



SFUSD

**SAN FRANCISCO
PUBLIC SCHOOLS**

NEW HIRE PERSONNEL PACKET

2013-2014

**Forms to Complete and Return to SFUSD
Recruitment Unit**



New Hire Packet Contents

Welcome to San Francisco Unified School District! We are pleased that you have chosen to join our professional learning community.

In order to complete you're hiring please read, complete, and return the following documents to Human Resources. Should you have any questions, please direct them to Human Resources staff when you meet with them to complete your hiring.

PERSONNEL DEPARTMENT

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SALARY DEPARTMENT In order to place you on the appropriate salary step, we will need verification of your previous work experience and verification of units earned during your coursework. If you have previously worked in other school districts, please have the Verification of Previous Experience Form signed by your previous employer(s) and then submit to the salary office. Additionally, we will need copies of official transcripts to verify academic units earned.

Please Note: It is the employees' responsibility to provide all required forms and transcripts related to salary step increases.

Personal Information

Employee: _____

SS#: _____
(Last) (First) (MI)

DOB: _____ Marital Status: _____

Address: _____

Telephone: _____

Email: _____

Federal Law requires that you must answer both questions about Ethnicity and Race:

ETHNICITY: Mark the ethnicity that closely identifies you. Please check one:

- Hispanic /Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Not Hispanic or Latino

RACE: (Please check up to five racial categories only). Circle the primary race. The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be:

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native (100)
<small>(Person having origins in any of the original people of North and South America (including Central America)</small> | <input type="checkbox"/> Samoan (303) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Other Asian (209) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> White (700)
<small>(Persons having origins in any of the original peoples of Europe, North Africa or Middle East)</small> |
| <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> Two or more races |

Please complete, sign and return to Human Resources.



Emergency Contact Information

Name/Relationship: _____

Home Telephone: _____

Business/Other: _____

Name/Relationship: _____

Home Telephone: _____

Business/Other: _____

Please complete, sign and return to Human Resources.

Tobacco and Drug-Free Workplace Notice

It is unlawful to manufacture, distribute, dispense, possess, or use a controlled substance in the workplace. Any employee violating this prohibition shall be subject to discipline up to and including termination of employment and/or will be required to complete a drug abuse assistance or rehabilitation program.

Each employee engaged in activities funded by Federal grant must notify the department head of any criminal drug state conviction for a violation occurring in the workplace no later than five days after such conviction.

As a prospective employee of the San Francisco Unified School District, you are mandated to comply with the drug abuse-reporting requirement as stated above.

Please print:

I, _____ have read and understood the
(First Name) (MI) (Last Name)
requirements of the Drug Free Workplace Notice as outlined above and will comply with these provisions.

Signature _____

Date _____

Please complete, sign and return to Human Resources.

Statement Acknowledging Requirements To Report Suspected Child Abuse

The California Penal Code prohibits sexual molestation, sexual assault, the infliction of cruel or inhumane corporal punishment, and unjustifiable physical pain or mental suffering on a child. In addition, the Penal Code prohibits allowing or causing a child to be placed in a situation that endangers a child's health or person.

Section 11166 of the Penal Code requires any child care custodian, health practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse report the known or suspected instance of child abuse to a child protective agency. The report must be sent to the child protective agency within 36 hours of receiving the information concerning the incident.

"Child Care Custodian" includes all persons who interact directly on a regular basis with pupils, including teachers, administrators, pupil service employees, paraprofessionals and volunteers. "Health practitioner" includes nurses, physicians, psychologists, and family and child counselors.

As a prospective employee of the San Francisco Unified School District, your employment position falls within the definition of Section 11166 of the California Penal Code. Therefore, you are mandated to comply with the child abuse reporting requirement as stated above.

I, _____ have read and understood the
(First Name) (MI) (Last Name)

requirements of the Section 11166 of the California Penal Code as outlined above and will comply with those provisions.

Signature _____

Date _____

Please complete, sign and return to Human Resources.

