Program Director and any expense or reimbursement will be based on the PFC's written travel policy as well as regulations issued by the California Department of Education.

Employees involved in an accident while traveling on business must promptly report the incident to the Program Director. Vehicles owned, leased, or rented by the PFC may not be used for personal use without prior approval.

With prior approval from an employee's supervisor, a family member or friend may accompany employees on business travel when it will not interfere with business objectives. Generally, employees are also allowed to combine personal travel with business travel, as long as time away from work is approved and additional expenses arising from such non-business travel are paid by the employee. Abuse of the business travel expense policy, including falsifying expense claims, may result in disciplinary action, up to and including termination of employment.

Driving on PFC Business

If driving is a requirement for a PFC position, the PFC employee is required to attend a Defensive Driver Training course ***before*** they are authorized to operate any vehicles or claim mileage for operating a privately owned automobile. In addition, employees must possess a valid California driver license and have a good driving record, as verified by the Department of Motor Vehicles.

To obtain specific information concerning the criteria for driving on PFC business or to secure the required authorization, contact the Human Resources Department.

TERMINATION OF EMPLOYMENT

Regular employees separating from employment must be referred to the Human Resources Department for an exit interview to discuss such issues as employee benefits and the return of PFC property.

Individuals wishing to apply for new job opportunities within the PFC or other auxiliaries are welcome to do so; however, there are no rights or preference given to such other employment. If an employee is discharged for any reason, the PFC cannot displace other employees to provide continuation of employment for the discharged employee.

RETIREMENT

PFC sponsors a 401(k) retirement plan for eligible employees. Interested employees should contact the Program Director or the Human Resources Department for further information.

WORK STANDARDS AND EMPLOYEE CONDUCT

Work Rules and Performance Standards

Employees are responsible for understanding and following the standards and work rules described throughout this Employee Handbook and in other applicable company documents, and individuals that do not comply may be subject to disciplinary action, up to and including termination of employment. It is not possible to provide a complete list of every work rule or performance standard. As a result, the following rules and standards are presented as examples of unacceptable conduct, have no contractual significance, and do not change the at-will employment policy.

- Insubordination or misconduct of any kind.
- Child endangerment.
- Use of corporal punishment or aggression.
- Abuse, misuse, theft, or the unauthorized possession or removal of PFC property or the personal property of others.
- Falsifying or making a material omission on company records, reports, or other documents, including payroll, personnel, and employment records.

- Disorderly conduct in the workplace, including fighting or attempted bodily injury, the use of profane, abusive, or threatening language toward others, or possession of a weapon or explosive.
- Violation of any law adversely affecting the organization, or conviction in court of any crime which may cause the employee to be regarded as unsuitable for continued employment.
- Violation of Drug Free Workplace policy.
- Excessive absenteeism or any absence without notice.
- Violation of safety rules.
- Violation of the MIS Policy or Code of Conduct Policy
- Discrimination or harassment of other employees.
- Solicitation or distribution of unauthorized literature

Employee Discipline

PFC works to ensure that disciplinary action is prompt, uniform, and impartial. The major purpose of any disciplinary action is to correct the problem, prevent reoccurrence and prepare the employee for satisfactory job performance in the future.

Disciplinary action may take the form of a verbal warning, written warning, probation, suspension, or termination of employment. Depending on the particular circumstances, PFC has sole discretion to determine what constitutes appropriate disciplinary action.

Problem Resolution

PFC strives to ensure equal treatment of all employees and expects supervisors and employees to treat each other with mutual respect and make every attempt to resolve problems and misunderstandings informally.

Individuals who disagree with established rules of conduct, policies, or practices may express their concerns through the problem resolution procedures. No employee will be penalized, formally or informally, for voicing a complaint with PFC in a reasonable, business-like manner, or for using the problem resolution procedures.

If a situation occurs where an employee believes that a condition of employment or decision affecting them is unjust or inequitable, the following steps are to be used. **The employee may discontinue the procedure at any step.**

Informal Review

- The employee presents the problem to his/her immediate supervisor after the incident occurs. If the supervisor is unavailable or the employee believes it would be inappropriate to contact that person, **OR** if the problem has not been resolved with the immediate supervisor, the employee may present the problem to the Program Director.
- If the employee believes that the problem has still not been resolved satisfactorily, the employee should present the problem to the Director of Human Resources.
- If the employee believes the problem has still not been resolved satisfactorily, a request for a formal review process may be made.

Formal Review

- The first level of the formal review is by the Program Director. A completed Formal Review Form should be submitted to the Program Director within fourteen calendar days from the date the problem or complaint was discussed with the Director of Human Resources. *The Formal Review Form is available from the center office or the Human Resources Department.*
- If the first level of review's decision does not resolve the problem, the employee may, within five working days, request a second level review.
- The second level of review shall be performed by the Executive Director and the review decision shall be binding. Whenever possible, the decision will be given to the employee within five working days.
- Failure on the employee's part to take further action within five working days of receipt of the written decision from either the first or second level of review, absent compelling reasons, will constitute a dropping of the complaint. The time limits specified above may be extended to a definite date agreeable to both the employee and the reviewer.

Equal Employment Opportunity

PFC is committed to equal employment opportunity for all qualified persons, without regard to race, color, ancestry, national origin, religion, gender, sexual orientation, marital status, physical or mental disabilities, medical condition, age, or any other consideration protected by law. Our policy applies to all employment practices, including hiring decisions, compensation, benefits, promotions, transfers, training, disciplinary action, and terminations.

PFC strives to provide reasonable accommodations to known physical or mental limitations of otherwise qualified disabled employees or applicants, unless undue hardship would result.

PFC expects all employees to show respect and sensitivity toward all employees, families, and visitors of the center and to demonstrate a commitment to the organization's equal opportunity and non-discrimination objectives. If you observe a violation of this policy, you should report it immediately to the Program Director or to the Director of Human Resources. Supervisors and

Managers, upon receipt of such report, are required to immediately contact the Director of Human Resources.

The Director of Human Resources will take the appropriate steps to determine the extent of any violation, will recommend corrective action and/or punitive action when warranted, and will work closely with the Executive Director to help ensure practices are in place to avoid similar recurrences of violations.

Affirmative Action and Nondiscrimination

Although PFC is not legally compelled to comply with the strict rules of Affirmative Action found in federal regulations, we have determined Affirmative Action is critical to our overall mission and is consistent with CSU guidelines, and therefore will comply with Affirmative Action voluntarily.

