

LOS ANGELES COMMUNITY COLLEGES
NEW EMPLOYEE / FORMS YOU NEED TO FILL OUT

NEW HIRE PACKET: CLASSIFIED SERVICE

This checklist identifies “new hire” forms for Classified Service employees. Although the number of forms may seem lengthy, each form is necessary for the District to comply with the Board of Trustee policies as well as various State and Federal statutes. Please note:

- Statutory obligations require you to complete some forms and processes within very explicit timelines and to present identification verifying who you are. To assist you with fulfilling this obligation, we’ve identified when each document is due and prepared Page 2, Document Presentation Requirements, that explains what is needed and by when.
- Forms marked with an asterisk (*) are required for all assignments in Classified Service. These forms can be completed on line, printed, signed, and taken to your location personnel office no later than your first day of work. You should also schedule your fingerprinting appointment no later than your first day of work.
- Forms without an asterisk (*) vary according to individual employment. Your location personnel office will assist you with determining which, if any of these forms applies to your employment.

PRE-EMPLOYMENT PROCESSING DOCUMENT CHECKLIST			
✓	FORM TITLE	FORM NO.	DUE
▪ Required for Employment			
	Information Certification	HR-1	First Day *
	Personal Data Self Disclosure	HR-2	First Day *
	Oath of Allegiance / Oath of Support	HR-3	First Day *
	Report of Convictions	HR-4	First Day *
	Address and Warrant(s) Recipient Designation	HR-5	First Day *
	Tuberculosis Examination Compliance Certification	HR-11	Within five (5) business days *
	<ul style="list-style-type: none"> ▪ Employee Tip Sheet: Meeting TB Exam Requirements ▪ CDC Handout: Tuberculosis: Get the Facts 		
	Health Status Statement	HR-22	First Day *
	Acknowledgement of Document Receipt	HR-14C	First Day *
	Employee Withholding Certificate	W-4	First Day *
	<ul style="list-style-type: none"> ▪ Webpage: www.irs.gov/pub/irs-pdf/fw4.pdf 		
	Employment Eligibility Verification	I-9	Within three (3) business days *
	<ul style="list-style-type: none"> ▪ Webpage: www.uscis.gov/files/form/i-9.pdf 		
	Personnel Action: New Hire / Employee Copy	PCR Form	First Day *
	<ul style="list-style-type: none"> ▪ Your Supervisor or Location Personnel Office will provide this form upon input of your assignment into the District’s computer system. 		
	Fingerprinting: Complete and return processed form to Personnel Office.	LiveScan	First Day *
▪ Varies According to Individual Employment			
	Transfer of Illness Leave Balance Request – <i>If Criteria Met</i>	HR-12	First Day
	LACCD Direct Deposit Authorization	Recommended	Anytime
	Acknowledgement of Employment Conditions, Specially Funded Programs	C-1117	First Day *
	<i>Required for assignment in job codes :</i> <ul style="list-style-type: none"> ▪ 5996, SFP Director ▪ 5997, SFP Specialist ▪ 5998, SFP Technician ▪ 5999, SFP Office Assistant 		
	Benefit Packet – <i>Only if eligible for benefits</i>		Within 31 days
	Collective Bargaining Agreement		Within five (5) business days.
	<ul style="list-style-type: none"> ▪ Located at: www.laccd.edu/faculty_staff/extranet2/documents/NewEmployee-CollectiveBargainingAgreements.pdf 		
* Form must be submitted by due date. When it is not, your assignment can not be finalized.			

LOS ANGELES COMMUNITY COLLEGES
NEW EMPLOYEE / DOCUMENTS YOU NEED TO PROVIDE

As part of your employment processing, you are required to present certain documents before your assignment can be considered complete. Your personnel office will make a photocopy of the documents you present.

This sheet has been prepared to help you understand the document presentation requirements and what is needed by when. If you do not have a required document, you must present proof you have applied for the document within ten (10) days of your start date. You must then present the document upon its receipt.

▪ **GENERAL REQUIREMENTS**

- All presented documents must be originals. Photocopies are not acceptable.
- The name on any document you present must be the same as the name you write on the District's Information Certification (LACCD HR-1) and Department of Homeland Security Employment Eligibility Verification (I-9). ***If the names on the documents you present are not the same, you must also present evidence of the change such as a marriage license or court order.***
- Student, employee, merchant (store) and/or other identification cards that contain a photograph may not be used because they are not on the list of acceptable alternative or supplemental documents recognized by the federal or state government.

▪ **FORM W-4 (EMPLOYER'S WITHHOLDING ALLOWANCE CERTIFICATE)**

The District is required to accurately report earnings for employees to the federal government. This requirement means that your name and Social Security Number (SSN) must match information on file with the Social Security Administration. **In support of this requirement, each newly hired employee must present an original Social Security Card to their location personnel office.** The card does not have to be the first card you were issued but it must be issued by the Social Security Administration, contain the official seal of the Social Security Administration, and signed by you. The card cannot have the phrase "not valid for employment purposes," cannot be laminated, and cannot be a plastic or metal replica. ***If your Social Security card has been lost or destroyed, you can easily obtain another card from the [Social Security Administration](#). This process usually takes about ten days from the date you apply for it.***

▪ **EMPLOYMENT ELIGIBILITY VERIFICATION (I-9)**

Proof of Identity and Employment Authorization: Confirm you have the appropriate proof of identity as required by the **Employment Eligibility and Verification ([Form I-9](#))** to show your location personnel office within three days of your start date.

The Immigration Reform and Control Act (IRCA) of November 1986 requires we certify that you provide certain documents to us that demonstrate you are eligible to accept the employment offer made to you. This requirement is fulfilled when you present documents listed in either Column A or Column B and C of the attached [I-9 List of Acceptable Documents](#) to your location personnel office.

▪ **FINGERPRINTING (LIVE SCAN FINGERPRINT SERVICE)**

You must present one form of valid photo identification such as a state issued driver's license / identification card, passport, or military identification card to the Live Scan operator. In the absence of one of these cards, contact your designated Live Scan Service provider for assistance with determining what is considered an acceptable secondary form of identification. Expired identification cards are not accepted.



This form is required for employment.

Please print or type and ensure all information is provided as omissions can delay processing. After acceptance of employment, applicants may be required to present evidence of date of birth.

1. PERSONAL INFORMATION:

Title _____ Last Name _____ First Name _____ Middle Name _____ Suffix _____
 - -
 Social Security No. _____ Drivers License No. _____ State _____ Expires (MM/DD/YYYY) _____ Date of Birth (MM/DD/YYYY) _____

2. EMPLOYMENT HISTORY WITH THE DISTRICT

- I have never been employed by the Los Angeles Community College District in any position.
- I am currently employed by the Los Angeles Community College District in the position listed below.
- I have in the past been employed by the Los Angeles Community College District in the position listed below.

_____ Under the name of: _____
 Title of Position _____ Employee ID No. _____ Last _____ First _____ MI _____

3. INFORMATION CERTIFICATION

I understand that any offer and acceptance of employment is subject to the following:

- Verification that all statements made in my employment documents are true and correct.
- Verification of work experience.
- Medical examination, if required, (the job-relatedness of any disability shall be determined by the District; no person shall be denied employment due to a disability not related to the work performed).
- Verification of official transcripts if required for employment in a particular job.
- Proof of eligibility to work in the United States.
- Freedom from tuberculosis.
- Fingerprint results.
- Completion and submission of the "new hire" forms packet.
- Los Angeles Community College District Board of Trustees approval.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

 Signature Signature Date



This form is required by Section 3 of Article XX of the Constitution of the State of California.