Infectious Diseases Information Form

This form disseminates information about precautions to prevent the spread of infectious diseases at school. In the school setting, it is not possible to know who may be a carrier of an infectious disease and what germs may be present. Persons with infections do not always have **outward signs** and often are not themselves aware of being infected. However, you can take **Universal Precautions** while you are at the school and in other situations that will help protect you from **ALL** infectious diseases. *Universal Precautions* include the actions below:

1. Wash your hands with soap and running water at regular times during your workday. Common infectious diseases (excluding HIV infection, AIDS and Hepatitis B) may be contracted from dirt and waste encountered in the workplace.
2. Avoid punctures with objects that may contain the blood of others.
3. Handle discharges from another person's body (particularly body fluids containing blood) with gloves and wash hands thoroughly with soap and running water when you are finished.
4. Carefully dispose of trash that contains body wastes and sharp objects. Use special container with plastic liners for disposal of refuse that contains blood or for any body spills that may contain blood. For disposal of sharp objects, use containers that cannot be broken or penetrated. **DO NOT BEND, BREAK OR RECAP NEEDLES.**
5. Promptly remove another person's blood and body wastes from your skin by washing with soap and running water.
6. Clean surfaces that have blood or body wastes containing blood on them with an Environmental Protection Agency (EPA) approved disinfectant or a 1:10 solution of household bleach and water. (The solution should be prepared fresh daily to ensure proper strength.)
7. Have a vaccination for protection from Hepatitis B if you are in contact with developmentally delayed students. The cost of having a vaccination series may be covered by your employee health insurance benefits. If you have any questions, call the School Health Program at 242-2615.
8. If you are responsible for administering First Aid to others or may be placed in a position where you may give First Aid, obtain a current instruction in First Aid and CPR. Current instruction will include modification of First Aid needed to protect the rescuer from infection.

Universal Precautions will protect you from HIV infections, Hepatitis B, and many other infectious diseases. You do not need to know which people around you are infected with HIV or any other diseases they may be carrying because you are always prepared. Taking Universal Precautions will result in fewer illnesses for you and others around you.

MAINTAIN CONFIDENTIALITY of all medical information concerning students and co-workers, especially if they individual has either HIV infection or AIDS. Disclosure without permission is prohibited by law and is punishable by a fine in California.

PRECAUTIONS YOU CAN TAKE TO PROTECT YOURSELF FROM HIV INFECTION AND HEPATITIS B IN NON-WORKING SECTIONS.

HIV infection and Hepatitis B are most commonly spread through sexual intercourse and by sharing needles with others to inject drugs. By abstaining from these activities, the major risk of exposure to these viruses is eliminated Sexual intercourse is safe if both partners are uninfected and mutually monogamous. The proper use of condoms with water-based lubricants containing spermicide can greatly reduce the risk of exposure to HIV infection and Hepatitis B from a partner who is infected. If needles are shared to inject drugs, cleaning all equipment with household bleach and rinsing with running water can reduce the risk of infection.

I have read and understand the above information.

Name: _____

(First Name)

(MI)

(Last Name)

Signature

Date

Please complete, sign and return to Human Resources.

Disaster Service Worker Notice

Government Code Section 3100 et. seq. designates all public employees as “**Disaster Service Workers.**” The term “public employees” includes all persons employed by the state or any county, city, city and county, state agency or public district, excluding aliens legally employed. As an employee of the San Francisco Unified School District you are, therefore, designated as a **Disaster Service Worker.**

The purpose of this memo is to explain what it means to be a **Disaster Service Worker.** Simply put, being a **Disaster Service Worker** means that at any time during a catastrophic event – natural or manmade – which places life or property in jeopardy, you could be assigned to any disaster service activity that promotes the protection of public health and safety.

Your assignment might require you to serve at a location, at times and/or under conditions that significantly differ from your normal work assignment. As a **Disaster Service Worker** you have an obligation to serve the public in a time of need in whatever role you are directed to perform by a superior or by law.

Upon the declaration of an emergency during working hours, most employees will be assigned to their usual supervisors and will take directions from those persons. The exceptions will be those individuals who have been requested to perform special duties as members of the Emergency Response Teams, described in their Site Plan. All employees will be expected to remain at work until released. Your supervisor will be speaking to you, if he/she has not already, regarding a Personnel Release Schedule, which will help identify who on your staff may need, if possible, to be released at the first opportunity.