We have made significant progress with our Affirmative Action initiatives. We strive to continue to provide equal employment opportunities to all applicants and employees regardless of race, color, ancestry, religion, national origin, sex, sexual orientation, disability, medical condition, age, marital status, pregnancy, disabled veteran or Vietnam era veteran status, or any other protected status.

The Executive Director has the overall responsibility for our Affirmative Action Policy. By exercising personal and professional leadership in promoting equal opportunity and nondiscrimination in all aspects of our personnel policies and practices, we maintain an Affirmative Action Program that works to increase the employment of minority-group members, women, the disabled, and Vietnam-era veterans into our work force.

To reach and maintain our objectives, cooperation and commitment is required from all employees in the demonstration of positive attitudes and efforts that in turn reflect our affirmative action policies to others within the organization and in our community. To help ensure our employees are aware of their individual responsibilities, this policy statement is included in policy manuals and discussed in employee orientations.

Harassment

We are committed to providing a work environment free of unlawful harassment of our employees, customers and visitors. Unlawful harassment is not only illegal; it also negatively impacts our work culture and prevents us from achieving our organizational objectives. PFC policy prohibits sexual harassment and discrimination based on pregnancy, childbirth, or related medical conditions, race, religious creed, color, national origin, ancestry, physical or mental disability, medical condition, marital status, age, gender, sexual orientation or any other basis protected by law.

Obvious examples of prohibited practices include the following behavior:

- A. Verbal conduct such as epithets, derogatory jokes or comments, slurs, or unwanted sexual advances, invitations, or comments;
- B. Visual conduct such as derogatory and/or sexually-oriented posters, photography, cartoons, drawings, or gestures;
- C. Physical conduct such as assault, unwanted touching, blocking normal movement or interfering with work because of sex, race, or any other protected basis;
- D. Threats and demands to submit to sexual requests as a condition of continued employment, or to avoid some other loss, and offers of employment benefits in return for sexual favors; and
- E. Retaliation for having reported or threatened to report harassment.

An employee who believes they have been harassed on the job or at a work related function should provide a written or verbal complaint to the PFC Human Resources Department or the Executive Director. A complaint should include details of the incident and names of the individuals who may have witnessed the incident or who may have been involved.

Any supervisor of any PFC employee receiving a harassment complaint must refer such complaint to the Director of Human Resources or the Executive Director. The Director of Human Resources will undertake an effective, thorough, and objective investigation of the harassment allegations.

If the Director of Human Resources determines a violation of this policy has occurred, the employee(s) involved will be subject to appropriate disciplinary action, up to and including termination.

Any action taken will be made known to the reporting employee. The PFC will not retaliate against any employee for filing a complaint and will not tolerate or permit retaliation by management, employees, or coworkers. Any allegation of retaliation must be immediately reported to the Director of Human Resources or the Executive Director.

Nepotism

Relatives of employees will receive the same consideration as any other applicant for a job opening and will not be accorded preferential treatment in employment matters. Related employees are not permitted to work in job positions in which a conflict of interest could arise or in a direct supervisory relationship. The PFC may require a related employee to transfer or resign if there is a conflict of interest or supervisory relationship that cannot be resolved.

Relatives of persons currently employed by the PFC may be hired only if they will not be working directly for or supervising a relative or will not occupy a position in the same line of authority within the organization. This policy applies to any relative, higher or lower in the

organization, who has the authority to review employment decisions. Current employees cannot be transferred into such a reporting relationship.

Additional Employment

Employees may engage in “additional employment” with certain restrictions. The term “additional employment” means employment not compensated through PFC payroll. Any employee seeking to engage in additional employment must have prior approval from the Executive Director. Additional employment should only be undertaken with great caution so as not to jeopardize employment with the PFC, which is every employee's first obligation and responsibility.

Additional employment and associated activities may not compete, conflict with, or compromise the PFC's interests. Unauthorized use of any tools, equipment, or confidential information is not allowed. In addition, the solicitation or conducting of any outside business during paid working time is prohibited. Any concerns regarding this policy should be discussed with Human Resources or the Executive Director prior to acceptance of additional employment.

Additional employment will not be considered an excuse for poor job performance, absenteeism, tardiness, early departure, refusal to travel, or refusal to work overtime or different hours. If additional employment activity causes or contributes to job-related problems, such employment must be discontinued. If necessary, disciplinary action will be taken to deal with specific problems, up to and including termination of employment.

Employees that accept additional employment are not eligible for paid sick leave when the absence is used to work on another job, or when an injury or illness is sustained on another job. To work additional employment for short periods of time, the use of vacation or unpaid leave may be requested when there will be no adverse impact on PFC operations. Approval for use of vacation or unpaid leave for this purpose must be given by the supervisor in advance.

Additional employment is strictly prohibited during times of family or medical leave, even if that leave is “paid leave” from your vacation or sick leave balances. Further, additional employment is prohibited when receiving disability pay or workers’ compensation.

Personal Appearance and Attitude

Dress, grooming, and personal cleanliness standards contribute to the morale of all employees and affect the positive business image that the PFC wishes to present to its customers and the general public. Heavy use of colognes or perfumes is not acceptable. Employees should be considerate of the fact that many co-workers and customers may have allergies to fragrances.

During business hours, employees are expected to present a clean and neat appearance and dress according to the requirements of the position. Halter-tops and similar attire, tee shirts with logos, advertisements, or messages (unless approved by administration), cut-offs, short-shorts, and high heels are not permitted. Employees who appear for work inappropriately dressed may be sent

home and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for their time away from work.

In some positions, uniforms or standard work clothes are required. Employees must consult with the supervisor as to what constitutes appropriate attire.

There are times when every employee, for a variety of reasons, may have a problem that may affect them at work. However, the PFC expects every employee to strive to practice and promote a positive attitude toward all individuals conducting business with us or with fellow employees in the organization. While we try to be understanding of an individual's problems, employees are expected to act in a fashion that furthers the organization's best interests.

Workplace Violence

The PFC is committed to workplace safety. As part of this commitment, the PFC is specifically committed to providing a workplace that is free of threats or acts of violence and to protecting its employees from such conduct on its premises. In keeping with this commitment, we have established a strict policy that prohibits any employee from behavior that is violent, threatening or intimidating, while on duty or conducting PFC business. This policy applies to all employees, including management and non-supervisory employees. The PFC has zero tolerance for employees who make threats, engage in threatening behavior, or commit acts of violence against others. In addition, threatening behavior on PFC premises by non-employees, such as visitors, parents, or relatives of children or staff will not be tolerated.

Keeping the workplace free of violence can only be accomplished if every employee takes personal responsibility for being aware of and reporting potentially violent behavior. Therefore, all employees are responsible for reporting any incident involving threats or acts of violence immediately to their direct supervisor or the Program Director. The matter will be investigated and any appropriate corrective action taken, up to and including termination of employment.

Drug Free Workplace Policy

Fresno State Programs for Children 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.

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

Our drug-free workplace policy is intended to apply whenever anyone is representing or conducting business for 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, healthy, safe, and secure work environment.

A copy of this policy statement will be provided to each PFC employee whether employed under a federal/state contract or grant or otherwise. In addition, the PFC will make drug education programs available utilizing the University's Employment Assistance Program.

It is PFC's desire to provide a drug free, healthy, and safe workplace. Employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner. Each employee will receive PFC's Drug Free Workplace Policy upon hire and should read the policy carefully. Any questions regarding the policy should be directed to the supervisor or Program Director.

While on the University premises, at any of the child care centers, and while conducting business or related activities off the premises, no employee may use, possess, manufacture, distribute, sell, or be under the influence of illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

Employees with questions or concerns about substance dependency or abuse are encouraged to use the Employee Assistance and Wellness Program on campus. Employees may also wish to discuss these matters with their supervisor or the Human Resources Department to receive assistance through the health insurance plan or referral to appropriate resources in the community.

Employees with drug or alcohol problems that have not resulted in, and are not the immediate subject of, disciplinary action may request approval to take time off to participate in a rehabilitation or treatment program. Such requests shall be kept as confidential as possible.

Safety

To assist in providing a safe and healthy work environment for employees, customers, and visitors, the PFC has established an Injury and Illness Prevention Program. The Program Director is responsible for implementing, administering, monitoring, and evaluating the program. Its success depends on the alertness and personal commitment of all employees.

Information about workplace safety and health issues is provided to employees through regular internal communication channels such as supervisor-employee meetings, bulletin board postings, memos and other written communications. A safety committee, comprised of various employees from the PFC, helps monitor the safety program, inspects facilities, and provides communications about workplace safety and health issues. Employees and supervisors receive periodic workplace safety training, which covers potential safety and health hazards and safe work practices and procedures to eliminate or minimize hazards.

Some of the best safety improvement ideas come internally from employees. Those with ideas, concerns, or suggestions for improved safety in the workplace are encouraged to raise them with

their supervisor, bring them to the attention of a safety committee member, or discuss them with the Program Director. Employees may report concerns or offer suggestions anonymously if they wish without fear of reprisal. Forms for this purpose may be requested from center offices or the Human Resources Department.

Each employee is expected to obey safety rules and to exercise caution in all work activities. Employees must immediately report any unsafe condition to the appropriate supervisor. Employees who violate safety standards, who cause hazardous or dangerous situations, or who fail to report or, where appropriate, remedy a situation, may be subject to disciplinary action, up to and including termination of employment.

If an injury or accident does occur, employees should refer the matter to their supervisor and follow the directions given in the workers' compensation section of this Employee Handbook.

Equipment and Vehicles

Equipment and vehicles essential in accomplishing job duties can cause great bodily harm if used improperly, and are expensive and may be difficult to repair/replace. When using property, employees are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards, and guidelines.

Employees should notify the appropriate supervisor if any equipment, machines, tools, or vehicles appear to be damaged, defective, or in need of repair. In addition, damaged or faulty furnishings such as classroom furniture, toys, or other items used in the course of work or for visitors' use should be reported to management in order to ensure safety.

Any employee who drives on official company business is required to successfully complete the Fresno State defensive driving course and receive authorization from Auxiliary Human Resources.

Attendance and Punctuality

Punctuality and dependability are of prime importance to the efficient running of any organization. Whenever employees are late, depart early, or are absent, the functions of the center or classroom cannot continue with the same degree of efficiency that would be possible if every employee were on time and at work. Absenteeism and tardiness place a burden on other employees and are generally disruptive. If a supervisor feels an employee's attendance is poor or there is excessive tardiness, disciplinary action may be taken to correct the problem.

Employees finding it necessary to be late to work for any reason or absent because of personal business, illness, or death in the family, are expected to follow the proper procedures noted below:

- (1) Complete the form available from the center office to obtain written permission from your immediate supervisor in advance of the absence, when possible.

- (2) In the case of illness or an emergency situation, call the center office or your immediate supervisor, as well as the classroom, as soon as you know you will be absent.
- (3) In most cases, it is your responsibility to arrange for a substitute to cover your shift. Contact your supervisor with the name of the substitute and the hours to be worked.
- (4) When an absence will be longer than one day, notify the immediate supervisor daily or as often as needed in order to keep the supervisor informed as to the date of probable return to work. Failure to report for work for three days without notification or permission will be considered an automatic resignation of employment.

A verification of illness or appointments may be required if, in the opinion of the supervisor, absenteeism is excessive or questionable.

Theft and Economy

Each employee has a responsibility in assisting in PFC's efforts to provide the best possible service at the lowest possible cost. Anyone suspected of theft will be reported to law enforcement and charges may be filed. Employees are required to report all thefts to the supervisor and assist in any investigation. Failure to report a theft and/or participation in such acts may result in immediate termination.

Internal Mail

The internal mail system (US Postal Service) is for business purposes and employees must refrain from sending or receiving personal mail at the workplace.

Security Inspections

The PFC desires to maintain a workplace free of illegal drugs, alcohol, firearms, explosives, or other improper materials. We require the cooperation of all employees in our efforts to enforce this policy.

Desks, lockers, and other storage devices may be provided for the convenience of employees but remain the sole property of the PFC. Any articles within them may be inspected by any agent or designated representative of the organization at any time, with or without prior notice. Therefore, any employee who wishes to avoid inspection of any articles or materials should not bring them into the workplace.

Conflicts of Interest Disclosure

- A. Employees must avoid conflicts between their private interests and their employment responsibilities and must avoid situations where there is a reasonable basis for the perception of such a conflict. In this regard, employees must refrain from participating in making decisions affecting said individual's financial interests, as well as in decisions affecting another person with whom said employee has a personal relationship (i.e., spouse, relative, close personal relationship, etc.).
- B. A "transaction" is defined as a business arrangement whereby one party provides property or services to the other in exchange for compensation. The above definition of the word "transaction" does not include gift agreements between a donor and the Foundation. With specific regard to financial interests, the following transactions are absolute conflicts of interest, and are hereby prohibited:
- A transaction between the PFC and a member of any governing board or committee thereof;
 - A transaction between the PFC and a partnership or unincorporated association of which any member of the governing board or committee of the PFC is a partner or of which he/she is the owner or holder, either directly or indirectly, of a proprietorship interest.
 - A transaction between the PFC and a corporation in which any member of a governing board or committee of the PFC is the owner or holder, directly or indirectly, of 5% or more of the outstanding common stock.
 - A transaction in which a member of the governing board or committee of the PFC is financially interested other than as specified above, and either: (i) the member fails to first disclose such interest to the governing board or committee at a public meeting of the board or committee, or (ii) the member influences, or attempts to influence another member or members of the board or committee into entering into the transaction.
- C. Employees who are members of the governing board or a committee have an absolute duty to disclose actual or potential conflicts of interest and all material facts related thereto to the governing board or committee. If said member is financially interested in a potential transaction other than as specified above, said transaction may be allowed only if all of the following occur, and the board or committee (without involvement of the interested member) vote to approve the transaction:
- The fact of such financial interest is disclosed to or known by the governing board or committee, and noted in the minutes thereof. Once the actual or potential conflict is disclosed or known, the financially interested person will be allowed to make a presentation to the board or committee, after which he or she shall leave the board room for discussion and prior to any voting thereon.

- If necessary, appointment of a person or committee to investigate the situation prior to any voting thereon, and to investigate alternatives to the proposed transaction or arrangement.
- Consideration of the findings of the above-referenced investigative effort and determination of the board as to whether the transaction is just and reasonable and whether it could obtain a more advantageous transaction or arrangement with an entity for which there is no actual or potential conflict of interest. If it cannot obtain a more advantageous transaction or arrangement, the board may, in its discretion, vote to approve the proposed transaction or arrangement.

D. It is unlawful for employees to utilize any information, not a matter of public record, that is received by that person by reason of his or her employment by, or contractual relationship with, the PFC, the Trustees of the California State University, the California State University, or any other auxiliary organization of the California State University, for personal pecuniary gain, not contemplated by the terms of the employment or contract, regardless of whether the person is or is not so employed or under contract at the time the gain is realized.

Investigations, Inspections and Legal Matters

Any employee that is approached by news media, law enforcement, or inspectors from any agency, or who is given a legal notice or a request on any matter that the employee is not approved to address, must refer the person to the Program Director, the Executive Director, or the Director of Human Resources Department immediately.

Receipt of Gifts

Employees must not ask for or encourage the giving of any form of gift or benefit in connection with the performance of their duties. Receipt of gifts can be perceived as an inducement to act in a particular way, thus creating a real or apparent conflict of interest. However, an employee may give or accept an occasional gift of nominal value that is offered in accordance with social or cultural practice.

External Activities and Public Comment

Employees are free to engage in party-political, professional, interest group, and charitable activities, provided that participation does not give rise to a conflict of interest or impede the performance of an employee's duties. Where an employee comments publicly in connection with party political or interest group activities, it must be made clear that such comment is made on behalf of the political party or PFC which they represent and not in their capacity as employees of the PFC.

Public comment by employees in their capacity as private citizens is certainly permitted. In making private comment (including electronic means such as electronic mail), every effort must be made to ensure that the opinions expressed are not represented as an official view of the PFC.

Solicitation and Distribution of Literature

In an effort to ensure a productive and harmonious work environment, individuals not employed by PFC may not solicit or distribute literature in the workplace at any time for any purpose unless specifically authorized by the supervisor and Program Director. This provision does not apply to official University or PFC approved literature. Solicitation by PFC employees is prohibited while either the individual doing the soliciting or the individual being solicited is on company time or in company working areas. All information systems, including telephones, voicemail, email, and the Internet, are subject to this provision.

Diligence

- A. The PFC aims to achieve the highest standards in the conduct of its business, which ultimately serves to advance the educational interests of the University. All employees contribute to the achievement of this aim when they carry out their duties honestly and to the best of their ability. In this regard, employees are expected to carry out their duties in a professional, responsible, impartial, and conscientious manner, and are accountable for their official conduct and decisions.
- B. Employees should endeavor to maintain and enhance their skills and expertise and keep up to date the knowledge associated with their particular field or area of work. High standards of performance are expected.
- C. Employees must exercise due care in undertaking their activities, particularly where others rely on advice or information offered. Employees have a duty to take reasonable care to avoid causing harm (including physical harm) to anyone. Thus, employees must actively promote safe working practices and environments for everyone using PFC facilities.
- D. Fraud, corrupt conduct, or malfeasance is contrary to law and is to the detriment of the PFC, as well as ultimately to the University. Employees are required to report genuinely suspected or known fraud or corrupt conduct.
- E. Appropriate measures to ensure proper internal control with respect to PFC assets must be observed at all times. Employees must not be assigned job duties or allowed to engage in conduct that may compromise the maintenance of proper internal controls.

Information Systems Policies

The general policies provided below are for ready reference; complete presentations of the information systems-related policies are located at <http://www.auxiliary.com/MIS/index.shtml>. Employees are required to read and adhere to those policies. Where there is a conflict between the policies available online and the policies presented below, the policies on the website should be followed.

- A. Using E-Mail and Voice Mail

The use of e-mail and voice mail is reserved solely for the conduct of PFC business and may not be used for personal reasons. All messages composed, sent or received on the e-mail and voice systems are and will remain the property of the PFC. The systems shall not be used to create any offensive or disruptive messages. The PFC will review, audit, intercept, access and disclose all messages created, received or sent over the electronic mail system whenever there is a business need to do so. Employees who violate these policies or use the system for improper purposes shall be subject to disciplinary action, up to and including termination.

B. Internet Usage

Transmittal and receipt of information over the Internet, software downloaded through the Internet, and information accessed on the Internet must be in compliance with the PFC's software license policy and in accordance with applicable laws. Employees shall conduct Internet browsing with caution and concern for the possibility of downloading a computer virus. As necessary, the Management Information Systems (MIS) will issue restrictions on software that may be downloaded. The use of instant messaging programs is prohibited without prior approval from the MIS Department.

Confidential and proprietary information must not be transmitted over the Internet without prior approval by PFC administration.

The use of information accessed on the Internet must be for PFC related business activities and consistent with our rules of conduct. Sexually explicit material and material otherwise not appropriate for a business setting may not be accessed, displayed, archived, stored, distributed, edited, or recorded using the PFC's network or computer resources.

The use of the Internet is subject to periodic monitoring. Computers may be audited for software downloaded through the Internet.

C. Hardware and Software Use

Hardware devices, software programs, and network systems purchased and provided by the PFC are to be used only for creating, researching, and processing PFC related materials, and other tasks necessary for discharging one's employment duties. By using the PFC's hardware, software, and network systems you assume personal responsibility for their appropriate use and agree to comply with this policy and other applicable PFC policies as well as all public laws and regulations.

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

Only legally licensed computer software programs may be used on PFC computers. Under no circumstances may employees use copied software at any of the childcare centers. Anti-

virus software programs must be installed and updated to ensure that all active programs and files are scanned for viruses. Employees are prohibited from using any software program that allows a computer to be accessed remotely and/or remotely controlled by a modem, network cable, and/or any other hardware or software without authorization from the Program Director.

E. Copyrights

Each employee is individually responsible for reading, understanding, and following all applicable licenses, notices, contracts, and agreements for software / hardware that he or she uses or seeks to use on PFC computers. If an employee needs help in interpreting the meaning/application of any such licenses, notices, contracts and agreements, he/she should 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.

Employees who need any software / hardware other than provided on their computer must request such software / hardware from the PFC MIS Department. Each request will be considered on a case-by-case basis.

F. Use of Phone System

Personal use of telephones for outgoing or incoming calls should be kept to a minimum. Where possible, employees should receive or make personal calls or conduct personal business during breaks, lunch, or at other non-work times. PFC telephones are for conducting PFC business and lines must be made available for incoming and outgoing calls. Anyone abusing the use of business telephones may find that their future use may be denied or restricted to emergencies only. Additionally, personal long distance calls will be reimbursed to the PFC.

To ensure we are providing excellent telephone service to other employees and the public, employees should always use an approved greeting and speak in a courteous and professional manner. Employees should confirm information received from the caller and hang up only after an offer to take a message is given or an offer for further assistance is made. All employees must remember that a rude or unhelpful person answering the telephone reflects negatively not only on the individual, but also on the organization as a whole and will not be tolerated.

G. Use of Cell Phones

This policy outlines the use of personal cell phones at work and the safe use of cell phones by employees while driving.

Personal Cellular Phones

While at work, employees are expected to exercise the same discretion in using personal cellular phones as is expected for the use of PFC phones. Excessive personal calls during the workday, regardless of the phone used, can interfere with employee productivity and be distracting to others. A reasonable standard the PFC encourages is to limit personal calls during work time to no more than one per day as needed. Employees are asked to make any other personal calls on non-work time where possible and to ensure that friends and family members are aware of the company's policy. Flexibility will be provided in circumstances demanding immediate attention.

The PFC will not be liable for the loss of personal cellular phones brought into the workplace.

Safety Issues for Cellular Phone Use

Employees whose job responsibilities include regular or occasional driving and who are issued a cell phone for business use are expected to refrain from using their phone while driving. Safety must come before all other concerns. Employees are not permitted to place or accept a call unless the vehicle is stopped.

Employees whose job responsibilities do not specifically include driving as an essential function, but who are issued a cell phone for business use, are also expected to abide by the provisions above. Under no circumstances are employees allowed to place themselves at risk to fulfill business needs.

Violations of this policy will be subject to disciplinary action, up to and including termination of employment.

Special Responsibilities for Managerial Staff

As with any policy, managers are expected to serve as role models for compliance with the provisions above and are encouraged to regularly remind employees of their responsibilities in complying with this policy as well as all others.

****A copy of the latest PFC's Policy and Procedures on the use of Electronic Communication Devices is available at the Human Resources Department.****

Whistleblower Policy

Employees may report any violation of the law, company policy, or any aspect of this Employee Handbook to Human Resources. The PFC encourages all employees to report all occurrences that in good faith are believed to be violations. Any employee making such a report shall be deemed to be a "Whistleblower" for the purposes of this policy. It is the intent of this provision

that employees making good faith reports of suspected fiscal misconduct, violations of law, or other violations shall be protected from retaliatory action as follows:

- A. The PFC will use its best efforts to protect Whistleblowers against retaliation, as described below. However, it cannot guarantee absolute confidentiality, and there is no such thing as an "unofficial" or "off the record" report. Human Resources will keep the Whistleblower's identity confidential, unless (1) the person agrees to be identified; (2) identification is necessary to allow Human Resources or the Executive Director or law enforcement officials to investigate or respond effectively to the report; (3) identification is required by law; or (4) the person accused of violations is entitled to the information as a matter of legal right in disciplinary proceedings.
- B. Employees may not retaliate against a Whistleblower with the intent or effect of adversely affecting the terms or conditions of employment or enrollment (including but not limited to, threats of physical harm, loss of job, punitive work assignments, or impact on salary or wages). Whistleblowers who believe they have been retaliated against may file a written complaint with the Director of Human Resources. A proven complaint of retaliation shall result in a proper remedy for the person harmed and the initiation of disciplinary action, up to and including dismissal, against the retaliating person. Protection from retaliation is not intended to prohibit managers or supervisors from taking action, including disciplinary action, in the usual scope of their duties and based on valid performance-related factors.
- C. Notwithstanding the foregoing, Whistleblowers must be cautious to avoid allegations made with reckless disregard for their truth or falsity.

Immigration Reform and Control Act of 1986

PFC complies with the federal immigration laws and will not knowingly hire or continue to employ anyone who does not have the legal right to work in the United States. It is the employee's responsibility to inform the Human Resources Department of any change in status that may affect the employee's eligibility for continued employment.

New Employee Requirements

In accordance with the California Education Code, Title V, Community Care Licensing, Title XXII, and PFC policy, the following documentation must be completed and submitted to the Office Manager prior to beginning employment at any PFC center:

- Health screening (must be completed every five years at employee's expense)
- Tuberculosis clearance (must be completed every two years at employee's expense)
- Criminal record clearance
- Criminal record statement
- Resume
- Completed employment application
- Official transcript(s)
- Emergency and identification information

- W-4
- I-9 Work Eligibility Form
- Letter of understanding regarding employment
- Child Development Permit (must be acquired at the employee's expense)
- Code of Safe Practices
- Drug Free Workplace Policy acknowledgement
- Proper identification
- Employee Handbook acknowledgement
- Requirement to report child abuse acknowledgement
- Employee Rights Notice

The center Office Manager will provide all new employees with the forms and procedures necessary to complete these items.

PFC relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data represented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of these areas may result in the exclusion of the individual from further consideration for employment, and disciplinary action, up to and including termination.

Employee Medical Examinations

To help ensure individuals are able to perform their job duties safely and efficiently, a physical examination by PFC's designated medical provider may be required for certain positions. For such positions, the offer of employment and assignment of duties is contingent upon satisfactory completion of the examination. Upon consideration for a new assignment as well as under certain other circumstances, a new evaluation by our medical provider may be required to ensure that the new duties can be performed. All required medical examinations will be conducted in compliance with applicable regulations and laws.

Employees who use prescribed drugs or over-the-counter medications while at work that may impair their ability to perform the job safely and effectively must report the use to their immediate supervisor. Depending on the circumstances, employees may be reassigned or not allowed to work if they are unable to perform job duties safely and properly while taking such medication.

PFC reserves the right to require acceptable confirmation of the extent of any illness or injury that requires an employee to be absent from work. Employees returning from a disability leave or a work-related injury are required to provide a doctor's certification of release to perform their regular work and a statement regarding any limitations and the duration of such limitations.

Information regarding an employee's medical condition or history is kept separate from other employee information and maintained confidentially. Access to this information is limited to those who have a legitimate need to have access to such information.

RESOLUTION PROCEDURE FOR EMPLOYEE COMPLAINTS

Open Door Policy

The Open Door Policy is a voluntary process that allows you to talk to your immediate supervisor or to a higher level of management without fear of retaliation. Although you are encouraged to solve your problem at the lowest possible level, you may take it as far up the chain of command as needed.

You are free to raise your concerns to any level of management. However, whenever possible, you should try to resolve any problems with your immediate supervisor. Because this person is close to your situation, he or she may already be aware of the problem or be in a position to offer a new perspective or some new facts that may be helpful to you.

If you are dissatisfied with your immediate supervisor's response or need to talk to someone other than your supervisor, you may take your problem to the next higher level of supervision. You are encouraged to follow the specific chain of command in your department or work group, because that is often the most direct way of getting matters resolved. However, you may take a problem or concern directly to Human Resources at any time.

For those situations involving problems that, for whatever reason, cannot be resolved in-house, the PFC has adopted a private, professional way outside of PFC to settle them. This outside process involves binding arbitration. Arbitration means presenting the dispute to a neutral third party for a final binding decision. Other resolution processes may be available upon request with the PFC's consent.

Mediation

If you are dissatisfied with the result from the Open Door Policy, you may request the PFC to participate with you in mediation. However, neither you nor the PFC is required to submit the dispute to mediation and either the PFC or you can proceed directly to arbitration at their choice.

Mediation is a meeting in which a neutral third party, called a mediator, helps you and the PFC come to an agreement on your own, based on your needs and interests. Mediation is a non-binding process which means the mediator can make suggestions, but you and the PFC are responsible for resolving your dispute. All mediations in this program will use private mediators as agreed upon by the parties.

To request mediation, employees should submit their written request to the attention of the Human Resources Department. Once they have made this request, the PFC will determine whether to participate in the mediation process. If the PFC agrees to mediation, the parties will mutually select a local private mediator to mediate the dispute. Both parties may be represented by counsel or any person whom they wish to designate during the mediation process. If an employee agrees not to be represented by counsel at the mediation, the PFC will also agree not to be represented by counsel.

If mediation does not resolve the dispute, either the employee or the PFC may submit the dispute to arbitration for a final and binding decision.

Binding Arbitration

Arbitration is a process by which a dispute is presented to a neutral third party (an arbitrator) for a final and binding decision. The arbitrator makes this decision after both sides present their arguments at the arbitration hearing. While there is no jury, the arbitrator can award any relief either party might seek through a court of law.

The neutral third party arbitrator runs the proceedings, which are held privately. Although arbitration is much less formal than a court trial, it is an orderly proceeding, governed by the rules of civil procedure and legal standards of conduct. It is an alternative procedure to a court or jury trial. Both parties have the right to be represented by counsel or any person whom they wish to designate during the arbitration process.

By selecting arbitration both the employee and the PFC are agreeing the use this mechanism rather than the court system to resolve disputes. To elect this option, employees should sign the agreement to arbitrate disputes.

EMPLOYEE ACKNOWLEDGMENT

This Employee Handbook describes important information about the Fresno State Programs for Children (PFC). I understand that I should consult the Program Director or the Human Resources Department regarding any questions not answered in this Employee Handbook.

I have entered into my employment relationship with the PFC voluntarily, and acknowledge there is no specified length of employment. I understand the PFC 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 PFC has similar rights.

No manager, supervisor or employee of the PFC 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 of PFC, in consultation with the Program Director, has the authority to make any such agreement. In such cases, the agreement must be made in writing, signed by the Executive Director, and indicate that it is intended as a modification of a particular employee's at-will status.

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 those changes may modify, eliminate, reduce or improve existing policies and benefits. Only the Executive Director has the authority to adopt, through Board approval, any revisions to the policies contained in this Employee Handbook.

I agree to read the Employee 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 Employee Handbook and any revisions made to it.

Employee's Signature

Date

EMPLOYEE'S NAME: _____
Print Name

**FRESNO STATE PROGRAMS
FOR CHILDREN, INC.**

**INJURY AND ILLNESS
PREVENTION PROGRAM**

INTRODUCTION

FRESNO STATE PROGRAMS FOR CHILDREN, INC. is concerned about the welfare of all of its employees, and is committed to providing a healthful and safe working environment for everyone. In demonstrating our commitment, and to facilitate achievement of our goal, FRESNO STATE PROGRAMS FOR CHILDREN, INC. has implemented a comprehensive safety plan, including important policies and procedures that all employees are required to follow. Safety, though, is a mutual responsibility. Regardless of how detailed our overall safety program is, it cannot cover every possible work situation. By being alert for possible hazards and unsafe conditions or acts, you can help ensure your safety and that of your co-workers.

This Injury Illness Prevention Program document is a summary of our overall safety and health program. It highlights the general areas of our safety and health plan, and identifies responsible parties. Detailed policies, procedures, and safe practices are available covering our entire program. Any questions or concerns should be addressed to the Director of Human Resources for Auxiliary Services. FRESNO STATE PROGRAMS FOR CHILDREN, INC. expects each employee to understand and follow the guidelines printed on the following pages.

APPROVAL

The Executive Director of Auxiliary Services has approved this IIPP, which has been written according to Cal/OSHA Standard 8, CCR 3203. This summary and all supporting policies and procedures are effective June 1, 2002 and supersede any other written and verbal safety procedures previously implemented.

Deborah S. Adishian-Astone
Executive Director of Auxiliary Services

Date _____

RESPONSIBILITY

The Director of Human Resources of Auxiliary Services has the responsibility for administering and maintaining the Injury and Illness Prevention Program (IIPP).

All employees are responsible for reading, understanding and following the IIPP in their work areas. A copy of this IIPP is available from the Auxiliary Human Resources Department.

COMPLIANCE

All employees are responsible for complying with safe and healthful work practices. Our system of ensuring that all employees comply with these practices includes the following:

- Informing employees of the provisions of our IIPP.
- Evaluating the safety performance of all employees.
- Recognizing employees who perform safe and healthful work practices.
- Providing training to employees whose safety performance is deficient.
- Disciplining employees for failure to comply with safe and healthful work practices.

COMMUNICATION

The Director of Human Resources is responsible for communicating with all employees about occupational safety and health in a form readily understandable by all employees. Our communications system encourages all employees to inform their immediate supervisor/manager about workplace hazards without fear of reprisal.

Our communication system includes:

- New employee orientations including a discussion of safety and health policies and procedures.
- Review of our IIPP with all employees.
- Workplace safety and health training.
- Effective communication of safety and health.
- Regularly scheduled safety meetings.
- Posted and distributed safety information.
- A safety suggestion box that allows employees to anonymously inform management about workplace hazards.

HAZARD ASSESSMENT

Periodic inspections to identify and evaluate workplace hazards will be performed by the Foundation Safety Committee. Inspections will occur according to the following schedule:

- Quarterly
- When we initially established our IIPP.
- When new substances, processes, procedures, or equipment, which present potential new hazards are introduced into our workplace.
- When new, previously unidentified hazards are recognized.
- When we hire and/or reassign employees to departments, operations or tasks for which a hazard evaluation has not been previously conducted.
- When occupational injuries and illnesses occur.
- Whenever workplace conditions warrant an inspection.

INVESTIGATIONS OF INJURIES, ILLNESS AND ACCIDENTS

Workplace injuries and illnesses will be investigated to determine if any preventable safety or health hazard contributed to the occurrence. The Site Supervisor will conduct the investigation in a timely manner after being advised of the incident. If a reportable serious injury or death results, the investigator will ensure that a report is made to Cal/OSHA within eight hours. Any hazardous condition or work practice that contributed to the injury, illness or accident will be abated according to the following Hazard Correction Policy.

HAZARD CORRECTION

Unsafe and unhealthy work-conditions, practices or procedures will be corrected in a timely manner based on the severity of the hazards. Hazards will be corrected according to the following procedures:

- When observed or discovered, hazards that do not pose an imminent danger will be corrected as soon as possible. If the hazard cannot be corrected immediately, a safe practice will be established and employees exposed to the hazard will be trained to avoid any injury. In addition, personal protective equipment will be provided as needed. The hazard will be scheduled for correction.
- When an imminent hazard exists which cannot be immediately corrected without endangering employees and/or property, we will remove all exposed employees from the area except those necessary to correct the existing condition. Employees who are required to correct the hazardous condition will be provided with the necessary protection.

TRAINING AND INSTRUCTION

All employees will have training and instruction from your supervisor on general and job specific safety and health practices. Training and instruction is provided as follows:

- When the IIPP is first established.
- To all new employees.
- To all employees given new job assignments for which training has not previously been provided.
- Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
- Whenever the Company is made aware of a new or previously unrecognized hazard.
- To supervisors to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed.
- To all employees with respect to hazards specific to each employees job assignment.

RECORDKEEPING

We have taken the following steps to implement and maintain our IIPP:

- Records of hazard assessment inspections, including the person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on a hazard assessment and correction form.
- Documentation of safety and health training for each employee, including the employee's name, training dates, type(s) of training, and training providers are recorded on an employee training and instruction form.

Inspection records and training documentation will be maintained for three (3) years.

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.
5. Do not block fire fighting equipment, fire doors, or exits with any material or equipment.
6. Obey existing law regarding 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 that 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. Install 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.
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 that 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.
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.
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 small 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 soon as possible.
6. Instruction and training on the use of fire extinguisher and evacuation procedures are 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 that 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 or 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 or address. 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 Site 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 gathering area 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 Site Supervisor.
8. All employees shall follow the directions of the Site Supervisor. 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 unnecessary 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 required to have special class licenses shall possess these endorsements.
4. Any driver known to be under the influence of drugs or intoxicating substances is subject to immediate termination.
5. Passengers are forbidden to ride on vehicles not equipped with seats for passengers.
6. Do not get on or off a vehicle while it is in motion -- even slow motion.
7. Overloading a vehicle with passengers or materials is forbidden.
8. 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.
9. No vehicle shall be driven in a reckless manner. The maximum speed any vehicle shall be driven at any time shall be 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.
10. All vehicle accidents, whether involving injury or not, shall be reported to your supervisor.

HAZARD COMMUNICATION PROGRAM

Fresno State Programs for Children 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 Site Supervisor 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. Site Supervisors 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.

Site Supervisors 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 Site Supervisor 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.

FRESNO STATE PROGRAMS FOR CHILDREN, INC.

**EMPLOYEE RECEIPT AND ACKNOWLEDGMENT OF
INJURY AND ILLNESS PREVENTION PROGRAM**

FRESNO STATE PROGRAMS FOR CHILDREN, INC.'s Injury and Illness Prevention Program has been reviewed with me this day. I acknowledge that I had the opportunity to review the document myself, that I understand it is my responsibility to understand the requirements of the Program, and to ensure that I follow all related safe practices and procedures. I am aware that the IIPP is available for my review at my work site.

Signature _____

Print Name _____

Date _____

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: <ul style="list-style-type: none"> • 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 \$1,900 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. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	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.) ▶ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 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. 	H _____

----- Cut 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 2011
1 Type or print 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 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 ▶

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 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	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 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 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 \$3,700 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 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. 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 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 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.

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

- 1. Document title;
- 2. Issuing authority;
- 3. Document number;
- 4. Expiration date, if any; and
- 5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1.** Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2.** Record the document title, document number, and expiration date (if any) in Block C; and
 - 3.** Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

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

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

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

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

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

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature	Date <i>(month/day/year)</i>
----------------------	------------------------------

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.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
------------------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

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 <i>(month/day/year)</i>
--	------------------------------

FRESNO STATE PROGRAMS FOR CHILDREN, INC.
2771 EAST SHAW AVENUE
FRESNO, CA 93710

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
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	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
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	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

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.

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.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

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**

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.

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.

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.

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA INCOME TAX RETURN OR CALL THE FRANCHISE TAX BOARD.

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES

1-800-852-5711 (voice)

1-800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES (Not Toll Free) (916) 845-6500

The California Employer's Guide (DE 44) provides the income tax withholding tables. This publication may be found on EDD's Web site at www.edd.ca.gov/taxrep/taxform.htm. To assist you in calculating your tax liability, please visit the Franchise Tax Board's Web site at: www.ftb.ca.gov/individuals/tax_table/index.asp.

NOTIFICATION: Your employer is required to send a copy of your DE 4 to the Franchise Tax Board (FTB) if it meets any of the following conditions:

- You claim more than 10 withholding allowances
- You claim exemption from state or federal income tax
- You make major changes to DE 4, such as crossing out words or writing more than is asked
- You admit that the DE 4 is false

IF THE IRS INSTRUCTS YOUR EMPLOYER TO WITHHOLD FEDERAL INCOME TAX BASED ON A CERTAIN WITHHOLDING STATUS, YOUR EMPLOYER IS REQUIRED TO USE THE SAME WITHHOLDING STATUS FOR STATE INCOME TAX WITHHOLDING IF YOUR WITHHOLDING ALLOWANCES FOR STATE PURPOSES MEET THE REQUIREMENTS LISTED UNDER "NOTIFICATION." IF YOU FEEL THAT THE FEDERAL DETERMINATION IS NOT CORRECT FOR STATE WITHHOLDING PURPOSES, YOU MAY REQUEST A REVIEW.

To do so, write to:

Franchise Tax Board
W-4 Unit MS F-180
P.O. Box 2952
Sacramento CA 95812-2952

Your letter should contain the basis of your request for review. You will have the burden of showing the federal determination incorrect for state withholding purposes. The Franchise Tax Board (FTB) will limit its review to that issue. FTB will notify both you and your employer of its findings. Your employer is then required to withhold state income tax as instructed by FTB. In the event FTB or IRS finds there is no reasonable basis for the number of withholding exemptions that you claimed on your W-4/DE 4, you may be subject to a penalty.

PENALTY: You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided for by Section 19176 of the California Revenue and Taxation Code.

**CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION, INC.
 CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION
 FRESNO STATE PROGRAMS FOR CHILDREN, INC.
 THE AGRICULTURAL FOUNDATION OF CALIFORNIA STATE UNIVERSITY, FRESNO**

Semi-Monthly Payroll Schedule for 2011

<u>PAY PERIOD</u>	<u>DATE DUE</u>	<u>DATE CHECKS AVAILABLE</u>	
January 1-15	January 18	January 21	Friday
January 16-31	February 1	February 7	Monday
February 1-15	February 16	February 22	Tuesday
February 16-28	March 1	March 7	Monday
March 1-15	March 16	March 22	Tuesday
March 16-31	April 1	April 7	Thursday
April 1-15	April 18	April 22	Friday
April 16-30	May 2	May 6	Friday
May 1-15	May 16	May 20	Friday
May 16-31	June 1	June 7	Tuesday
June 1-15	June 16	June 22	Wednesday
June 16-30	July 1	July 7	Thursday
July 1-15	July 18	July 22	Friday
July 16-31	August 1	August 5	Friday
August 1-15	August 16	August 22	Monday
August 16-31	September 1	September 7	Wednesday
September 1-15	September 16	September 22	Thursday
September 16-30	October 3	October 7	Friday
October 1-15	October 17	October 21	Friday
October 16-31	November 1	November 7	Monday
November 1-15	November 16	November 22	Tuesday
November 16-30	December 1	December 7	Wednesday
December 1-15	December 16	December 22	Thursday
December 16-31	January 3, 2012	January 6, 2012	Friday

**ALL PAYROLL CHECKS ARE AVAILABLE
 AFTER 1:00 PM ON THE DATE SHOWN ABOVE
 NO EXCEPTIONS!**

TIME VOUCHER

CALIFORNIA STATE UNIVERSITY, FRESNO AUXILIARY CORPORATIONS

SECTION A Employee Data. Items 1 through 6 must be completed to avoid delay in receiving check.

1. _____ 2. _____
LAST NAME FIRST INITIAL AB NUMBER

3. _____
HOME ADDRESS Mail Stop CITY STATE ZIP CODE

4. HOME PHONE # _____
 WORK PHONE # _____
(AT LEAST ONE PHONE NUMBER MUST BE LISTED)

5. EMPLOYMENT STATUS
 FRESNO STATE STUDENT
 FRESNO STATE EMPLOYEE (Payroll Agreement required)
 NON-FRESNO STATE EMPLOYEE

6. CHECK ROUTING
 BOOKSTORE
 FOUNDATION
 MAIL

SECTION B Hours Worked.

Date	Hours Worked						Date	Hours Worked					
	IN	OUT	IN	OUT	WHOLE HOURS	10THS		IN	OUT	IN	OUT	WHOLE HOURS	10THS
1st							16th						
2nd							17th						
3rd							18th						
4th							19th						
5th							20th						
6th							21st						
7th							22nd						
8th							23rd						
9th							24th						
10th							25th						
11th							26th						
12th							27th						
13th							28th						
14th							29th						
15th							30th						
							31st						

Completion of "IN" and "OUT" time is mandatory (i.e.: lunch, etc.) TOTAL HOURS WORKED _____

SECTION C ALL items must be completed by Supervisor to process check, and to avoid delay in receiving check.

1. JOB TITLE or TYPE OF WORK _____	2. HOURLY RATE OF PAY* _____	3. PAY PERIOD FROM: _____ TO: _____
4. TITLE OF ACCOUNT TO BE CHARGED _____		5. COST CENTER-OBJECT-SUBSIDIARY _____

* A separate voucher must be submitted for each different rate.

Checks are available after 1:00 p.m. on the published pay dates

SECTION D CERTIFICATION

I hereby certify under penalty of perjury that I have worked all the hours indicated above; I have received all meal and rest breaks to which I was legally entitled, and any overtime worked was approved by my supervisor prior to being worked.	I certify that I have authorized the hours worked as stated above and there is sufficient money on deposit with the Auxiliary Corporations to pay this voucher. Print Name: _____
_____ <small>SIGNATURE OF EMPLOYEE</small>	_____ <small>DATE</small>
_____ <small>SIGNATURE OF EMPLOYEE</small>	_____ <small>DATE</small>

PRINTED NAME and SIGNATURE of Approving Authority _____

SECTION E (For Payroll use only)

Total straight time _____	Total Hours worked _____
Total overtime _____	x Regular rate of pay = _____
	x Overtime rate of pay = _____
GRANT ACCOUNTING APPROVAL _____	TOTAL PAY