"I,

First Name

Middle Name

Last Name

Suffix

do solemnly swear (or affirm) that: *(Check appropriate portion following.)*

For U.S. Citizens

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

For employees who are not U.S. Citizens

I will support the institutions and policies of the United States of America during the period of my sojourn in the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter."

For employees claiming exempt under the Religious Freedom and Restoration Act of 1993

I agree to loyally and lawfully discharge the duties of my assigned position. And, in accordance with the performance of these duties, I agree to abide by the Constitution of the United States and the Constitution of the State of California and any and all laws set forth by the federal and state governments or the Los Angeles Community College District."

Executed this _____ day of _____, 20 ____, at

City

State

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature



This form is required for employment.

Read Instructions shown below carefully before completing. Please print or type and ensure all information is provided as omissions can delay processing.

1. TITLE OF POSITION APPLIED FOR: _____

2. EMPLOYEE:

Last Name _____ First Name _____ Middle Name _____ Suffix _____
 - - Does the District currently employ you? No Yes, Identify
 Social Security No. _____ Date of Birth (MM/DD/YYYY) _____

Location _____ Title of Position _____ Employee ID Number _____

3. CONVICTIONS:

Have you ever been convicted? No Yes, complete the required information below.

<u>DATE OF ARREST</u> (Month-Day-Year)	<u>CITY AND STATE OF ARREST</u>	<u>CHARGE AND DISPOSITION</u> • Length of time served in jail or prison. • Length of probation.	<u>EXPLANATION</u> (Optional)

If necessary, use additional sheets of paper: sign and date the bottom of each additional page.

I certify that this Report of Convictions is true to the best of my knowledge and belief.

Signature _____ Signature Date _____

INSTRUCTIONS

In the spaces above, give complete details for every time you, as juvenile or adult have been convicted (fined, imprisoned, placed on probation, given a suspended sentence, or have forfeited bail) in connection with any offence, in civilian or military life. If you submit incomplete information, it will delay the processing of employment. Failure to account for all convictions may disqualify you from employment with the District, or if already employed, may cause you to be dismissed from employment.

- List all convictions even though they have been expunged or subsequently dismissed.
- If you use penal code numbers, note that use of incorrect codes will delay processing of your application.
- If you are in doubt, list your conviction and explain.
- If available, you may attach copies of court documents that identify the specific charge or conviction.

Omit any conviction specified in Labor Code 432.8, which refers to various marijuana related offenses that are more than two years old. Do not include minor traffic violations such as parking or speeding unless you were convicted for value to appear for fine or sentencing. Do not include arrests which resulted in Diversion unless you were convicted for failure to meet the conditions of your program.

Prior to employment you will be fingerprinted for processing through the criminal records system. If you fail to disclose a criminal conviction or provide inaccurate information, you could forfeit employment consideration or, if already hired, be removed from your position with the District.

OFFICE OF EMPLOYER-EMPLOYEE RELATIONS USE ONLY					
STATUS		DETERMINATIONS		DISQUALIFY	
OK – Clear Pending		Clear without Qualification		Eligible for Reconsideration / See Remarks	
No – Clear Pending / Additional information requested		Clear with Qualification		Not eligible for reconsideration	
Remarks:				Conviction of offense bars employment	
				Failure to disclose / material facts re: record	
				Failure to report / review of conviction record	
				Other:	
Reviewed By / Date: _____					



ADDRESS AND WARRANT(S) RECIPIENT DESIGNATION

This form is required for employment. Changes may be filed at any time.

Please print or type and ensure all information is provided as omissions can delay processing.

Last Name	First Name	Middle Name	Suffix
- -			
Social Security No.	Employee ID No.	Location	

1. EMPLOYEE OFFICIAL ADDRESS *May not be a District location or PO Box.*

Street Address	Unit No.
----------------	----------

City	State	Zip Code
------	-------	----------

() -	() -	() -
-------	-------	-------

Daytime Phone	Ext.	Evening Phone	Cell Phone	Email
---------------	------	---------------	------------	-------

A. RESTRICTIONS ON RELEASE OF ADDRESS / TELEPHONE
 Check this box if you do not wish to have your address and telephone number released to anyone except the organization designated as the exclusive representative for the employee unit to which you are assigned.

B. UNEMPLOYMENT INSURANCE CLAIMS
 Check this box if you wish your exclusive representative to receive your name in the event you file for unemployment insurance benefits.

2. SALARY WARRANT / DIRECT DEPOSIT ADVISE ADDRESS:

- Direct Deposit / Complete LACCD Direct Deposit Authorization Card (Obtain from Location Payroll Office)
- Mail to my official address listed above.
- Mail to the address listed below. *(PO Box may be used here.)*

Mailing Address	
-----------------	--

Street Address	
----------------	--

City	State	Zip Code
------	-------	----------

3. WARRANT RECIPIENT DESIGNATION

As provided in California Government Code § 53245, in the event of my death, I hereby designate the following person to receive any all warrants payable to me by the Los Angeles Community College District. This designation will remain in effect until canceled and replaced in writing. It is also expressly understood and agreed that the Los Angeles Community College District is not obligated to deliver said warrants to the person designated above unless the designated person, within two years after the date of said warrant or warrants, claims such warrants from the Los Angeles Community College District and provides the District with sufficient proof of identify.

First Name	Last Name	Relationship
------------	-----------	--------------

Street Address	Number
----------------	--------

City	State	Zip Code
------	-------	----------

4. SIGNATURE:

Employee	Signature Date
----------	----------------

FORWARD COMPLETED FORM TO:
Location Personnel-Payroll Office



This form is required for employment in Classified Service.

Read instructions below before completing. Please print or type and ensure all information is provided as omissions can delay processing.

1. EMPLOYEE

Last Name First Name Middle Suffix

Date of Birth (MM/DD/YYYY)

Title of Position Applied For: _____

2. TO THE EMPLOYEE

The Los Angeles Community College District Board of Trustee Rule 10202 is quoted below. Please read this rule carefully, answer the questions below, and sign this statement. This form will become a part of your personnel file and may be used should any disciplinary action be required because of your ability to complete the duties of your job based on a pre-existing physical condition.

“The health requirements for new employees and employees in service shall be based upon the employee’s physical, mental, and emotional ability to perform all the duties of the assignment satisfactorily without endangering his health or safety of the health and safety of other employees and students.”

A. Do you possess any physical limitations which would prohibit you from carrying out duties which are typical of those for the position for which you are applying?

No

Yes, Explain:

B. Have you presently applied, or are you now receiving, payments from a worker’s compensation claim?

No

Yes, Explain:

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature

Signature Date

INSTRUCTIONS

Submit the completed form together with employment processing papers to your location Personnel Office. The form will be forwarded to the Human Resources, District Office.



CLASSIFIED SERVICE DOCUMENTS RECEIVED ACKNOWLEDGMENT

This form is used to confirm a newly hired employee has received employment-related documents.

1. NAME OF NEWLY HIRED EMPLOYEE

Last Name _____ First Name _____ Middle _____ Employee No. _____
Location _____ Title of Position _____

2. ACKNOWLEDGEMENT OF RECEIPT

Initial _____

- _____ A. **FINGERPRINT REQUIREMENT:** I have received the documents listed below. I acknowledge that it is my responsibility to schedule my fingerprint appointment prior to my start date and that after my fingerprints are taken, I must return the completed "Request for Live Scan Service" form to my location Personnel Office.
 - Form: Request for Live Scan Service (Applicant Submission)
 - Employee Tip Sheet: [Meeting Fingerprint Requirements](http://www.laccd.edu/faculty_staff/extranet2/tip_sheets.htm) (www.laccd.edu/faculty_staff/extranet2/tip_sheets.htm)
 - Location Instructions for Scheduling Fingerprint Appointments
- _____ B. **TUBERCULOSIS TESTING REQUIREMENT:** I have received the documents listed below. I acknowledge that it is my responsibility to schedule my tuberculosis testing prior to my start date and that I must submit my Tuberculosis Examination Compliance Certificate (LACCD HR-11) to my location Personnel Office within five (5) business days of my start date.
 - Form: Tuberculosis Examination Compliance Certificate (LACCD HR-11)
 - Employee Tip Sheet: [Meeting TB Exam Requirements](http://www.laccd.edu/faculty_staff/extranet2/tip_sheets.htm) (www.laccd.edu/faculty_staff/extranet2/tip_sheets.htm)
 - Public Health Awareness Pamphlet: [Tuberculosis: Get the Facts](http://www.cdc.gov/tb/pubs/pamphlets) (www.cdc.gov/tb/pubs/pamphlets)
- _____ C. **[UNEMPLOYMENT INSURANCE INFORMATION](http://www.laccd.edu/faculty_staff/extranet2/New_Employees)** (www.laccd.edu/faculty_staff/extranet2/New_Employees)
- _____ D. **PERSONNEL ACTION: NEW HIRE / EMPLOYEE COPY** (Obtain from Location Personnel Office)

IF ELIGIBLE/APPLICABLE: (Your location Personnel Office will identify if following is applicable to your assignment.)

- _____ F. **ACKNOWLEDGEMENT OF EMPLOYMENT CONDITIONS, SPECIALLY FUNDED PROGRAMS:** I have received conditions of employment in a specially funded program assignment information (web address). I have read and considered the terms of employment and have completed the form attesting to my acceptance of the conditions of employment in my assignment as SFP Director (5996), SFP Specialist (5997), SFP Technician (5998), or SFP Office Assistant (5999).
- _____ G. **DISTRICT-PAID BENEFIT PLANS:** I have received [new employee health benefit information](http://www.laccd.edu/faculty_staff/extranet2/New_Employees) (www.laccd.edu/faculty_staff/extranet2/New_Employees). I acknowledge receipt of enrollment information for the district-paid hospital, dental, vision, and life insurance programs. I understand that I must submit the appropriate applications for the desired coverage and that enrollment is not automatic.
- _____ H. **COLLECTIVE BARGAINING AGREEMENT:** I have received [collective bargaining agreement information](http://www.laccd.edu/faculty_staff/extranet2/New_Employees) (www.laccd.edu/faculty_staff/extranet2/New_Employees). I understand that it is my responsibility to read the Agreement applicable to my employee unit and to comply with the provisions therein.

3. SIGNATURE

Print Name _____ Signature _____ Date _____

**RETURN COMPLETED FORM TO YOUR LOCATION PERSONNEL OFFICE
FOR FORWARDING TO HUMAN RESOURCES, DISTRICT OFFICE**



This form must be read and completed by the Hiring Authority and the Employee being hired in an SFP assignment.

1. In an effort to serve the varied educational, vocational, and training needs of our community, the colleges of the Los Angeles Community College District supplement their regular, on going programs with a number of special programs and services. These programs are not financed using general operating funds of the District. They are financed by a variety of local, state, and federal governmental agencies or private entities that grant money to the District for a specific program or purpose for a limited period of time. Because of the limited duration and funding associated with these programs, the employment of persons in these programs is limited to the duration of the program.

The position you are being offered is assigned to such a specially funded program. During your employment in this position you will be entitled to the rights, benefits, and burdens of any other classified employee serving in the regular service of the District. However, the length of your employment is directly tied to funding of the program to which you are assigned.

Carefully read and initial the statements below. Your initials acknowledge that you have been fully informed, understand, and accept the conditions associated with employment in a specially funded program with the Los Angeles Community College District.

2. TO BE COMPLETED BY HIRING AUTHORITY

You are being offered employment in the following job classification and program.

Program Title:		
Class Title: <input type="checkbox"/> SFP Office Assistant (5999) <input type="checkbox"/> SFP Program Technician (5998) <input type="checkbox"/> SFP Program Specialist (5997) <input type="checkbox"/> SFP Program Director (5996)		Funding Source: <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Fund Center Fund G/L </div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Fund Center Fund G/L </div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Fund Center Fund G/L </div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Fund Center Fund G/L </div>

3. TO BE INITIALED BY EMPLOYEE

Initials

_____ As an employee assigned to a specially funded program, I will be assigned to a specialized job classification that has been established solely for the specific college/location and program.

_____ Initial and continued funding for the program and position are subject to the terms and conditions established by the funding entity and can be terminated or reduced at any time. The District has no obligation to continue the funding of the program in the event funds are reduced or no longer available.

_____ Upon notification to the District from the funding agency of a reduction or termination of funding, I will be subject to lay-off from my position.

_____ Because my position is assigned to a job classification unique to the location and program, I will not have "bumping" rights to any other SFP position in the District.

_____ If I am laid off from my SFP position and have underlying regular status in the classified service, I will be entitled to exercise my "bumping" rights as provided by the applicable bargaining agreement, Rules of the Personnel Commission, or Board Rules.

_____ In the event I transfer to another specially funded program, I will be subject to a new probationary period.

I have had a full and complete opportunity to read and consider this statement and to obtain any further information or clarification I need. My signature below attests to my acceptance of the conditions of employment as outlined above.

_____ Candidate Signature _____ Date _____ Supervisor Signature _____ Date



RETIREMENT SYSTEMS OVERVIEW

One of the many benefits of joining the Los Angeles Community College District is that you get to participate in one of our sound retirement systems. Read the information below to identify the retirement system for which you are eligible and to get information on retirement system enrollment.

I. IDENTIFY THE RETIREMENT SYSTEM FOR WHICH YOU ARE ELIGIBLE

Participation in a retirement system is determined by the type of assignment you hold, as defined by statute or by previous membership. The chart below illustrates the retirement system options available, depending upon the types of assignment the employee holds.

If your assignment is:	Your Retirement Option is:	Employee Contribution Percentage	Election Method
Academic Administrator	California State Teacher's Retirement System (CalSTRS) Defined Benefit Plan	8.00%	Automatically assigned to CalSTRS Defined Benefits Plan; No Election Form Required
Contract Faculty	California State Teacher's Retirement System (CalSTRS) Defined Benefit Plan	8.00%	Automatically assigned to CalSTRS Defined Benefits Plan; No Election Form Required
Permanent Classified Service	California Public Retirement System (CalPERS)	7.00%	Automatically assigned to CalPERS; No Election Form Required
Temporary Employee: Adjunct Faculty	<ul style="list-style-type: none"> ▪ Social Security 	6.20%	Employee Election within first 60 days; Employee Notification and Election (CB 533)
	<ul style="list-style-type: none"> ▪ Public Agency Retirement System (PARS) 	3.50%	Employee Election within first 60 days; Employee Notification and Election (CB 533)
	<ul style="list-style-type: none"> ▪ California State Teacher's Retirement System Cash Balance Program 	3.75%	Default after 60 days, if no employee election; Employee Notification and Election (CB 533)
	<ul style="list-style-type: none"> ▪ California State Teacher's Retirement System (CalSTRS) Defined Benefit Plan 	8.00%	Employee Election at any time; Permissive Membership (ES 350)
Temporary Employee: Unclassified or Classified	<ul style="list-style-type: none"> ▪ Under 1000 work hours in fiscal year: Public Agency Retirement System (PARS) 	3.50%	Automatically assigned to PARS; No Election Form Required;
	<ul style="list-style-type: none"> ▪ 1000 work hours or more in fiscal year: California Public Employees' Retirement System (CalPERS) 	7.00%	If employees exceeds 1000 work hours, automatically assignment to CalPERS; No Election Form Required
Temporary Employee: Student Employee	STUDENT EMPLOYEES ARE NOT ELIGIBLE FOR PARTICIPATION IN ANY RETIREMENT SYSTEM.		

II. WHERE TO GET ADDITIONAL RETIREMENT SYSTEM INFORMATION

Follow the links below to get more information about your retirement system.

California State Teacher's Retirement System (CalSTRS) Defined Benefit Plan or Cash Balance Program	www.calstrs.com
California Public Retirement System (CalPERS)	www.calpers.ca.gov
Social Security	www.ssa.gov
Public Agency Retirement System (PARS)	www.parsinfo.org

III. FORMS YOU NEED TO FILL OUT

Form	Date Due	Where to Find Form
LACCD FORMS		
<ul style="list-style-type: none"> ▪ LACCD Form RU-01 <i>Academic Service Retirement System Information</i> 	First Day of assignment	Retirement System Information
<ul style="list-style-type: none"> ▪ LACCD Form RU-02 <i>Statement Concerning Your Employment in A Job Not Covered by Social Security</i> 	First Day of assignment	Job Not Covered by Social Security
<ul style="list-style-type: none"> ▪ LACCD Form RU-03 <i>Retirement Unit Documents Received Acknowledgement</i> 	First Day of assignment	Documents Received Acknowledgement
RETIREMENT SYSTEM FORMS		
<ul style="list-style-type: none"> ▪ Social Security Election <i>Use Employee Notification and Election form (CB 533)</i> 	Employee election within 60 days of the effective date of employment in the new position	Employee Notification and Election (CB 533)
<ul style="list-style-type: none"> ▪ CalSTRS Defined Benefit (CalSTRS DB) <i>Use Permissive Membership form (ES 350)</i> 	Adjunct Employee election at any time; Contract Faculty and Academic Administrator default into system with no election form required.	Permissive Membership (ES 350)
<ul style="list-style-type: none"> ▪ Public Agency Retirement System (PARS) <i>Use Employee Notification and Election form (CB 533)</i> 	Employee election within 60 days of the effective date of employment in the new position	Employee Notification and Election (CB 533)

IV. THINGS YOU NEED TO KNOW

- **STUDENT EMPLOYEES ARE NOT ELIGIBLE FOR PARTICIPATION IN ANY RETIREMENT SYSTEM.**
- Retirement system election documents must be submitted within 60 days of effective date of employment in the new position.
- Adjunct faculty can permissively elect into the CalSTRS Defined Benefits Plan at any time. [Note: *Election to CalSTRS Defined Benefits Plan is irrevocable.*]
- Vesting in the CalSTRS and CalPERS defined benefit programs occur after five (5) years of credited service. For more information about credited service, email the District Retirement Unit at DORetirementUnit@email.laccd.edu.
- If you have service in another retirement system or a special circumstance, contact the Retirement Unit for other possible retirement options that may be available to you.
- **To enroll in a CalPERS medical plan, you must also be in one of the following retirement systems: CalSTRS (DB or CB plan), PARS, or PERS. If you currently participate in Social Security, you will not be allowed to enroll for CalPERS medical coverage unless you switch to one of the other retirement systems. If you have any question please call Health Benefits at 888-428-2980.**
- Forward all completed retirement election forms to : **RETIREMENT UNIT
DISTRICT OFFICE
770 WILSHIRE BOULEVARD
LOS ANGELES, CALIFORNIA 90017**



RETIREMENT SYSTEM INFORMATION

FORM DESCRIPTION

This form identifies new employee retirement system history and provides new employees retirement system election timelines and requirements. Student Employees are not eligible for participation in any retirement system and should not complete this form.

INSTRUCTIONS

Complete items 1 through 4 below on the first day of employment in the new position and forward this form to your worksite Personnel Office.

1. PERSONAL INFORMATION:

Title _____ Last Name _____ First Name _____ Middle Name _____ Suffix _____

Social Security No. _____ Employee Number _____ Date of Birth (MM/DD/YYYY) _____

2. PREVIOUS/CURRENT RETIREMENT SYSTEM HISTORY

Are you currently a member or have you ever been a member of either the California State Teachers' Retirement System (CalSTRS) or the California Public Employees' Retirement System (CalPERS)? *Examples: K-12 school district; state university; state agency; fire/police department, etc.*

No Yes. Complete the required information below.

- A. **Identify Retirement System:** Public Employees' Retirement System (CalPERS)
 State Teacher's Retirement System (CalSTRS)

EMPLOYER	EMPLOYED		STILL WORKING	RETIRED, DRAWING PENSION ¹	CONTRIBUTIONS STATUS	
	FULL-TIME	PART-TIME			WITHDRAWN	REMAIN ON ACCOUNT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ PERS retired members are limited to 960 hours each fiscal year; STRS retired members are subject to the Earnings Limitation rule. This amount changes each fiscal year. Contact the appropriate retirement system for details.

If necessary, use additional sheets of paper: sign and date the bottom of each additional page.

- B. **CalPERS Members:** When you accept employment in a position covered by CalSTRS, you may elect to remain with CalPERS by completing and submitting the CalSTRS Retirement System Election form (ES 372) within 60 days of the effective date of employment in the new position.

3. RETIREMENT SYSTEM INFORMATION

- Contract Faculty and Administrators:** You are automatically assigned to the CalSTRS Defined Benefit plan. If you are already a CalPERS member and wish to continue coverage under CalPERS please complete the form as specified in Item 1.B. above. Vesting with CalSTRS occurs after five (5) years of service credit as defined by CalSTRS law. You do not contribute to **Social Security**.
- Adjunct Faculty:** You are automatically defaulted into the CalSTRS Cash Balance Program unless you:
 - Are already a CalSTRS member in an existing CalSTRS Defined Benefit (DB) Program or
 - Make an election to one of the programs listed below within 60 days of employment or
 - Are a CalPERS member who elects to continue coverage under CalPERS as specified in Item 1.B. above.
 You do not contribute to Social Security unless you elect to do so below. CalSTRS requires employers to obtain written acknowledgement of your decision. Complete and attach the form identified below.

ELECTION OPTION	COMPLETE FORM
<input type="checkbox"/> Social Security (www.ssa.gov)	Employee Notification and Election (CB 533)
<input type="checkbox"/> CalSTRS Defined Benefit (CalSTRS DB) (www.calstrs.com)	Permissive Membership (ES 350)
<input type="checkbox"/> Public Agency Retirement System (PARS) (www.parsinfo.org)	Employee Notification and Election (CB 533)

4. CERTIFICATION

I certify that I have received retirement system information and understand that if I qualify to make a retirement system election, I must submit all required forms to the Retirement Unit, District Office, within 60 days of the effective date of employment in the new position.

Signature

Signature Date



**STATEMENT CONCERNING YOUR EMPLOYMENT IN A
 JOB NOT COVERED BY SOCIAL SECURITY**

FORM DESCRIPTION

- This form is required for employment in all assignments other than those assignments that are covered by CalPERS. Regular classified jobs are covered by Social Security; regular classified employees should not complete this form.
- Student employees are not eligible for participation in any retirement system and should not complete this form.
- Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004, requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. This statement explains how a pension from that job could affect future Social Security. Employers are required to submit a copy of the signed form to the pension paying agency.

INSTRUCTIONS

Read the form below and complete items 1 and 2 on the first day of employment in the new position. Forward this form to your worksite Personnel Office.

Please print or type.

1. PERSONAL INFORMATION:

_____	_____	_____	_____	_____
Title	Last Name	First Name	Middle Name	Suffix
-	-			
_____	_____	_____	_____	
Social Security No.	Employee Number	Date of Birth (MM/DD/YYYY)		

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

a. Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, "Windfall Elimination Provision."

b. Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

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

c. For More Information

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

2. CERTIFICATION

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

Signature

Signature Date



DOCUMENTS RECEIVED ACKNOWLEDGEMENT

FORM DESCRIPTION

This form is used to confirm that an employee in a new position has received retirement system-related information. Failure to submit retirement election documents within 60 days of the effective date of employment in the new position may negatively affect your payroll. Student Employees are not eligible for participation in any retirement system and should not complete this form.

INSTRUCTIONS

Complete items 1 through 5 below **on the first day of employment in the new position** and forward this form to your worksite Personnel Office.

RETIREMENT SYSTEM INFORMATION CERTIFICATION

1. PERSONAL INFORMATION:

_____ Title	_____ Last Name	_____ First Name	_____ Middle Name	_____ Suffix
-	-			
_____ Social Security No.	_____ Employee Number	_____ Date of Birth (MM/DD/YYYY)		

2. I acknowledge receipt of:

- Retirement system information for the new position of _____
New Position Title
- Website addresses for accessing additional retirement system information.

3. I acknowledge that, if I am currently a member of CalPERS and I am employed in a new LACCD position that is automatically covered by CalSTRS, I have the option to elect to remain in CalPERS. I understand that if I wish to exercise this option that I must submit the [CalSTRS Retirement System Election Form \(ES 372\)](#) to the Retirement Unit, District Office within 60 days of the effective date of employment in the new position.

4. I acknowledge receipt of the following LACCD forms:

- LACCD Form RU-01, Retirement System Information
- LACCD Form RU-02, Statement Concerning Your Employment in a Job Not Covered by Social Security

5. I further acknowledge that I have been advised that I must forward the appropriate retirement system election form(s) to the RETIREMENT UNIT, DISTRICT OFFICE within 60 days of the effective date of employment in the new position.

Signature

Signature Date



LOS ANGELES COMMUNITY COLLEGES

CITY • EAST • HARBOR • MISSION • PIERCE • SOUTHWEST • TRADE-TECHNICAL • VALLEY • WEST

MANDATED REPORTER RESPONSIBILITIES UNDER THE CHILD ABUSE AND NEGLECT REPORTING ACT (PENAL CODE SECTION 11164 ET SEQ.)

Reportable Types of Abuse and Neglect

The following conditions must be reported under CANRA: sexual abuse (including sexual assault, sexual exploitation, child pornography, and child prostitution); general or severe neglect; physical abuse (including willful cruelty or unjustifiable punishment, unlawful corporal punishment or injury, and non-accidental physical injury); mental suffering; and/or abuse or neglect in out-of-home care.

Who Reports

Mandated reporters include the following individuals: teachers; instructional aides; teacher's aides; instructional assistants; classified employees of any public school; administrators or employees of organizations whose duties require direct contact and supervision of children; licensees, administrators or employees of a licensed community care or child day care facility. A full list of mandated reporters is found in Penal Code section 11165.7.

When to Report

A telephone report must be made immediately when the mandated reporter observes a child in his/her professional capacity or within the scope of his/her employment and has knowledge of, or has reasonable suspicion that the child has been abused. A written report on Form SS 8572 (Mandated Child Abuse Report) must be sent within 36 hours after the telephone report has been made.

To Whom Do You Report

You may contact the local police or sheriff's department, the Los Angeles County Child Welfare Agency, or the Los Angeles County Probation Department. The child abuse hotline for the Los Angeles County Child Welfare Agency is 1-800-540-4000.

Individual Responsibility

Any individual who is named in the reporting law must report abuse. If the individual confers with a superior and a decision is made that the superior will file the report, one report is sufficient. However, if the superior disagrees, the individual with the original suspicion/knowledge must report.

Anonymous Reporting

Mandated reporters are required to give their names. Non-mandated reporters may report anonymously. Child protective agencies and other individuals listed in Penal Code Section 11167.5 who have access to a reporter's identity are required to keep the mandated reporter's name confidential, unless a court orders the information disclosed or the reporter waives his/her confidentiality.

Immunity

Any mandated reporter has immunity when making a report. In the event a civil suit is filed against the reporter, he/she may file a claim with the State Board of Control for reimbursement of legal fees up to \$50,000. No individual can be dismissed, disciplined or harassed for making a report of suspected child abuse.

Liability

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



LOS ANGELES COMMUNITY COLLEGES

CITY • EAST • HARBOR • MISSION • PIERCE • SOUTHWEST • TRADE-TECHNICAL • VALLEY • WEST

CONFIDENTIALITY RIGHTS FOR MANDATED REPORTERS UNDER THE CHILD ABUSE AND NEGLECT REPORTING ACT (PENAL CODE SECTION 11164 ET SEQ.)

All child abuse reports made under the Child Abuse and Neglect Reporting Act (“CANRA”) are confidential. Mandated reporters, which include teachers, counselors, administrators, and classified employees, must reveal their names when reporting; voluntary reporters need not. (A full list of mandated reporters can be found in Penal Code section 11165.7.) Any violation of the confidentiality of child abuse reports is a misdemeanor, punishable by up to six months in jail, a \$1,000 fine, or both.

Mandated reports under CANRA can only be disclosed among the agencies receiving or investigating the reports. These agencies include the following:

- Child protection agencies (e.g., police department, sheriff’s department, probation department, and/or welfare department) and their investigators and counsel;
- Licensing agencies for child care facilities;
- District attorney, if involved in criminal prosecution;
- County counsel, if involved in prosecution;
- Hospital scan teams designed to identify child abuse; and/or
- Coroners and medical examiners, for postmortem examination.

A court order is required for the disclosure of information contained in a child abuse report, which includes the reporter’s identity, to anyone not listed above, including the reporter’s employer. The identity of a reporter may also be disclosed in accordance with a reporter’s waiver of confidentiality.



LOS ANGELES COMMUNITY COLLEGES

CITY • EAST • HARBOR • MISSION • PIERCE • SOUTHWEST • TRADE-TECHNICAL • VALLEY • WEST

CONDITION OF EMPLOYMENT PURSUANT TO THE CHILD ABUSE AND NEGLECT REPORTING ACT (PENAL CODE SECTION 11164 ET SEQ.)

NAME _____ TITLE _____ LOCATION _____

Please review the following, sign the acknowledgment below, and send to District Employer-Employee Relations, Attention: CANRA.

Section 11165.7 of the California Penal Code defines a "mandated reporter" to include the following individuals: Teachers; instructional aides; teacher's aides or assistants; classified employees of any public school; administrators or employees of a public or private organization whose duties require direct contact and supervision of children; licensees, administrators, or employees of licensed community care or child day care facilities; Headstart teachers; and social workers.

Section 11166 of the California Penal Code states, in part:

A mandated reporter shall make a report to any police department or sheriff's department, county probation department, or the county welfare department, whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Section 11166.05 of the California Penal Code states, in part:

Any mandated reporter who has knowledge of or who reasonably suspects that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way may report the known or suspected instance of child abuse or neglect to any police department or sheriff's department, county probation department, or the county welfare department.

Section 11166.5 of the California Penal Code states, in part:

On and after January 1, 1985, any mandated reporter as specified in Section 11165.7, with the exception of child visitation monitors, prior to commencing his or her employment, and as a prerequisite to that employment, shall sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

California Penal Code section 11172 provides that mandated reporters are IMMUNE FROM LIABILITY.

California Penal Code section 11166(b) provides penalties for FAILURE TO REPORT as follows:

Any mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars (\$1,000) or by both that fine and punishment.

I have read and understand the provisions stated herein and will comply with the Penal Code requirements. I have also reviewed the LACCD's Guide to the Child Abuse and Neglect Reporting Act.

SIGNATURE

EMPLOYEE NO.

DATE

Summary of The LACCD Policy 2013

Prohibited Discrimination and Harassment

Los Angeles Community College District • 770 Wilshire Boulevard • Los Angeles • CA • 90017 • (213) 891-2317

The Policy

It is the policy of the Los Angeles Community College District to provide an educational, employment and business environment free from Prohibited Discrimination. Employees, students or other persons acting on behalf of the District who engage in Prohibited Discrimination as defined in this policy or by state or federal law shall be subject to discipline, up to and including discharge, expulsion or termination of contract.

Academic Freedom

The Board of Trustees reaffirms its commitment to academic freedom, but recognizes that academic freedom does not allow Prohibited Discrimination. The discussion of ideas, taboos, behavior or language which is an intrinsic part of the course content shall in no event constitute Prohibited Discrimination, though such ideas may cause some students discomfort. It is recognized that academic freedom insures the faculty's right to teach and the student's right to learn.

Definition of Prohibited Discrimination

Prohibited Discrimination is defined as discrimination or harassment in violation of state or federal law on the basis of actual or perceived ethnic group identification, race, color, national origin, ancestry, religion, creed, sex (including gender-based sexual harassment), pregnancy, marital status, cancer-related medical condition of an employee, sexual orientation, age, physical or mental disability, or veteran status.

Definition of Sexual Harassment

Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature, made by someone from or in the workplace or in the educational setting.

Retaliation

Retaliation means adverse personal, employment or academic decisions made against anyone who makes a complaint, refers a matter for investigation, participates in an investigation, represents or serves as an advocate for a complainant or alleged offender.

False Allegations

Anyone who files a complaint in which he/she knowingly makes false allegations of fact shall also have violated this policy and shall be subject to disciplinary action.

Confidentiality

All persons involved in investigation of complaints shall have a duty to maintain the confidentiality of the matters discussed, except as may be required or permitted by law, which include the rules and regulations of the District.

A complete record of each complaint and investigation shall be kept by the Office of Diversity Programs.

The Written Decision or any Settlement Agreement regarding the results of the investigation shall be placed in the personnel file of each employee involved as an alleged offender or complainant.

Complaint Procedure

General Provisions

All Supervisors shall be responsible for maintaining a work environment consistent with this policy. Any supervisor who becomes aware of a situation which could be reasonably perceived to be a violation of this policy must report it to the Office of Diversity Programs. All employees are responsible for maintaining an educational environment consistent with this policy. Any employee who becomes aware of a situation which could reasonably be perceived as a violation of this policy should refer it to the Office of Diversity Programs.

Investigation

A Compliance Officer shall promptly investigate all potential violations of this policy of which he or she becomes aware. A Compliance Officer shall receive the complaint, and notify the complainant, alleged offender, the College President or District administrator, and the Director of Diversity Programs, within 5 business days of a potential violation of this policy. During the process of the investigation, the alleged offender has the right to be represented.

Informal Procedure

A Compliance Officer shall undertake efforts to informally resolve and investigate the charges. This process is limited to 30 days. If a resolution is reached, a Compliance Officer shall draft a Settlement Agreement to be signed by the complainant and the alleged offender. A Compliance Officer shall monitor the situation to insure that the resolution is properly implemented and maintain records.

Complaint Procedure

A written or verbal complaint shall be submitted to the LACCD Office of Diversity Programs. Employment based complaints shall be filed within 180 days. Non employment based complaints shall be filed no later than one year from the date when the complainant knew or reasonably should have known of the facts underlying the complaint.

Compliance Officer's Report

Within 60 days after becoming aware of a potential violation of this policy, a Compliance Officer shall complete the investigation and make a written report to the College President or Deputy Chancellor.

The College President, or Deputy Chancellor, shall independently assess whether the "preponderance of the evidence" establishes a violation and shall determine what action is to be taken, if any. Prior to making the decision, the alleged offender and complainant shall have the opportunity to make an oral statement, within 15 days from the receipt of the Compliance Officer's report.

Within 90 days from the start of the investigation a Written Decision shall be mailed to the complainant and the alleged offender.

Disciplinary Action

If appropriate, the College President, Deputy Chancellor, or the Chancellor shall initiate the applicable disciplinary process within 10 business days of receiving the Written Decision.

Disciplinary action shall include, without limitation, verbal warning, probation, suspension, expulsion, letters of reprimand, Notices of Unsatisfactory Service, suspension, demotion or dismissal.

Appeals

If the complainant is not satisfied with the Written Decision, he/she may appeal to the District's Board of Trustees by submitting a written appeal to the Chancellor's Office within 15 days.

The Chancellor shall present the written appeal, the Written Decision and the investigative report to the Board of Trustees in closed session. If the 45 days elapse without further action, the Written Decision shall be the final decision of the District. In non-employment cases the complainant has the right to file an appeal with the State Chancellor's Office within 30 days after the Board decision is issued, or the 45 days have elapsed, whichever comes first.

Additional Remedies

The complainant may pursue independently civil law remedies, including but not limited to injunctions, restraining orders, or other orders. An individual who believes that he/she is the victim of Prohibited Discrimination may also file a complaint with the Department of Fair Employment & Housing at (800) 884-1684, the Equal Employment Opportunity Commission at (213) 894-1000, for employment based complaints; and the Department of Education, Office for Civil Rights at (415) 556-4275, for non-employment complaints whether or not the complainant chooses to utilize the District's internal procedure. Complaints may also be filed with the State Chancellor's Office.

This is an excerpt. The specific Rules and Procedures for reporting charges of Prohibited Discrimination and for pursuing available remedies are incorporated in the Board Rules in Chapter 15, Board Rules 1501-1522.

Copies of the policy and procedures may be obtained from the LACCD Office of Diversity Programs and District Website at www.laccd.edu/diversity or by calling the Office of Diversity Programs at (213) 891-2315 or (213) 891-2317.

What You Can Do About

Prohibited Discrimination and Harassment

Any member of the college community which includes students, faculty, staff, other LACCD employees and general public who believes, perceives or has actually experienced conduct related to LACCD that may constitute prohibited discrimination or harassment, has the right to seek help. Everyone has the responsibility and obligation to report such conduct.

■ Talk to the Offender

Often problems will stop once the offender realizes the conduct is unacceptable.

■ Put it in Writing

Let the offender know that you don't like being treated this way and will report him/her unless it stops.

■ Keep a Record

Record the date, time, place and names of witnesses and describe the exact nature of the incident.

■ Don't Ignore It

Ignoring prohibited discrimination and hoping it will not be repeated is the most common reaction, yet it is the most ineffective way to deal with such incidents.

■ Contact the Office of Diversity Programs

Prohibited discrimination should be reported immediately to the Office of Diversity Programs.

Compliance Officers are always available to confidentially discuss any possible discrimination or sexual harassment complaint.

You have the right!
You have the right!
YOU HAVE THE RIGHT!

- To work and study in an atmosphere free of harassment and discrimination
- To be judged by the same criteria as all others, not by standards that are less demanding, or more rigorous, or different in any way
- To complain, free of retaliation

Discrimination may include, but is not limited to the following type of behavior:

- exclusion from employment opportunities such as training, transfer or promotion
- allocation of poor grades based on one's protected class
- denial of reasonable accommodation because of a disability
- decisions based on stereotypes or assumptions about one's abilities, traits or performance

Sexual harassment may include, but is not limited to the following type of conduct:

- unwelcome, unsolicited contact with sexual overtones (written, verbal, physical and/or visual contact)
- unwelcome pressure for dates
- display of sexually suggestive objects, cartoons, posters
- request for sex in exchange for grades, recommendations, job opportunities

Office of Diversity Programs

(213) 891-2317

diversityprograms@laccd.edu

laccd.edu/diversity

Los Angeles Community College District

Board of Trustees - Kelly G. Candaele • Mona Field • Tina Park • Nancy Pearlman • Miguel Santiago • Scott J. Svonkin • Steve Veres

District Administration - Dr. Daniel J. LaVista, Chancellor • Dr. Adriana Barrera, Deputy Chancellor • Dr. Yasmin Delahoussaye, Vice Chancellor for Educational Programs & Institutional Effectiveness • Dr. Felicito Cajayon, Vice Chancellor for Economic & Workforce Development • Jeanette Gordon, Chief Financial Officer/Treasurer • Camille Goulet, General Counsel • James D. O'Reilly, Executive Director, Facilities Planning & Development

Office of Diversity Programs: (213) 891-2317

Second Opinion, Third Opinion and Independent Medical Review Process:

If you disagree with your doctor or do not like your doctor for any reason, you may always choose another doctor in the MPN.

■ Obtaining Second and Third Opinions

If you disagree with the diagnosis or treatment plan determined by your treating physician or your second opinion physician, and would like a second or third opinion, you must take the following steps:

- ✓ Notify your claims examiner who will provide you with a regional area listing of physicians and/or specialists within the WellComp Network who have the recognized expertise to evaluate or treat your injury or condition.
- ✓ Select a physician or specialist from the list.
- ✓ Within 60 days of receiving the list, schedule an appointment with your selected physician or specialist from the list provided by your claims examiner. Should you fail to schedule an appointment within 60 days, your right to seek another opinion will be waived.
- ✓ Inform your claims examiner of your selection and the appointment date so that we can ensure your medical records can be forwarded in advance of your appointment date. You may also request a copy of your medical records.
- ✓ You will be provided information and a request form regarding the Independent Medical Review (IMR) process at the time you select a third opinion physician. Information about the IMR process can be found in the MPN Employee Handbook.

■ Obtaining an Independent Medical Review (IMR)

If you disagree with the diagnosis or treatment plan determined by the third opinion physician, you may file the completed Independent Medical Review Application form with the Administrative Director of the Division of Workers' Compensation. You may contact your claims examiner or the WellComp Patient Services Department for information about the Independent Medical Review process and the form to request an Independent Medical Review.

If the second opinion, third opinion or IMR agrees with your treating doctor, you will need to continue to receive medical treatment with a network physician. If the IMR does not agree with your treating network physician, you will be allowed to receive that medical treatment from a provider either inside or outside of the WellComp Network.

■ Treatment Outside of the Geographic Area

WellComp has providers throughout California. If a situation arises which takes you out of the coverage area, such as temporary work, travel for work, or living temporarily or permanently outside the MPN geographic service area, please contact the WellComp Patient Services Department, your claims examiner, or your primary treating provider, and they will provide you with a selection of at least 3 approved out-of-network providers from whom you can obtain treatment or get second and third opinions from the referred selection of physicians.

Covered Medical Services:

The following is a summary of Workers' Compensation medical services that are available to employees covered by the WellComp Network.

Primary treating and specialty services including consultations and referrals

Examples of primary treating or specialty providers include: general medical practitioners, chiropractors, dentists, orthopedists, surgeons, psychologists, internists, psychiatrists, cardiologists, neurologists.

Inpatient Hospital and Outpatient Surgery Center services

Examples of inpatient hospital and outpatient surgery center providers include: acute hospital services, general nursing care, operating room and related facilities, intensive care unit and services, diagnostic lab or x-ray services, necessary therapies.

Ancillary Care services

Examples of ancillary care providers include: diagnostic lab or x-ray services, physical medicine, occupational therapy, medical and surgical equipment, counseling, nursing, medically appropriate home care, medication.

Emergency services including outpatient and out-of area emergency care

Signature

Date



WellComp Provider Directory

To access a directory of medical providers in the WellComp Network, go to www.WellComp.net where you can search by medical specialty, zip code, physician or provider group. To receive a hard copy of the regional area listing or the complete WellComp directory, please contact WellComp (your employer's designated medical provider network administrator):

WellComp Information

To access more information, regarding the WellComp Network, go to www.WellComp.net/download/. You can download the Employee Handbook, Transfer of Care Policy or the Continuity of Care Policy. To receive a hard copy of this information please contact WellComp. MPN Liaison: Gale Chmidling, MPN Manager (800) 544-8150

WellComp Patient Services Department

P.O. Box 59914
Riverside, CA 92517
Toll Free (800) 544-8150
fax: (888) 620-6921 or
e-mail: info@WellComp.net

This pamphlet is available in Spanish. For a free copy, please contact WellComp.

Este folleto esta disponible en el Español. Para una copia gratis, favor de llamar a WellComp.

Rev 6/10



This pamphlet contains important information on accessing the WellComp Medical Provider Network:

- ✓ Find out if you are covered
- ✓ Access medical care
- ✓ Learn about continuity of care
- ✓ Choose your own physician
- ✓ Transfer into the WellComp Network
- ✓ Contact WellComp



Employee Name: _____
Employer Name: _____
Date of Injury: _____

Medical Treatment for Workers' Compensation
MPN Liaison, Gale Chmidling, MPN Manager
P.O. Box 59914 Riverside, CA 92517

Toll Free (800) 544-8150
fax: (888) 620-6921 or
e-mail: info@WellComp.net

Welcome to WellComp

Your employer has elected to provide you with the choice of a broad scope of medical services for work-related injuries and illnesses by implementing a Medical Provider Network (MPN), called WellComp. WellComp delivers quality medical care through your choice of a provider who is part of an exclusive network of healthcare providers, each of whom possess a deep understanding of the California workers' compensation system and the impact their decisions have on you. Your employer has received the approval from the State of California to cover your workers' compensation medical care needs through the WellComp Network. You are automatically covered by the WellComp Network if your date of injury or illness is on or after your employer's implementation date and if you have not properly pre-designated a personal physician prior to your injury or illness.

In the event that you have an injury or illness, please complete the front of this card and carry it with you to present to your medical service providers for access to care.

This card is not required to receive medical services.

This employee is covered by the WellComp Network for workers' compensation medical care. Possession or use of this card does not guarantee eligibility for benefits. Treatment must be furnished or referred by a WellComp medical provider with the exception of emergency care or necessary treatment while the employee is out of the state of California. All treatment requires pre-authorization except for emergency care.

For treatment authorization contact WellComp Provider Services.
For WellComp Patient Services:
Toll Free (800) 544-8150
fax: (888) 620-6921

For emergency care or necessary treatment while the employee is outside of the state of California, please notify WellComp to facilitate authorization, billing and payment, as well as transfer of care.

Access to Medical Care

■ Initial Care

In case of an emergency, you should call 911 or go to the closest emergency room.

In the event that you experience a work-related injury or illness, immediately notify your supervisor and obtain medical authorization from your employer to designate an initial care provider within the network. If you are unable to reach your supervisor or employer, please contact the patient services department at WellComp. For non-emergency services, the MPN must ensure that you are provided an appointment for initial treatment within 3 business days of your employer's or MPN receipt of request for treatment within the MPN.

■ Subsequent Care

If you still need treatment following your initial evaluation, you may be treated by a physician of your choice, or the initial physician may refer you to a medically and geographically appropriate specialist within the network who can provide the appropriate treatment for your injury or condition. Your employer is required to provide you with at least three physicians of each specialty expected to treat common injuries experienced by injured employees based on your occupation or industry. These physicians will be available within 30 minutes or 15 miles of your workplace or residence and specialists will be available within 60 minutes or 30 miles of your residence or workplace. For a directory of providers, please visit www.WellComp.net or call WellComp Patient Services.

■ Emergency Care

In an emergency, defined as a medical condition starting with the sudden onset of severe symptoms that without immediate medical attention could place your health in serious jeopardy, go to the nearest healthcare provider regardless of whether they are a WellComp participant. If your injury is work-related, advise your emergency care provider to contact WellComp to arrange for a transfer of your care to a WellComp provider at the medically appropriate time.

■ Hospital and Specialty Care

Your primary treating provider in the WellComp Network will make all of the necessary arrangements and referrals for specialists, inpatient hospital, outpatient surgery center services, and ancillary care services.

■ Choosing a Treating Physician

If you still require treatment after your initial evaluation with your employer's designated provider, you may access the WellComp Directory and select an appropriate physician of your choice who can provide the necessary treatment for your condition or illness. For assistance determining physician options, please contact the WellComp Patient Services Department or discuss your options with your initial care provider.

■ Scheduling Appointments

If you are having difficulty scheduling an appointment with your initial provider or subsequent provider, please contact your WellComp Patient Services Department.

■ Changing Primary Treating Physician

If you find it necessary to change your treating physician and it is determined that you require ongoing medical care for your injury or illness, you may select a new physician from the WellComp Directory and schedule an appointment. Once your appointment is scheduled, immediately contact WellComp Patient Services who will then coordinate the transfer of your medical records to your new provider.

■ Obtaining a Specialist Referral

As long as you continue to require medical treatment for your injury or illness, there are alternatives for obtaining a referral to a specialist:

1. Your primary treating provider in the WellComp Network can make all of the necessary arrangements for referrals to a specialist. This referral will be made within the network or outside of the network if needed.
2. You may select an appropriate specialist by accessing the WellComp Directory.
3. You may contact WellComp Patient Services who can help coordinate necessary arrangements.

If your primary treating provider makes a referral to a type of specialist not included in the network, you may select a specialist from outside the network.

For non-emergency specialist services, the MPN must ensure that you are provided an appointment within 20 business days of your employer's or MPN receipt of a referral to a specialist within the MPN.

■ Continuity of Care

What if I am being treated by a WellComp doctor and the doctor leaves WellComp?

Your employer has a written "Continuity of Care" Policy that may allow you to continue treatment with your doctor if your doctor is no longer actively participating in WellComp.

If you are being treated for a work-related injury in the WellComp Network and your doctor no longer has a contract with WellComp, your doctor may be allowed to continue to treat you if your injury or illness meets one of the following conditions:

- **(Acute)** A medical condition that includes a sudden onset of symptoms that require prompt care and has a duration of less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues without full cure or worsens and requires ongoing treatment over 90 days. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN contract termination date.

If any of the above conditions exist, WellComp may require your doctor to agree in writing to the same terms he or she agreed to when he or she was a provider in the WellComp Network. If the doctor does not, he or she may not be able to continue to treat you.

If the contract with your doctor was terminated or not renewed by WellComp for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, you will not be allowed to complete treatment with that doctor. For a complete copy of the Continuity of Care policy, please visit www.WellComp.net or call WellComp Patient Services.

■ Transfer of Ongoing Care

What if you are already being treated for a work-related injury before the WellComp Network begins?

Your employer has a "Transfer of Care" policy which describes what will happen if you are currently treating for a work-related injury with a physician who is not a member of the WellComp Network.

If your current treating doctor is a member of WellComp, then you may continue to treat with this doctor and your treatment will be under WellComp. Your current doctor may be allowed to become a member of WellComp.

If your current treating physician is not a participating physician within WellComp, you are not covered under the MPN and your physician can make referrals to providers within or outside the MPN.

You will not be transferred to a doctor in WellComp if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues without full cure or worsens over 90 days. You may be allowed to be treated by your current treating doctor for up to one year from the date of receipt of the notification that you have a serious chronic condition.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less. Treatment will be provided for the duration of the terminal illness.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date.

■ Care Transfer Disputes

If WellComp is going to transfer your care and you disagree, you may ask your treating doctor for a report that addresses whether you are in one of the categories listed above. Your treating physician shall provide a report to you within twenty calendar days of the request. If the treating physician fails to issue the report, then you will be required to select a new provider from within the MPN.

If either WellComp or you do not agree with your treating doctor's report, this dispute will be resolved according to Labor Code Section 4062. You must notify WellComp Patient Services Department, if you disagree with this report.

If your treating doctor agrees that your condition does not meet one of those listed above, the transfer of care will go forward while you continue to disagree with the decision.

If your treating doctor believes that your condition does meet one of those listed above, you may continue to treat with him or her until the dispute is resolved. For a complete copy of the Transfer of Care policy, please visit www.WellComp.net or call WellComp Patient Services.