If an emergency occurs during non-working hours, or continues after employees have been instructed to go home during working hours, employees are not relieved of their obligations as legally designated **Disaster Services Workers.**

At the direction of the SFUSD Emergency Operating Center (EOC) Director as designated by the Superintendent, and, in some cases emergency services officials, employees may be required to perform disaster-related tasks at other school sites near to their homes, or in the community. Please monitor the Emergency Broadcast System and news stations during events. SFUSD Public Engagement and Information will be working to get information to you through that system. Radio stations to monitor include KALW – FM 91.7, KGO - AM 810, KCBS – AM 740, KRQR – FM 97.3, AND KNBR – AM 680.

It is impossible to specify, in advance of an actual disaster, the exact tasks that could be required of an employee as a disaster services worker. The nature, severity, and outcome of a possible disaster are too variable to allow prediction of the exact tasks that an employee could be asked to perform. However, all employees can be assured that the tasks required would be within reason and their ability to perform, and that their safety and well-being, as they fulfill their obligations, would be paramount.

I verify that I have read and understood the above notice.

_____	_____
Signature	Date
_____	_____
Name (please print)	Job Title



Technology Acceptable Use and Security Policy

PLEASE SIGN BELOW IF YOU AGREE TO THE FOLLOWING STATEMENTS:

- I have read, understand, and agree to the SFUSD Acceptable Use Policy. I agree to follow all of the rules contained in this 10 paged document. I understand that if I violate the rules, my account can be terminated, my access to computers revoked, and I may face disciplinary measures up to and including termination.
- I understand that internet sites are filtered and that my District email accounts and internet use, as well as any other uses of the system or files on the system, may be monitored by the District as described above.
- I hereby release the SFUSD, its personnel and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my use of, or inability to use, the SFUSD’s network and computer systems, including but not limited to claims that may arise from the unauthorized use of the system.

Staff working with students:

- I agree to enforce the Acceptable Use Policy with students under my supervision.

Signature: _____ Date: _____

Printed Name: _____ Emplid: _____

Current (Anticipated) Work Location _____

Please complete, sign and return to Human Resources.



**Acknowledgement of Receipt of
Employee's Pre-Designation of Personal Physician Form**

This is to confirm that the San Francisco Unified School District has given me a copy of the "Employee's Pre-Designation of Personal Physician Form" that allows me to choose my own personal physician if I sustain a work-related injury. I understand that if I do not complete this form prior to sustaining a work-related injury, I am required to obtain medical treatment from the, St. Francis Occupational Clinic, the designated medical facility of the San Francisco Unified School District.

Print Employee's Name

Date of Hire

Employee's Signature

Date

Please complete, sign, and return to Human Resources



SFUSD SAN FRANCISCO
PUBLIC SCHOOLS

San Francisco Unified School District
Risk Management Department
WORKERS' COMPENSATION OFFICE
555 Franklin St., Rm. 203-C
San Francisco, California 94102
(415) 241-6308 • Fax (415) 241-6330

For official use only:
Date Received

Employee's Pre-Designation of Personal Physician

Employees may pre-designate a personal physician for treatment of work-related injuries as mandated by Regulation section 9783. You shall not pre-designate with a Chiropractor or Acupuncturist. The Pre-Designation Form **must** be completed and on file with the SFUSD Workers' Compensation Office **prior** to sustaining a work-related injury or illness.

Employee Information <i>(Please print legibly)</i>				
<i>Last Name</i>		<i>First Name</i>		<i>Middle Name or Initial</i>
<i>Job Code (Class)</i>		<i>Job Title</i>		<i>Social Security Number</i>
<i>Department</i>		<i>Division/Bureau/Section</i>		
<i>Supervisor's Name</i>		<i>Supervisor's Telephone Number</i>		
<p><i>If I sustain a work-related injury or illness in the course of my employment with the San Francisco Unified School District and require medical treatment, I hereby select the Health Care Provider listed below to provide and direct all necessary care.</i></p> <p>I am notifying you that the person named below is my personal physician. I attest that the physician listed below meets the definition of a personal physician under Labor Code § 4600. The physician below is (1) licensed as a physician and/or surgeon under the Business and Professions Code to the best of my knowledge; (2) has previously directed my medical treatment and retains my medical records including my medical history; and (3) has agreed to be my pre-designated treating doctor.</p>				
Physician's Name			<i>Medical Group</i>	
<i>Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i> <i>Telephone</i> ()
✍				
Signature of Employee				<i>Date</i>
PHYSICIAN VERIFICATION				
<input type="checkbox"/> YES , I agree to be designated as this employee's personal physician as defined under the California Labor Code. I have previously directed the medical treatment and retain the medical records including the medical history of this employee.				
<input type="checkbox"/> No , I do not agree to be this employee's personal physician.				
✍				
Physician's Signature				<i>Date</i>
<p>PLEASE RETURN THE SIGNED ORIGINAL OF THIS FORM TO: Attention: SFUSD Workers' Compensation Office, 555 Franklin Street, Room 203-C, San Francisco, CA 94102.</p> <p>*Note: Please be reminded that you still must report an injury to your supervisor immediately after its occurrence.</p>				

Pre-Designation of Personal Physician

Pre-designation of Physician (Regulation §9783):

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

- Your employer offers group health coverage;
- The doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- Your “personal physician” may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries.
- Prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- Prior to the injury you provided your employer the following in writing; (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor’s name and business address.

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



**HUMAN RESOURCES
SALARY OFFICE**

555 Franklin Street, 2nd Floor
San Francisco, CA 94102

Phone: 415-241-6101 Fax 415-241-6375

VERIFICATION OF PREVIOUS PUBLIC OR PRIVATE SCHOOL EXPERIENCE

Circle One Type of Experience: Teaching/Counseling Administrative
Nurse/Social Worker Psychologist/Speech Therapist/Behavior Analyst

This certifies that

_____ SS# _____ was employed in the
_____ School / District from (Hire Date) _____ to (End Date) _____

during the periods stated below:

Please list service for each school year separately

CLASSIFICATION <i>(Example: K-12 teacher)</i>	SCHOOL YEAR <i>(Example: 1998-99)</i>	FULL TIME (X)	PART TIME (X)	# OF DAYS IN SCHOOL YEAR <i>Example: 180</i>	# OF DAYS OF PAID SERVICE <i>Example: 176</i>

Use additional sheets if necessary

VERIFYING OFFICER - PRINT NAME TITLE OF VERIFYING OFFICER

SIGNATURE DATE PHONE NUMBER

ADDRESS EMAIL

PLEASE RETURN FORM TO: **SALARY OFFICE**



San Francisco Unified School District

Teacher Support Entry Information Form

Intern/ PAR NT Program, HR Teacher Support and Development
 555 Franklin St SF CA 94102 415-355-7648

Academics and Professional Development, BTSA/Induction Program 750 25th Ave SF, CA 94121



Name: _____ Hire Date: _____

School: _____ Grade level/Subject: _____

Home Address: _____ Best Phone to Call: _____

Email Address: _____

SFUSD employment status as of date of hire:

Full time
 Part time
 Temporary
 Other: _____

Colleges: Undergraduate	Credential Program	Other Post Graduate Work

Credential Information (check all that apply):

<input type="checkbox"/> Prelim Multiple Subject _____ <small>Date Awarded</small>	<input type="checkbox"/> Special Ed. Level 1 <input type="checkbox"/> Special Ed. Prelim <input type="checkbox"/> Special Ed. Level 2 <input type="checkbox"/> Special Ed. Clear <small>Date Awarded</small>
<input type="checkbox"/> Prelim Single Subject(s) _____ <small>Subject/Date Awarded</small>	Sp Ed Type: _____ Authorizations: _____ <small>Date Awarded</small>
<input type="checkbox"/> Clear Multiple Subject _____ <small>Date Awarded</small>	<input type="checkbox"/> Intern, Alternative Certification Program Year 1 _____ Year 2 _____ other _____
<input type="checkbox"/> Clear Single Subject(s) _____ <small>Subject/Date Awarded</small>	University: _____ <input type="checkbox"/> Provisional Permit Year 1 _____ Year 2 _____
<input type="checkbox"/> Out of State Credential _____ <small>State/Subject/ Date Awarded</small>	<input type="checkbox"/> Short-Term Staff Permit University selected: _____
<input type="checkbox"/> Completed Intern, Alt. Certification program <small>District/Dates Interned University</small>	<input type="checkbox"/> Substitute Permit – Type _____ <input type="checkbox"/> Program Waiver – Type _____
<input type="checkbox"/> SFUSD UTR Graduate	

Previous Teaching Experience:

School Name	District	Grade/Subject	Dates

Indicate New Teacher, BTSA or Induction Programs you have completed: