



MANAGEMENT EMPLOYEE – New Hire Documents

Please use 1st day of start of work when signing all documents. Sign & return the following:

- Fingerprint & Criminal History Background Check. At employee expense. Required within a maximum of 10 working days from the date of employment.
TB Clearance
I-9 Form – Employment Eligibility Verification. Verifies you are legally eligible to work in the U.S. Complete Section 1. Date with first day of work. See “List of Acceptable Documents” and provide identification from that list.
W-4 Form. Use your legal name (as listed on your Social Security card) and mailing address.
EDD Employee’s Withholding Allowance Certificate. This form is required for state income tax withholding.
CalPERS Beneficiary Designation. You are eligible for membership into CalPERS Retirement. For more information, contact Payroll at (209) 575-6538.
CalPERS Member Reciprocal Self-Certification Form
CalSTRS Permissive Membership. (Educational Administrator Only) You are eligible to elect membership into CalSTRS Defined Benefit Program. For detailed information please visit: www.calstrs.com or contract Payroll at (209) 575-6538
Payroll Direct Deposit. (Optional) Use for direct deposit, and attach a voided check.
Oath of Affirmation
Policy Acknowledgement
Recipient Designation Form. In the event of death, this form designates your monetary recipient.
Safety Training (web-based). Complete & return. For questions, please contract Risk Management at (209) 575-6963.
Confidential Data Sheet
Emergency Contact Information
Parking Permit Authorization

Are you a Retiree from CalSTRS or CalPERS?
Yes No

For Information Only:

- What you Need to Know About Your CalPERS
Welcome to CalSTRS (Educational Administrators Only)
Injury & Illness Prevention Program Manual
Affordable Care Act Notice
On-the-Job Injury Reporting Procedure
Tax Sheltered Annuities
Schedule of Holidays
Leadership Handbook

I have received, understand, and completed all the above documents. I understand that all documents are due in Human Resources no later than the 1st day of start of work and failure to complete fully and sign all required documents may result in delay in salary placement, delay in pay and/or delay in start of work.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Please refer to the Benefits Office website for the New Employee Benefits Information.



**IMPORTANT NOTICE ON FINGERPRINTS**

YCCD requires all new employees to undergo fingerprinting for criminal history background checks. An individual who is to be employed or volunteering in Child Care Departments, or as a Custodian, or in the Campus Safety/Security Department or if they have disclosed a misdemeanor or felony, must clear fingerprinting and background checks prior to beginning work.

**Required at LIVESCAN Locations:**

- 1) Valid picture ID (Driver’s License, Passport, etc.)
- 2) LiveScan Submission Form (from MJC Security / Columbia Business Office)
- 3) Payment

**COLUMBIA:** Please report to Columbia College Security (209-566-5476) to pick up your LiveScan form. There is a \$49.00 processing charge. Accepted payments - cash, check, credit card, Venmo, and Apple/Google pay. Make check or money order payable to YCCD.

\* \* \* \* \*

**LIVESCAN locations:**

Tuolumne County Superintendent of Schools	By appt. Only
175 S. Fairview Ln.	Mon & Wed: 12pm – 3:30pm
Sonora	Tues, Thurs, & Fri: 10:00am – 1:00pm
209-536-2013	Cost: \$23 (Exact amount for cash)

**MODESTO:** Please report to MJC Campus Security (575-6351) to pick up your Live Scan form. There is a \$49.00 processing charge payment method: cash (exact amount) check or money orders are accepted. Make check or money order payable to YCCD. Also know your social security number, supervisor’s name, and your working title.

\* \* \* \* \*

**LIVESCAN locations:**

CSU, Stanislaus	Walk-Ins Only
801 West Monte Vista Ave	Mon & Fri 8am-3pm
Turlock	Tues, Weds, Thurs: 8am-7pm
209-667-3124	Cost: \$25 cash only
Maxx 1 Security	Appointments Only
121 E Orangeburg Ste. #7	Cost: \$30
Modesto	
209-499-3885	

*NOTE:* LiveScan may be performed with any LiveScan service provider.



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



# Supplement B, Reverification and Rehire (formerly Section 3)

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

USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
**Give Form W-4 to your employer.**  
 Your withholding is subject to review by the IRS.

**2024**

<b>Step 1:</b> <b>Enter Personal Information</b>	<b>(a)</b> First name and middle initial	Last name	<b>(b)</b> Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	<b>(c)</b> <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2: Multiple Jobs or Spouse Works**

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

Do **only one** of the following.

**(a)** Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

**(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

**(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

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

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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

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

- Number of allowances for Regular Withholding Allowances, Worksheet A \_\_\_\_\_  
 Number of allowances from the Estimated Deductions, Worksheet B \_\_\_\_\_  
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2011 \_\_\_\_\_  
 OR
- Additional amount of State income tax to be withheld each pay period (if employer agrees), Worksheet C \_\_\_\_\_  
 OR
- I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here)

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer's Name and Address	California Employer Account Number
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Give the top portion of this page to your employer and keep the remainder for your records.

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

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

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

You should complete this form if either:

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

**THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.**

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

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

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

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

**EXEMPTION FROM WITHHOLDING** (continued): Under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from California income tax on your wages if (i) your spouse is a member of the armed forces present in California in compliance with military orders; (ii) you are present in California solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under this act, check the box on Line 3. You may be required to provide proof of exemption upon request.

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

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES (800) 852-5711 (voice)  
(800) 822-6268 (TTY)

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

The *California Employer's Guide* (DE 44) provides the income tax withholding tables. This publication may be found on EDD's Web site at [www.edd.ca.gov/Payroll\\_Taxes/Forms\\_and\\_Publications.htm](http://www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, please visit the Franchise Tax Board's Web site at: [www.ftb.ca.gov/individuals/index.shtml](http://www.ftb.ca.gov/individuals/index.shtml).

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

- You claim more than 10 withholding allowances.
- You claim exemption from State or federal income tax withholding and your employer expects your usual weekly wages to exceed \$200 per week.

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

To do so, write to:

W-4 Unit  
Franchise Tax Board MS F180  
P.O. Box 2952  
Sacramento, CA 95812-2952  
Fax: (916) 843-1094

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

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

**INSTRUCTIONS — 1 — ALLOWANCES\***

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Are you going to itemize your deductions?
- Do you have more than one income coming into the household?

**TWO-EARNER/TWO-JOBS:** When earnings are derived from more than one source, underwithholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with one employer. Do not claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 or Form W-4 filed for the highest paying job and zero allowances are claimed for the others.

**MARRIED BUT NOT LIVING WITH YOUR SPOUSE:** You may check the "Head of Household" marital status box if you meet all of the following tests:

- (1) Your spouse will not live with you at any time during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; and
- (3) You will file a separate return for the year.

**HEAD OF HOUSEHOLD:** To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the entire year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

**WORKSHEET A**

**REGULAR WITHHOLDING ALLOWANCES**

- (A) Allowance for yourself — enter 1 . . . . . (A) \_\_\_\_\_
- (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 . . . . . (B) \_\_\_\_\_
- (C) Allowance for blindness — yourself — enter 1 . . . . . (C) \_\_\_\_\_
- (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 . . . . . (D) \_\_\_\_\_
- (E) Allowance(s) for dependent(s) — do not include yourself or your spouse . . . . . (E) \_\_\_\_\_
- (F) Total — add lines (A) through (E) above . . . . . (F) \_\_\_\_\_

**INSTRUCTIONS — 2 — ADDITIONAL WITHHOLDING ALLOWANCES**

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB 540 form as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

**WORKSHEET B**

**ESTIMATED DEDUCTIONS**

1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB 540 form . . . . . 1. \_\_\_\_\_
2. Enter \$7,340 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$3,670 if single or married filing separately, dual income married, or married with multiple employers . . . . . - 2. \_\_\_\_\_
3. Subtract line 2 from line 1, enter difference . . . . . = 3. \_\_\_\_\_
4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) . . . . . + 4. \_\_\_\_\_
5. Add line 4 to line 3, enter sum . . . . . = 5. \_\_\_\_\_
6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) . . . . . - 6. \_\_\_\_\_
7. If line 5 is greater than line 6 (if less, see below);  
Subtract line 6 from line 5, enter difference . . . . . = 7. \_\_\_\_\_
8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number . . . . . 8. \_\_\_\_\_  
Enter this number on line 1 of the DE 4. Complete Worksheet C, if needed.
9. If line 6 is greater than line 5;  
Enter amount from line 6 (nonwage income) . . . . . 9. \_\_\_\_\_
10. Enter amount from line 5 (deductions) . . . . . 10. \_\_\_\_\_
11. Subtract line 10 from line 9, enter difference . . . . . 11. \_\_\_\_\_  
Complete Worksheet C

\*Wages paid to registered domestic partners will be treated the same for State income tax purposes as wages paid to spouses for California Personal Income Tax (PIT) withholding and PIT wages. This new law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of Section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at (888) 745-3886.

**WORKSHEET C**

**TAX WITHHOLDING AND ESTIMATED TAX**

1. Enter estimate of total wages for tax year 2011 . . . . . 1. \_\_\_\_\_
2. Enter estimate of nonwage income (line 6 of Worksheet B) . . . . . 2. \_\_\_\_\_
3. Add line 1 and line 2. Enter sum . . . . . 3. \_\_\_\_\_
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest) . . . . . 4. \_\_\_\_\_
5. Enter adjustments to income (line 4 of Worksheet B) . . . . . 5. \_\_\_\_\_
6. Add line 4 and line 5. Enter sum . . . . . 6. \_\_\_\_\_
7. Subtract line 6 from line 3. Enter difference . . . . . 7. \_\_\_\_\_
8. Figure your tax liability for the amount on line 7 by using the 2011 tax rate schedules below . . . . . 8. \_\_\_\_\_
9. Enter personal exemptions (line F of Worksheet A x \$108.90) . . . . . 9. \_\_\_\_\_
10. Subtract line 9 from line 8. Enter difference . . . . . 10. \_\_\_\_\_
11. Enter any tax credits. (See FTB Form 540) . . . . . 11. \_\_\_\_\_
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability . . . . . 12. \_\_\_\_\_
13. Calculate the tax withheld and estimated to be withheld during 2011. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2011. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2011 . . . . . 13. \_\_\_\_\_
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld . . . . . 14. \_\_\_\_\_
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4 . . . 15. \_\_\_\_\_

**NOTE:** Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2011 ONLY

SINGLE OR MARRIED WITH DUAL EMPLOYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$0	\$7,124	1.100%	\$0	\$0.00
\$7,124	\$16,890	2.200%	\$7,124	\$78.36
\$16,890	\$26,657	4.400%	\$16,890	\$293.21
\$26,657	\$37,005	6.600%	\$26,657	\$722.96
\$37,005	\$46,766	8.800%	\$37,005	\$1,405.93
\$46,766	\$1,000,000	10.230%	\$46,766	\$2,264.90
\$1,000,000	and over	11.330%	\$1,000,000	\$99,780.74

MARRIED FILING JOINT OR QUALIFYING WIDOW(ER) TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$0	\$14,248	1.100%	\$0	\$0.00
\$14,248	\$33,780	2.200%	\$14,248	\$156.73
\$33,780	\$53,314	4.400%	\$33,780	\$586.43
\$53,314	\$74,010	6.600%	\$53,314	\$1,445.93
\$74,010	\$93,532	8.800%	\$74,010	\$2,811.87
\$93,532	\$1,000,000	10.230%	\$93,532	\$4,529.81
\$1,000,000	and over	11.330%	\$1,000,000	\$97,261.49

UNMARRIED HEAD OF HOUSEHOLD TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$0	\$14,257	1.100%	\$0	\$0.00
\$14,257	\$33,780	2.200%	\$14,257	\$156.83
\$33,780	\$43,545	4.400%	\$33,780	\$586.34
\$43,545	\$53,893	6.600%	\$43,545	\$1,016.00
\$53,893	\$63,657	8.800%	\$53,893	\$1,698.97
\$63,657	\$1,000,000	10.230%	\$63,657	\$2,558.20
\$1,000,000	and over	11.330%	\$1,000,000	\$98,346.09

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

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES (800) 852-5711 (voice)  
(800) 822-6268 (TTY)

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

\*marginal tax

DE 4 information is collected for purposes of administering the Personal Income Tax law and under the Authority of Title 22 of the California Code of Regulations and the Revenue and Taxation Code, including Section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California income tax return.



**California Public Employees' Retirement System**

**Pre-Retirement Lump Sum Beneficiary Designation**

**Section 1**

**Member Information**

Please include your first name, middle initial and last name.

Member's Full Name	Social Security Number or CalPERS ID
Telephone Number	Birth Date

**Section 2**

**Beneficiary Designation**

Provide on the form the full name of your beneficiaries, relationship, Social Security number or CalPERS ID and the complete address.

I understand that if I am married or in a registered domestic partnership but do not name my spouse or registered domestic partner as beneficiary, she/he may still be entitled to a community property share of my "Lump Sum Contributions" or a share of any monthly allowance that may be payable. My "Non-Spouse" or "Non-Registered Domestic Partner" designated beneficiaries will receive the portion of my lump sum benefits, which are not payable to my spouse or registered domestic partner as his/her community property share. I further understand that if my death is determined to be "Industrial," special death benefits will be paid in the manner prescribed by law. If no percentage (%) is given, the applicable benefits will be paid **share and share alike**.

**Primary Beneficiaries**

If a percentage (%) is entered make sure the total equals 100%.

Name of Primary Beneficiary	Birth Date
-----------------------------	------------

If the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries. You must sign, date and write your Social Security number or CalPERS ID at the top of each additional sheet.

Relationship to the Member	Percentage of the Benefit	Social Security Number or CalPERS ID
----------------------------	---------------------------	--------------------------------------

Address (Number, Street, City, State and Zip Code)

Name of Primary Beneficiary	Birth Date
-----------------------------	------------

Relationship to the Member	Percentage of the Benefit	Social Security Number or CalPERS ID
----------------------------	---------------------------	--------------------------------------

Address (Number, Street, City, State and Zip Code)

Name of Primary Beneficiary	Birth Date
-----------------------------	------------

Relationship to the Member	Percentage of the Benefit	Social Security Number or CalPERS ID
----------------------------	---------------------------	--------------------------------------

Address (Number, Street, City, State and Zip Code)

Put your name and Social Security number or CalPERS ID at the top of every page.

Member's Name

Social Security Number or CalPERS ID

**Section 2**

**Beneficiary Designation - Continued**

If a percentage (%) is entered make sure the total equals 100%.

In the event that I survive the person(s) named above, I hereby designate the following person(s) who survive me, as BENEFICIARIES. If no percentage (%) is given, benefits will be paid **share and share alike**.

**Secondary Beneficiaries**

If the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries. You must sign, date and write your Social Security number or CalPERS ID at the top of each additional sheet.

Name of Secondary Beneficiary

Birth Date

Relationship to the Member

Percentage of the Benefit

Social Security Number or CalPERS ID

Address (Number, Street, City, State and Zip Code)

Name of Secondary Beneficiary

Birth Date

Relationship to the Member

Percentage of the Benefit

Social Security Number or CalPERS ID

Address (Number, Street, City, State and Zip Code)

Should I survive all of the persons named above, I understand that the benefits payable on account of my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to the Board of Administration, all in accordance with the applicable provisions of law.

**Section 3**

**Required Signature(s)**

Provide the date you signed the form and your current mailing address.

**Member's Acknowledgement:**

By this Beneficiary Designation, I hereby revoke any previous designation I have filed. I understand that my marriage or registered domestic partnership, dissolution or annulment of my marriage or registered domestic partnership, or the birth or adoption of a child or termination of membership subsequent to the date I file this form with CalPERS, will automatically void this designation. However, a designation filed after the initiation of a dissolution/annulment of marriage or registered domestic partnership is not revoked when the dissolution/annulment is finalized.

Are you legally married or have a registered domestic partner?  Yes  No

If yes, your spouse or registered domestic partner must sign this form. If no, please indicate:

Never Married/Never in Registered Domestic Partnership  Divorced/Annulled  Widowed

If you are married or in a registered domestic partnership and your spouse or registered domestic partner **does not** sign this form, you must complete and submit the

**IMPORTANT - You must complete the Justification for Absence of Spouse's or Registered Domestic Partner's Signature (my|CalPERS 0775) if you are married or have a registered domestic partnership but your spouse or registered domestic partner is unable to sign below.**

**Justification for Absence of Spouse's or Registered Domestic Partner's Signature**

Member's Signature

Date (mm/dd/yyyy)

(my|CalPERS 0775) form with your designation form.

Member's Address

City

State

Zip Code

**Spouse's/Registered Domestic Partner's Acknowledgement:**

By signing this beneficiary designation form, I acknowledge the information entered by my spouse/registered domestic partner.

Spouse's/Registered Domestic Partner's Signature

Date (mm/dd/yyyy)

**Mail to:**

CalPERS Benefit Services Division · P.O. Box 942711, Sacramento, CA 94229-2711

my|CalPERS 0772



### Information

If you die before you retire, the Public Employees' Retirement Law provides for payment of specific Death Benefits to your surviving beneficiaries. Please order or download your Member Benefit Publication from our website [www.calpers.ca.gov](http://www.calpers.ca.gov) or see your personnel officer for a description of the benefits. The benefits are payable to the following beneficiaries:

- A. If you are a safety member and your death is job-related, or if you are not a safety member but you are fatally attacked while performing your official job duties, the Special Death Benefit may be payable. This benefit is payable by law to your surviving spouse/registered domestic partner (whether or not you were still living together at the time of your death) or, if none, to your unmarried children/step-children under age 22, whether or not you have filed a beneficiary designation.
- B. If you are eligible for retirement or you are a State member with at least 20 years of State service credit, a monthly death benefit allowance may be payable. If you do not have a valid beneficiary designation on file, the benefits will be payable to your surviving spouse/registered domestic partner to whom you have been married to or in a partnership with for either one year or prior to the onset of the injury or illness that resulted in death. Or, if there is no eligible surviving spouse/registered domestic partner, the allowance will be payable to your unmarried minor children, if any.

If you do have a valid beneficiary designation on file, your spouse/registered domestic partner may still be entitled to a community property share of your lump sum contributions or monthly death benefit allowance. However, your non-spouse/non-registered domestic partner designated beneficiaries will receive the portion of your lump sum benefits that are not payable to your spouse/registered domestic partner as his/her community property share.

- C. If A and B do not apply and there is no valid Beneficiary Designation on file at the time of death, the benefits will be payable to your survivors in the following order:
  1. Your surviving spouse/registered domestic partner (whether or not you were still living together at the time of your death); or if none
  2. Natural and adopted children, including (in limited situations) a natural child adopted by another, share and share alike; or if none,
  3. Parents, share and share alike; or if none,
  4. Brothers and sisters, share and share alike, or if none,
  5. Your estate (if probated, or subject to probate), or if not,
  6. Your trust (if one exists), or if not,
  7. Stepchildren, share and share alike or if none,
  8. Grandchildren, including step-grandchildren, share and share alike, or if none,
  9. Nieces and nephews, share and share alike, or if none,
  10. Great-grandchildren, share and share alike, or if none,
  11. Cousins, share and share alike.

If A and B do not apply and there is a valid Beneficiary Designation on file at the time of death, the benefits will be payable to the beneficiary(ies) you designate on the form. **However, if you are married or have a registered domestic partner at the time of death, your spouse/registered domestic partner may still be entitled to a community property share of your lump sum contributions.**

- D. You may designate or change your beneficiaries at any time by completing another Beneficiary Designation form. You may name as beneficiary any person or persons, a corporation or your estate. Payment will be made to your estate only if probated. You may designate a trust as your beneficiary; however, you must provide the name of the trust, the date of the trust, and the name and address where the trust is filed. It is not necessary to provide the name of the trustee. Reminder: **If you are married or in a registered domestic partnership at the time of your death and you do not name your spouse/registered domestic partner as beneficiary, he/she may still be entitled to a community property share of your lump sum contributions or a share of any monthly allowance that may be payable.**
- E. Your Beneficiary Designation will be revoked automatically, and benefits will be payable to the closest survivor listed in section C, if any of the following events occur after your designation form is received by CalPERS:
  1. Marriage/Registration of domestic partnership; or
  2. Dissolution or annulment of your marriage/registered domestic partnership. However, a designation filed after the initiation of a dissolution/annulment of marriage or registered domestic partnership is **NOT** revoked when the dissolution/annulment is finalized; or
  3. Birth or adoption of a child; or
  4. Termination of membership that results in a refund of your contributions.

### **Information Practices Statement**

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code Sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Failure to supply all of the requested information may result in the System being unable to perform its functions regarding your status. Portions of this information may be transferred to: state and public agency employers, California State Attorney General, Office of the State Controller, California Technology Agency Public Safety & Communications Division, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare microfiche/microfilm for CalPERS. Disclosure to these parties is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership files maintained by the California Public Employees' Retirement System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, P.O. Box 942702, Sacramento, CA 94229-2702.



California Public Employees' Retirement System  
P.O. Box 942709 Sacramento, CA 94229-2709  
888 CalPERS (or 888-225-7377)  
TTY: (877) 249-7442 | Fax: (916) 795-4166  
[www.calpers.ca.gov](http://www.calpers.ca.gov)

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Employer Account Management Division

Dear Member,

The California Public Employees' Retirement System (CalPERS) requires all members hired after January 1, 2013 complete the **Reciprocal Self-Certification Form (PERS-EAMD-801)** to provide essential information that will be used by your employer to enroll you in CalPERS membership.

This form obtains information regarding your membership in other qualifying public retirement systems and *must be returned to your employer within 10 business days of receipt*. Use the instructions provided on the back of the form and reference the List of Qualifying Public Retirement Systems for assistance. Information regarding your membership in a defined benefit plan for any of the listed qualifying public retirement system must be provided. **However, information related to CalPERS membership should not be included when completing this form, as this data is already stored in the CalPERS system.**

It is your responsibility to ensure the accuracy and completeness of the information you provide. Inaccurate information may result in adjustments to your account which could lead to adverse impacts such as incurring financial obligations that you and your employer will be responsible to fulfill.

For more information regarding the **Reciprocal Self-Certification Form**, please visit our website at [www.calpers.ca.gov](http://www.calpers.ca.gov).

Please note: The completion of the **Reciprocal Self-Certification Form** does not establish [reciprocity](#), nor is it a request to establish reciprocity. To request that reciprocity be established, download the **When You Change Retirement Systems (PUB 16)** publication to obtain the **Confirmation of Intent to Establish Reciprocity When Changing Retirement Systems (PERS-CASD-255)** form. This publication is available at [www.calpers.ca.gov](http://www.calpers.ca.gov).

Sincerely,

Membership Services

Enclosures: List of Qualifying Public Retirement Systems in California, **Reciprocal Self-Certification Form**, and Directions for Completing Reciprocal Self-Certification Form

## List of Qualifying Public Retirement Systems in California

Name of Public Retirement System	Qualifications:
Alameda County Employees' Retirement Association <sup>^</sup>	
City and County of San Francisco Employees' Retirement System*	
City of Concord Retirement System*	
City of Costa Mesa Public Retirement System*	Safety only
City of Fresno Retirement System	
City of Pasadena Fire and Police Retirement System	Fire and police only
City of San Clemente*	Non-safety (miscellaneous) only
Contra Costa County Employees' Retirement Association <sup>^</sup>	
Contra Costa Water District	
East Bay Municipal Utility District	
East Bay Regional Park District	Safety only
Fresno County Employees' Retirement Association <sup>^</sup>	
Imperial County Employees' Retirement Association <sup>^</sup>	
Judges Retirement System II	
Kern County Employees' Retirement System <sup>^</sup>	
Legislators' Retirement System	
Los Angeles City Employees' Retirement System	Non-safety (miscellaneous) only; L.A. Fire and Police Pension System and L.A. Water and Power Employees' Retirement System not eligible
Los Angeles County Employees' Retirement Association <sup>^</sup>	
Los Angeles County Metropolitan Transportation Authority	Non-contract Employees' Retirement Income Plan, formerly Southern California Rapid Transit District
Marin County Employees' Retirement Association <sup>^</sup>	
Mendocino County Employees' Retirement Association <sup>^</sup>	
Merced County Employees' Retirement Association <sup>^</sup>	
Oakland Municipal Employees' Retirement System (City of Oakland)	Non-safety (miscellaneous) only
Orange County Employees' Retirement System <sup>^</sup>	
Sacramento City Employees' Retirement System*	
Sacramento County Employees' Retirement System <sup>^</sup>	Defined benefit plan only; cash balance plans not eligible
San Bernardino County Retirement Association <sup>^</sup>	
San Diego City Employees' Retirement System	Defined benefit plan only; cash balance plans not eligible
San Diego County Employees' Retirement Association <sup>^</sup>	
San Joaquin County Employees' Retirement Association <sup>^</sup>	
San Jose Federated City Employees' Retirement System	
San Luis Obispo County Pension Trust	
San Mateo County Employees' Retirement Association <sup>^</sup>	
Santa Barbara County Employees' Retirement System <sup>^</sup>	
Sonoma County Employees' Retirement Association <sup>^</sup>	
Stanislaus County Employees' Retirement Association <sup>^</sup>	
State Teachers' Retirement System	Defined benefit plan only; cash balance plans not eligible
Tulare County Employees' Retirement Association <sup>^</sup>	
University of California Retirement Program	Defined benefit plan only; cash balance plans not eligible
Ventura County Employees' Retirement Association <sup>^</sup>	
*=Also CalPERS-covered agency	<sup>^</sup> =1937 Act Counties



## Reciprocal Self-Certification Form

*Complete the following information and return this form to your personnel office **within 10 business days**. To ensure this form is completed correctly, please reference the enclosed List of Qualifying Public Retirement Systems and instructions.*

Section 1. Member Information	
Member Name:	(Last) (First) (Middle)
Date of Birth:	CalPERS ID:
<b>Membership Status in Qualifying Public Retirement Systems:</b> <input type="checkbox"/> I have not been a member of a qualifying public retirement system in California. (skip to section 3) <input type="checkbox"/> I have membership in a defined benefit plan under a qualifying public retirement system in California other than CalPERS. (complete section 2 with membership information for each qualifying public retirement system)	

Section 2. Qualifying Reciprocal Membership Information			
Name of Most Recent Public Retirement System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date: / /
Name of Prior Public Retirement System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date: / /
Name of Prior Public Retirement System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date: / /

*\*Please provide dates, if applicable. Not all sections may be applicable for each Public Retirement System.*

Section 3. Sign and Certify	
I understand that by accepting employment in a qualified public retirement system, I am subject to the applicable laws and regulations of that system. <b>I also understand that completing this form is not a request to establish reciprocity.</b>	
I hereby certify that the foregoing information has been verified with the qualifying public retirement system as true and correct and any information found to be incorrect may require corrections to my CalPERS account including, but not limited to, my retirement enrollment level and adjustments to my member contributions. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.	
<i>Member Signature:</i>	<i>Date:</i>

Section 4. To Be Completed by Employer Only	
Name of CalPERS Agency:	
CalPERS Business Partner ID:	Member's Enrollment Eligibility Date:
Designee of Employer: (print name)	Designees' Title:
<i>Designee Signature:</i>	<i>Date:</i>
<b>The employer must retain this form in the member's file for auditing purposes.</b>	
<i>For more direction regarding how to process the Reciprocal Self-Certification Form, please refer to our employer reference guides.</i>	

## Instructions for Completing the Reciprocal Self-Certification Form

<p><b>Section 1. Member Information</b></p>	<ul style="list-style-type: none"> <li>• Complete the required fields with your name, date of birth, and CalPERS ID.</li> <li>• Check <b>one</b> of the appropriate boxes to indicate if you have had membership in a defined benefit plan in one of the qualifying public retirement systems named on the enclosed list.             <ul style="list-style-type: none"> <li>– If you <b>have not</b> been a member of any of the qualifying public retirement systems, mark the first box and skip to section 3.</li> <li>– If you <b>have</b> membership in a defined benefit plan of any of the qualifying public retirement systems on the enclosed list, mark the second box and continue to section 2.</li> <li>– This form is to obtain information regarding your membership in <u>other</u> qualifying public retirement systems; <b>do not include CalPERS membership on this form.</b></li> </ul> </li> </ul>
<p><b>Section 2. Qualifying Reciprocal Membership Information</b></p>	<ul style="list-style-type: none"> <li>• In the first column, titled “Name of Public Retirement System,” list the name of any qualifying public retirement systems you are a member of a defined benefit plan.             <ul style="list-style-type: none"> <li>– If you are a member of multiple qualifying public retirement systems, please provide the name of each system beginning with the most recent in descending order.</li> <li>– <b>Please reference the enclosed List of Qualifying Public Retirement Systems in California. Only systems named on this list should be provided on the Reciprocal Self-Certification Form.</b></li> </ul> </li> <li>• In the second column, titled “Membership Date,” list your membership date in the qualifying public retirement system.             <ul style="list-style-type: none"> <li>– You must provide a full date, including month, date, and year, which corresponds to each qualifying public retirement system listed.</li> <li>– If you are unsure of your membership date, please contact the qualifying public retirement system to confirm information prior to completing the form.</li> </ul> </li> <li>• In the third column, titled “Separation Date,” list your separation date from the qualifying public retirement system.             <ul style="list-style-type: none"> <li>– This section may not be applicable for all qualifying public retirement systems. If you have not separated from the qualifying public retirement system, leave this field blank.</li> <li>– If you have separated from the qualifying public retirement system, you must provide a full date including month, date, and year.</li> <li>– If you are unsure of your separation date, please contact the qualifying public retirement system to confirm information prior to completing the form.</li> </ul> </li> <li>• In the fourth column, titled “Retired or Refunded,” indicate if you have retired or refunded from the qualifying public retirement system.             <ul style="list-style-type: none"> <li>– This section may not be applicable for all qualifying public retirement systems. If you have not retired or refunded from the qualifying public retirement system, leave this field blank.</li> <li>– If you have retired or refunded from the qualifying public retirement system, mark the appropriate box and provide a full date including month, date, and year.</li> <li>– Retired: You have separated from the qualifying public retirement system and receive a monthly retirement allowance.</li> <li>– Refunded: You have terminated your membership in the qualifying public retirement system by withdrawing your contributions.</li> </ul> </li> </ul>
<p><b>Section 3. Sign and Certify</b></p>	<ul style="list-style-type: none"> <li>• Please read the statement. Then, sign your name and date the document before returning it to your personnel office.</li> </ul>

# Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).

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

## **INFORMATION**

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

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

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

## **SECTION 1: MEMBER INFORMATION AND ELECTION**

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

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

### **RETIREMENT SYSTEM COVERAGE:**

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

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

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

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

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

## **SECTION 2: EMPLOYER CERTIFICATION**

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

### **EMPLOYER:**

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

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

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

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



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

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

Submit the completed form to the County Office of Education.

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

**COUNTY OFFICE OF EDUCATION:**

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

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

**SUBMIT THE FORM:**

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

**Mail completed forms to:**

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

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

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

# Retirement System Election

ES 0372 REV 06/21

[For CalSTRS' Official Use Only]

# CALSTRS®

California State Teachers' Retirement System  
P.O. Box 15275, MS 17  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

## RETIREMENT SYSTEM ELECTION AND ACKNOWLEDGEMENT OF RECEIPT OF RETIREMENT SYSTEM INFORMATION

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

SOCIAL SECURITY NUMBER

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

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

I elect coverage in: (please choose one)

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

OR

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

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

I elect coverage in: (please choose one)

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



ES0372

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

EMPLOYEE SIGNATURE

DATE

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

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

### EMPLOYEE POSITION INFORMATION:

POSITION HIRE DATE

POSITION EFFECTIVE DATE

POSITION TITLE

SELECT ONE:

CREDENTIALLED

CLASSIFIED

STATE SERVICE

### EMPLOYER INFORMATION:

CO/DIST/STATE DEPT NAME

CALSTRS REPORT UNIT CODE

SCHOOL/STATE OFFICIAL'S NAME

TITLE

PHONE NUMBER

SIGNATURE OF SCHOOL/STATE OFFICIAL

DATE

COUNTY OFFICIAL'S NAME

TITLE

PHONE NUMBER

SIGNATURE OF COUNTY OFFICIAL

\*CALPERS EMPLOYER CODE

# PAYROLL DIRECT DEPOSIT AUTHORIZATION

Mail to YCCD-Payroll Dept  
PO Box 4065  
Modesto, CA 95352

**It may take up to 3 payroll cycles for direct deposit to go into effect.** During the first cycle and possibly the second cycle you will receive a check in the mail, sent to the address you have on file with Human Resources. You must attach a voided check or a print out from your banking institution stating your name, routing number, account number, and type of account. A deposit slip is not acceptable. **Failure to follow these instructions will result in denial of your request, and it will be sent back to you unprocessed.**

Last Name First Name MI  
EMPLOYEE ID# Work Phone

Action Effective Date

New Change Cancel

**Your banking institution must have a physical branch in CA per Labor Code 212,213.**

Financial Institution  
Account Number Checking Savings  
Transit Routing Number Amount

[Click here if the balance of the payment is to be deposited to this account](#)

Additional Accounts (if deposit is to be made to multiple accounts)

Financial Institution  
Account Number Checking Savings  
Transit Routing Number Amount

[Click here if the balance of the payment is to be deposited to this account](#)

Additional Accounts (if deposit is to be made to multiple accounts)

Financial Institution  
Account Number Checking Savings  
Transit Routing Number Amount

[Click here if the balance of the payment is to be deposited to this account](#)

I hereby authorize YCCD to deposit and the financial institution listed below to deposit my pay automatically to my account listed above each payday and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I have cancelled it in writing and with such time as to afford YCCD a reasonable opportunity to act on it. YCCD can initiate termination of this agreement based on employment circumstances that may result in overpayment or due to rejection by your financial institution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



OATH OF AFFIRMATION

PART 1 - OATH OF ALLEGIANCE
TO BE COMPLETED BY UNITED STATES CITIZENS ONLY

By Virtue of the provisions of Section 3107 of the Government Code, no compensation or reimbursement for expense incurred may be paid to a school district employee unless the employee has taken or subscribed to the oath or affirmation set below, prior to entering upon the duties of his/her employment.

I, (Employee Name) \_\_\_\_\_, do solemnly swear (or affirm) that 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 true faith and allegiance to the Constitution of the United States and the Constitution of 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.

PART 2 - DECLARATION OF PERMISSION TO WORK
TO BE COMPLETED BY LEGALLY EMPLOYED NONCITIZENS ONLY

As required in Section 3 of Article XX of the Constitution of the State of California every State employee except legally employed noncitizens, must sign the following oath or affirmation before he or she enters upon the duties of his or her State employment. Noncitizens are required to possess a Declaration of Permission to Work. If a alien employee becomes a naturalize citizen an oath must then be obtained and filed.

I am a lawful permanent resident alien of the United States. Yes No

If NO, please read the following:

I hereby certify, that I have permission to work in this country and have declared any restrictions placed upon me in this regards by the United States government to the appointing power.

PART 3 - SIGNATURE AND CERTIFICATION
(Notary Not Required)

(Employee Signature)

(Employee Printed Name)

For Office Use Only

Subscribed and sworn (affirmed) to/before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Signature of YCCD Official

Title



Policy Acknowledgement

Please read the policies/procedures carefully to ensure that you understand the policy before signing this document.

The Yosemite Community College District Board Policies and Procedures contain important information pertaining to my employment at Yosemite Community College District. I understand that if I have questions, at any time, regarding the policies/procedures, I will consult with my immediate supervisor or my Human Resources staff members.

I have read and been informed about the content, requirements, and expectations of the policies/procedures at Yosemite Community College District. I agree to abide by the guidelines as a condition of my employment and my continuing employment at Yosemite Community College District.

Since the information described in the policies and procedures are necessarily subject to change, I acknowledge that revisions to the policies/procedures may occur. All such changes will be communicated through official notices. I understand the revised information may supersede, modify, or eliminate existing policies.

Furthermore, I acknowledge that the policies and procedures are neither a contract of employment nor a legal document. I understand this manual is not intended to cover every situation that may arise during my employment, but is simply a general guide to the goals, policies, practices, benefits, and expectations of Yosemite Community College District.

Table with 3 columns: Policy Number, Policy Name, and Policy Number. Lists various district policies such as 'Sex/Gender Harassment, Discrimination and Sexual Misconduct' and 'Communicable Disease'.

All District Policies/Procedures can be reviewed at https://www.yosemite.edu/trustees/boardpolicy.

Employees Name (Print): \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Yosemite Community College District  
**Human Resources**

**WARRANT(S) RECIPIENT DESIGNATION**

In the event of your death, salary or other monies may be owed to you as an employee of our district. The form below permits immediate release of any warrants (checks) to a person (18 years of age or older) you designate. This can often greatly assist in time of family stress or financial need.

As provided in §53245 of the California Government Code, in the event of my death, I hereby designate the following person (designee) to receive any and all warrants payable to me by the Yosemite Community College District.

Full Legal Name of **DESIGNEE**: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until canceled in writing.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**GOVERNMENT CODE – STATE OF CALIFORNIA**

§ 53245. Any person now or hereafter employed by a county, city, municipal corporation, district, or other public agency may file with his appointing power a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the decedent had he survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. On sufficient proof of identity, the appointing power shall deliver the warrants or checks to the claimant. A person who receives a warrant or check pursuant to this section is entitled to negotiate it as if he were the payee.

# YCCD SAFETY—New Employee Orientation & Web-Based Safety Training

Name of Employee \_\_\_\_\_ Email \_\_\_\_\_

Job Title \_\_\_\_\_ Employee ID # \_\_\_\_\_

Department \_\_\_\_\_ Manager \_\_\_\_\_

All new employees will complete an on-line New Employee Orientation in the Risk Management Office.

Employee Training in Safety and Health is also provided to 1) all new employees and 2) all employees given new job assignments. Training on the YCCD Injury and Illness Prevention Program (IIPP) is required for all employees **within thirty days** of the commencement of new duties. Additional training will be dependent on the nature of your job duties. Web-based safety training is available through the **YCCD eLearning Portal** located at [https://www.yosemite.edu/riskmanagement/yccd\\_employee\\_safety](https://www.yosemite.edu/riskmanagement/yccd_employee_safety). Once added, your eLearning Portal home page will identify the safety program courses required for your job duties.

### **Training Required for all employees by CCR Title 8 Section 3203(a)(3):**

- Injury and Illness Prevention Program Training (IIPP)

### **Training Required for specific job classifications or duties:**

- Bloodborne Pathogens (Exposure Prevention Plan)
- Making the Right Move (Back Safety)
- Hazardous Communications (Right to Know)
- Chemical Hygiene Training (Lab Safety)
- Ergonomics (for Computer Workstations)
- Utility Cart Safety

A printable copy of the YCCD IIPP is available at <https://www.yosemite.edu/riskmanagement/formsandpublications/>. Please acknowledge receipt of this IIPP access information by signing and dating below. We will add you to the web-based training system immediately and return a copy of this page along with your own eLearning Portal logon information added.

I have received information regarding the YCCD Injury & Illness Prevention Plan access and required safety training.

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Facilitator Signature /Date

### **Access to YCCD eLearning Portal:**

[https://www.yosemite.edu/riskmanagement/yccd\\_employee\\_safety](https://www.yosemite.edu/riskmanagement/yccd_employee_safety)

User Name:

Password:



# YCCD—SAFETY

## Procedures—New Employee Orientation & Web-Based Safety Training

### TASKS

#### Human Resources:

- 1) Human Resources will refer all new employees to Risk Management to complete an on-line orientation on or before the first day of work.

#### Risk Management:

- 2) Risk Management will:
  - Complete identifying information (Name, Job Title, Employee ID#, Dept. / Division, Manager).
  - Make sure new employees sign and date the New Employee Orientation form,
  - Insure employee views the Very Important Points orientation film; hand employee the yellow VIP card.
  - Immediately forward the signed form to Campus Safety for addition to web-based training system.
- 3) All new Central Services, MJC & Columbia College employees, and 2) all employees given a new job assignment must undergo Safety Program Training. They receive access information to a printable copy of the Injury and Illness Prevention Program via the Orientation form and yellow VIP card.
- 4) Risk Management in coordination with other college staff are responsible for maintaining the Learning Management System (LMS) that tracks the completion of safety program training. The Risk Management Office will add the new employee to the database from the completed form; and send a copy of signed form with the employee's logon information direct to the new employee through the employee's manager.

#### Supervisor/Manager:

- 5) The supervisor/manager will ensure that the employee completes training required for their job classification/area as quickly as possible. Managers are able to track the progress of employees reporting to them from employee's student record located on the manager's eLearning home page. Managers/ supervisors may contact Campus Safety at 575-6005 if there are any questions regarding the safety training process.
- 6) With the exception of the training topics mentioned on this form, this process does not replace any requirements for periodic safety meetings, or safety trainings and documentation on topics not listed, which are currently the responsibility of department managers. Managers may contact Campus Safety for assistance in identifying additional training needs and information/resources.

#### Employee Responsibilities:

- 7) The employee is responsible for completing all web-based safety training assigned for his/her job description according to the following timeline:
  - **Injury and Illness Prevention Program Training**—within thirty days of date of hire
  - Remaining Web-Based Safety Training modules as identified on employee's eLearning Portal Home Page—within 30 days of date of hire. Some modules require annual refreshers.
  - Additional Safety Training based on job duties—as identified by supervisor



Yosemite Community College District
Human Resources

CONFIDENTIAL DATA SHEET

YCCCD is required by state and federal regulation to maintain records as part of its Equal Employment Opportunity Program. Please provide the information requested on this form. Your response will be used for statistical purposes only. Employment opportunities will not be affected by failure to provide the requested information.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Position: \_\_\_\_\_

1a. ARE YOU HISPANIC OR LATINO? Yes or No If Yes, please check below\* If No, check "1b" below

- \*Mexican, Mexican-American, Chicano
Central American
South American
Hispanic Other

1b. WHAT IS YOUR RACE/ETHNICITY? (Check one or more)

- American Indian/Alaskan Native Asian Indian Asian Other
Black or African American Cambodian Chinese
Filipino Guamanian Hawaiian
Japanese Korean Laotian
Pacific Islander Other Samoan Vietnamese
White

2. GENDER: MALE FEMALE

3. DISABLED: As defined in Section 504 of the Rehabilitation Act of 1973 and ADA, a disabled person is one who: A) has a physical or mental impairment which substantially limits one or more major life activities; B) has a record of such an impairment; OR - C) is regarded as having such an impairment.

I am a disabled individual

4. VETERAN STATUS: Vietnam Era (August 5, 1965 through May 7, 1975) Yes No
Disabled Veteran: Yes No

For Human Resources Use Only:
Datatel ID #: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_



EMERGENCY CONTACT INFORMATION

Print Employee Name Colleague ID # Date of Birth

Street Address (No PO Boxes) City Zip

At: MJC CC YCCD Department: Phone#:

- Check all that apply: Student Short-Term Part-Time Faculty
Classified Faculty Mgmt/Admin

In Case of Emergency, please notify the following:

1. Name Relationship
Daytime Number Evening Number Cell Number

2. Name Relationship
Daytime Number Evening Number Cell Number

3. Name Relationship
Daytime Number Evening Number Cell Number

Signature Date

Please return your completed form to the Human Resources Office.
This information will be kept in your Personnel File.



### **Parking Permits**

As an employee or volunteer you are required to have a parking permit if you are parking on any college property. You can purchase a daily parking pass at any Day Pass Machine (DPM) available in most parking lots and park in Student Parking only, or you may purchase a semester (Adjunct) or annual (Faculty/Classified/Management) parking permit.

To purchase a parking permit your need to go to **mycampuspermit.com** at any time during a semester. Parking permits are distributed via the USPS to the address you provide and come in the form of a decal. Decals must be placed in the lower right corner of the front windshield; or you may also purchase a reusable clear mirror hanger for your decal, for \$1.50, if you prefer that method.

### **What if I have a Handicap Placard/License Plate?**

If you have a valid handicap placard/license plate you do not need to purchase a parking permit. Persons with a valid handicap placard, under Section 22511. 5 CVC, may park in designated disabled parking stalls, or staff or student parking stalls if no disabled stalls are available. You may not use areas that are not indicated as parking areas. If you have a short-term disability, you may apply for a short-term permit at a Health Services office which will allow you to park closer to your class.

### **Visitor Parking**

The free visitor parking is available to guests of the YCCD. Visitor parking is for thirty (30) minutes only and the spaces are designated with a green curb. Beware, students, staff, and faculty with a valid parking permit will be ticketed if caught parking in these spaces.

## **PARKING AND TRAFFIC ORDINANCES**

Community College District  
Modesto Junior College  
Columbia College



ADOPTED BY:  
YOSEMITE COMMUNITY COLLEGE DISTRICT  
(Revisions: December 12, 2007; August 2009;  
Bail Schedule revision 12/10/10)



YOUR BENEFITS | YOUR FUTURE

What You Need to Know About Your CalPERS  
School Benefits



## CONTENTS

<b>Introduction</b> .....	2
Service Retirement or “Normal” Retirement .....	3
Disability Retirement .....	3
How Your Retirement Is Funded .....	4
How Your Retirement Benefit Is Calculated .....	4
Estimating Your Retirement Benefits .....	6
<b>Decisions To Make Before You Retire</b> .....	7
Your Options at Retirement .....	7
Survivor Continuance .....	9
<b>Pre-Retirement Death Benefits</b> .....	10
Not Eligible to Retire .....	10
Eligible to Retire .....	11
1959 Survivor Benefit Program .....	12
<b>Health Insurance, Covered Under PEMHCA</b> .....	14
How Retirement Affects Your Health Benefits .....	14
Your Separation Date and Your Retirement Date .....	14
Making Changes to Your Health Plan After Retirement .....	16
<b>Additional Benefits to Consider</b> .....	17
Reciprocity—Other California Public Retirement Systems .....	17
Cost-of-Living Adjustments .....	17
Inflation Protection (PPPA) .....	17
Sick Leave Credit .....	18
Internal Revenue Code (IRC) Section 401(a)(17) Contribution Limit .....	18
Internal Revenue Code (IRC) Section 415(b) Retirement Benefit Limit and CalPERS Replacement Benefit Plan (RBP) . . .	19
<b>Retirement Formula &amp; Benefit Factor</b> .....	20
2 Percent at 55 Benefit Factors .....	21
Percentage of Final Compensation .....	22
<b>Become a More Informed Member</b> .....	23
CalPERS On-Line .....	23
Reaching Us By Phone .....	23
my CalPERS .....	23
CalPERS Education Center .....	23
Visit Your Nearest CalPERS Regional Office .....	24
<b>Glossary</b> .....	25
<b>Information Practices Statement</b> .....	28



## INTRODUCTION

Retirement can be one of the best stages of your life. It can also be complicated and at times stressful if you are not educated about your benefits and have not done the proper planning. Understanding the fundamentals of your CalPERS retirement benefits is a good first step toward a happy and fruitful retirement.

This publication describes retirement benefits and the retirement benefit formula for school members. To be eligible for the CalPERS School Member benefit retirement formula, you must be employed in a classified position within the jurisdiction of a school employer, except: 1) those who are local police; 2) those who are covered under the State Teachers' Retirement System (CalSTRS); 3) those who work directly for the Los Angeles or San Diego County Superintendent of Schools; 4) those employed under the jurisdiction of a Joint Powers Authority contract; 5) eligible certificated employees who elect to retain CalPERS membership (see sidebar).

Featured throughout this publication are photos of school employees from the Folsom Cordova Unified School District and San Juan Unified School District. Like them, you should understand the full spectrum of retirement and death benefits you and your beneficiary(ies) are entitled to receive from CalPERS. The purpose of this publication is to help you educate yourself about these benefits. It will provide you information on contributions, health benefits, and other programs you should consider before and after retirement. It will help you to choose the best retirement option for you and your beneficiary(ies).

You may obtain a copy of any publication or form referenced in this publication, by calling CalPERS at **888 CalPERS** (or **888-225-7377**) or by visiting CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov).

### **Certificated**

#### **School Employees**

Some certificated school employees are CalPERS members. These are CalPERS members who became certificated employees, and subject to CalSTRS coverage, but they were eligible to retain CalPERS membership. Currently, those eligible to retain CalPERS coverage include: former classified school employees, former State Department of Education employees, former employees of the Board of Governors of the California Community Colleges, and all CalPERS members with at least five years of service credit. This irrevocable election must have been made within 60 days of appointment. For more information, contact your Personnel Office.

## YOUR RETIREMENT BENEFITS

There are two types of retirement benefits:

- Service Retirement or “Normal” Retirement
- Disability Retirement

### Service Retirement or “Normal” Retirement

To be eligible for service retirement, you must be at least age 50 and have a minimum of five years of CalPERS-credited service. There are some exceptions to the five-year requirement. If you are 50 or older, employed on a part-time basis, and have worked at least five years, contact CalPERS to find out if an exception will apply to you. There is no mandatory retirement age for school members.

If you are considering applying for a service retirement, you should obtain the CalPERS publication *A Guide to Completing Your CalPERS Service Retirement Election Application*.

### Disability Retirement

This type of retirement applies to you if you become disabled and can no longer perform the duties of your job. Disability retirement has no minimum age requirement and your disability does not have to be job related. However, you must have a minimum of five years of CalPERS service credit. If you are employed on a part-time basis, and you have worked at least five years, contact CalPERS to find out if an exception will apply to you.

**You may apply for a disability retirement if:**

- You are working for a CalPERS-covered employer; or
- You are within four months of separation from a CalPERS-covered employer; or
- You separated at any time from your CalPERS-covered employer because of a disability and you have remained disabled since then; or
- You are on military or approved leave.

Once CalPERS receives a complete application package from you or someone else on your behalf (such as your employer), we will review your file to see if the information is current and complete. After verification for completeness, CalPERS can normally make a determination within three months.

If you are considering applying for disability retirement, you should obtain the CalPERS publication *A Guide to Completing Your CalPERS Disability Retirement Election Application*.

### School Safety Members

If you become disabled due to a job-related injury or illness and can no longer perform the duties of your job, you have the option to apply for an industrial disability retirement.

### Emergency Retirement

CalPERS will expedite retirement processing if you are terminally ill or facing imminent death. Contact CalPERS or your employer immediately if there is a need for emergency retirement.



### **Pay Rate**

Pay rate is your base pay, paid on a full-time basis during normal working hours.

### **Special Compensation**

In accordance with Board regulations, certain items of special compensation can be included in your final compensation. Contact your employer or CalPERS if you are unsure which types of special compensation can be included.

### **Health Vesting**

Consult your Personnel Office or call CalPERS to determine if additional service credit applies to health vesting requirements.

## **How Your Retirement Is Funded**

Three sources fund a defined benefit retirement plan like CalPERS. First, employees generally make contributions into the System. The percentage of your contribution is fixed by statute and varies from about 5 to 9 percent of your earnings, depending on the plan type and whether you are covered by Social Security. The second funding source is earnings from the investment of System assets in stocks, bonds, real estate, and other investment vehicles. The amount contributed from this source fluctuates from year to year. The balance of the funding is provided by employer contributions. Employer contributions decline when investment returns rise and increase when investment returns decline.

In a defined benefit retirement plan, you will receive a lifetime benefit determined by a set formula. For school members, CalPERS uses your years of service, age at retirement, and highest one-year compensation while employed. This contrasts with a defined contribution plan (such as 403(b) or 457 plan), in which the benefits are determined not by a formula, but solely by the amount of contributions in an account, plus earnings.

## **How Your Retirement Benefit Is Calculated**

Now that you understand the basic building blocks of a defined benefit retirement plan, it's time to learn how to calculate your retirement benefit. Three factors are multiplied together to calculate your service retirement:

- Service Credit
- Benefit Factor
- Final Compensation

### **Service Credit**

You earn service credit for each year or partial year you work for a CalPERS-covered employer. Part-time members earn service credit in proportion to the number of hours worked. Service credit accumulates on a fiscal year basis, July 1 through June 30. Refer to your CalPERS Annual Member Statement to verify your service credit as of each June 30.

In some cases, you may be eligible for other types of service credit that can help you maximize your retirement benefits.

Other types of service include:

- Unused sick leave at retirement
- Redeposit of contributions you previously withdrew from CalPERS
- Service with a CalPERS-covered employer prior to your date of membership
- Service with a public agency prior to the date of that agency's contract with CalPERS
- Certain types of leaves of absence, public service employment, Peace Corps, AmeriCorps\*VISTA, AmeriCorps, military service
- Additional Retirement Service Credit.

For more information about service credit, obtain the CalPERS publication *A Guide to Your CalPERS Service Credit Purchase Options*.

### Benefit Factor

Your benefit factor is the percentage of pay to which you are entitled for each year of service. It is determined by your age at retirement and the retirement formula for school employees, which is 2 percent at 55. Your CalPERS Annual Member Statement shows your benefit formula. On page 21, we have provided a chart showing the benefit factors based on age by quarter.

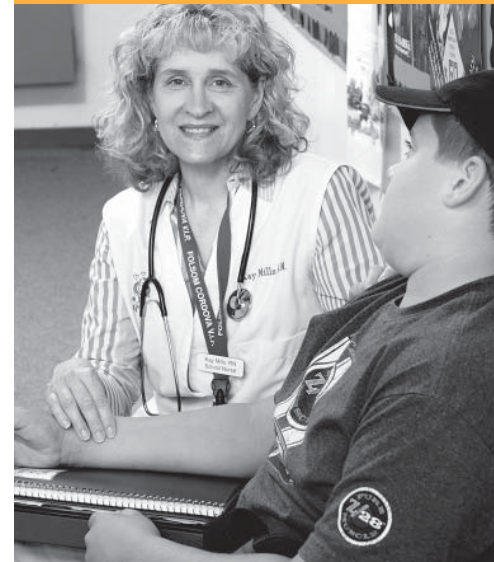
### Final Compensation

Final compensation is your average full-time **pay rate** and **special compensation** for the last consecutive 12 months of employment. We use your full-time pay rate, not your earnings. If you work part time, we will use your full-time equivalent pay rate to determine your final compensation. If you think there was another period of **12 consecutive months** during which your final compensation was higher, let us know when you apply for retirement. We will use that time period to determine your final compensation.

If your CalPERS service was coordinated with Social Security, you did not contribute on the first \$133.33 of your monthly earnings. So, when computing your retirement allowance, you must reduce your final compensation by \$133.33. For service earned after January 1, 2001, final compensation will not be reduced by \$133.33.

For some school employees, monthly pay may have been reported to us on a 10- or 11-month basis instead of 12 months. If this is the case, your final compensation will be based on a 12-month average. For example, 10-month employees would calculate their final compensation as:

- $\$2,400 \times 10 = \$24,000$
- $\$24,000 / 12 = \$2,000$  final compensation.



## Estimating Your Retirement Benefits

To estimate your future retirement benefits, multiply three factors—service credit, benefit factor, and final compensation.

$$\begin{array}{ccccccc} \text{Service} & & \text{Benefit} & & \text{Final} & & \text{Unmodified} \\ \text{Credit} & \times & \text{Factor} & \times & \text{Compensation} & = & \text{Allowance*} \\ \text{(years)} & & \text{(percent per year)} & & \text{(monthly, dollars)} & & \text{(pension)} \end{array}$$

You can create a retirement allowance estimate based on your projected retirement date and final compensation amount in two ways. 1) If you have not yet registered for online access, first create a Username and Password on the CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov). Next, log in to myCalPERS and create a personalized retirement estimate using the Annual Member Statement data already in your account. OR 2) Access the Retirement Planning Calculator on CalPERS On-Line (no password needed), and create different estimates based on data you input. You can create benefit estimates that are based on different retirement dates, final compensation amounts, and number of years of service credit. Using this option, you can estimate the increase to your retirement allowance should you elect to purchase additional service credit.

If you are within three years of your proposed retirement date, you may also request a CalPERS-generated retirement estimate by selecting Request My Estimate in myCalPERS or by completing the *Retirement Allowance Estimate Request* form located in our online Forms and Publications Center.



\* The Unmodified Allowance is the highest allowance you can receive.

## DECISIONS TO MAKE BEFORE YOU RETIRE

### Your Options at Retirement

At retirement, you can choose to receive the highest benefit payable, which is referred to as the “Unmodified Allowance.” The Unmodified Allowance provides a monthly benefit to you that ends upon your death.

You also have the choice of requesting a reduction in the Unmodified Allowance to provide a lump sum or monthly benefit for a beneficiary upon your death. This section gives you an overview of various retirement options available to you.

#### Option 1

This retirement option provides a lump sum payment of your remaining member contributions to your beneficiary after your death. The reduction to your monthly benefit to provide this payment is based on your life expectancy at retirement and the amount of your contributions. You can name one or more beneficiary(ies), and can name a new beneficiary at any time. If you name someone other than your spouse or registered domestic partner as your Option 1 beneficiary(ies), upon your death your spouse or domestic partner may still be entitled to a community property share of any remaining contributions.

*The following options (2, 2W, 3, 3W, and 4) provide lifetime monthly benefits to your designated beneficiary. The reduction to your monthly benefit to provide a monthly allowance to your beneficiary is based on both your life expectancy at retirement and your beneficiary’s – the younger your beneficiary, the greater the reduction. If you have someone eligible for Survivor Continuation, the reduction is applied only to the option portion of your benefit. (See page 9 for more about Survivor Continuation.) In most cases, you can name only one beneficiary, and your designation cannot be changed after retirement, except under limited circumstances.*

*You may name someone other than your spouse or registered domestic partner for a lifetime death benefit allowance under options 2, 2W, 3, 3W or 4. However, your spouse or registered domestic partner may be entitled to a community property share of the beneficiary’s monthly death benefit.*

#### **Unmodified Allowance**

The Unmodified Allowance is the highest amount payable and provides a monthly benefit to you that ends upon your death.

#### **Health and Dental Insurance Coverage for Your Surviving Spouse/ Domestic Partner**

A surviving spouse/ registered domestic partner may only continue health and dental coverage after your death if: 1) you have elected a lifetime Option 2, 2W, 3, 3W or 4 and named your spouse/domestic partner as the lifetime beneficiary; or 2) your spouse/domestic partner qualifies for the Survivor Continuation monthly benefit.

### Option 2

The same retirement allowance you receive will be paid to your beneficiary for life. If Survivor Continuance applies (see [page 9](#)), and your beneficiary is not your eligible survivor, the beneficiary's allowance will not include the Survivor Continuance portion. Your retirement allowance will increase to the Unmodified Allowance if:

- Your beneficiary dies; or
- Your non-spouse or non-domestic partner beneficiary waives entitlement to the Option 2 benefit; or
- Your beneficiary is your spouse or domestic partner legally recognized in California and upon a divorce, legal separation, termination of partnership, or annulment you provide CalPERS with a judgment that awards you the entire interest in your CalPERS benefits; and
- You notify CalPERS of the change.

### Option 2W

As an alternative to the Option 2, you may elect the slightly higher allowance under Option 2W. However, your allowance will not increase to the Unmodified Allowance under the situations described in Option 2.

### Option 3

In this option, one-half of your monthly retirement allowance will be paid to your beneficiary for life. If Survivor Continuance applies (see [page 9](#)), and your beneficiary is not your eligible survivor, the beneficiary's allowance will not include the Survivor Continuance portion. Your retirement allowance will increase to the Unmodified Allowance if:

- Your beneficiary dies; or
- Your non-spouse or non-domestic partner beneficiary waives entitlement to the Option 3 benefit;
- Your beneficiary is your spouse or domestic partner legally recognized in California and upon a divorce, legal separation, termination of partnership, or annulment you provide CalPERS with a judgment that awards you the entire interest in your CalPERS benefits; **and**
- You notify CalPERS of the change.

### Option 3W

As an alternative to the Option 3, you may elect the slightly higher allowance under Option 3W. However, your allowance will not increase to the Unmodified Allowance under the situations described in Option 3.



#### Option 4

Option 4 is a somewhat flexible option. There are several unique variations of Option 4, each specifically designed to mesh with various situations that might apply to you. If you are interested in choosing a lifetime option, you should familiarize yourself with these options by reviewing the publication *A Guide to CalPERS Retirement Option 4*. The amount payable to your beneficiary under Option 4 cannot exceed the amount payable under Option 2W. In addition, with any variation of Option 4, your allowance will not increase to the Unmodified Allowance under the situations described in Options 2 and 3.

#### Survivor Continuance

In making a decision about whether to reduce your Unmodified Allowance to provide for a beneficiary, you will want to consider Survivor Continuance. This is a contracted employer-paid benefit. This benefit consists of a monthly allowance that automatically continues to an eligible survivor following your death after retirement regardless of the retirement option you select.

#### Who is Eligible?

- Your spouse, if you were married for at least one year before your retirement and remained married until the date of your death, will receive the Survivor Continuance benefit for life. (For disability retirement, you need only to have been married at retirement and remained married until the date of your death.)
- Your domestic partner, if you were legally registered at least one year prior to your retirement and continuously until your death, will receive the Survivor Continuance benefit for life. (For disability retirement, you need only to have been registered as domestic partners at retirement and remained registered until the date of your death.)
- If you do not have an eligible spouse or registered domestic partner, your natural or adopted unmarried children under age 18 will receive this monthly benefit until marriage or age 18. An unmarried child who was disabled prior to age 18 and whose disability has continued without interruption will receive this benefit until the disability ends or until marriage.
- Qualifying financially dependent parents.

#### Survivor Continuance

Survivor Continuance will apply only if you have an eligible family member as of the date of your death.

#### Impact of Social Security

If your service is not coordinated with Social Security, Survivor Continuance will be one-half of your Unmodified Allowance. If your service is coordinated with Social Security, it will be one-quarter of your Unmodified Allowance. If you have some time covered and some not covered, or if you have a combination of service under CalPERS with the State or a public agency, special consideration must be given to figure the amount of your Survivor Continuance benefit.

## **Pre-Retirement Death Benefits Designations**

If you name a beneficiary other than your spouse or registered domestic partner, your spouse or registered domestic partner will still receive their community property share. The remainder will be paid to your designated beneficiary. To designate a beneficiary, use the CalPERS **Beneficiary Designation** form available from your Personnel Office or on CalPERS On-Line. (This designation will be valid only if your death is not job related. Different rules apply to job-related death benefit eligibility.)

## **PRE-RETIREMENT DEATH BENEFITS**

As a CalPERS member, you are eligible for various pre-retirement death benefits depending on your membership category, employer, retirement eligibility status, and other factors. The benefits range from a simple return of your contributions plus interest to a monthly allowance equal to half of what you would have received at retirement paid to a spouse or domestic partner. [To be eligible for any type of monthly pre-retirement death benefit, your spouse or domestic partner must have been either married to you (or legally registered) before the occurrence of the injury or the onset of the illness that resulted in your death, or for at least one year prior to your death.]

Each member's death benefits can vary significantly depending on circumstances and data. Questions relating to specific situations should be addressed to CalPERS staff for a more accurate description of individual benefits.

Upon a member's pre-retirement death, the employer and surviving family member are encouraged to immediately contact CalPERS for assistance.

For your convenience, we have divided the pre-retirement section into two parts:

- Not Eligible to Retire
- Eligible to Retire

### **Not Eligible to Retire**

You must be at least age 50 and have a minimum of five years of CalPERS-credited service or have worked part-time for at least five years to be eligible to retire. If you pass away before you are eligible, your beneficiary(ies) are entitled to the following benefits.

#### **Basic Death Benefit**

Your beneficiary will receive a lump sum payment of:

- A refund of your contributions, plus interest; and
- Up to six months' pay (one month's salary for each year of current service, to a maximum of six months).

Your beneficiary will be determined as follows:

- Named beneficiary, or if none;
- Spouse or registered domestic partner, or if none;
- Your children, or if none;
- Parents, or if none;
- Brothers and sisters, or if none;
- Estate if probated, or if not;
- Trust, or if none;
- Next of kin, as provided by law.

..... and .....

### 1959 Survivor Benefit

Applicable only for those not covered under Social Security while employed with a CalPERS-covered agency. The 1959 Survivor Death Benefit cannot be paid if the Special Death Benefit is elected (see side bar).

### Eligible to Retire

If you pass away at age 50 or over with a minimum of five years of CalPERS-credited service or have worked part-time for at least five years, your beneficiary(ies) are eligible for the following monthly benefits.

### 1957 Survivor Benefit

This benefit provides a monthly allowance equal to one-half of what your highest “service retirement” allowance would have been had you retired on the date of your death. Those eligible to receive this allowance are:

- Your spouse or, registered domestic partner, or if none;
- Your unmarried natural or adopted children under age 18.

..... Or .....

### Basic Death Benefit

The Basic Death Benefit will be paid if:

- No one is eligible for the monthly allowance described above.
- The person who is eligible for the monthly allowance above chooses instead to receive the Basic Death Benefit.
- A person other than a spouse or registered domestic partner is designated as a beneficiary to receive all or a portion of your lump sum death benefit.\*

### Benefit Payments

Your beneficiary will receive a lump sum payment of:

- A refund of your contributions plus interest; and
- Up to six months’ pay (one month’s salary rate for each year of current service to a maximum of six months).

If no one is eligible for the 1957 Survivor Benefit or the Special Death Benefit (if applicable), your beneficiary for the Basic Death Benefit will be determined as follows:

- Named beneficiary, or if none;
- Spouse or registered domestic partner, or if none;
- Children, or if none;
- Parents, or if none;
- Brothers and sisters, or if none;
- Estate if probated, or if not;
- Trust, or if none;
- Next of kin, as provided by law.

\* No part of the Basic Death Benefit is payable if the Special Death Benefit is paid.

### Special Death Benefit

If your death is the direct result of a violent act while you were performing your official duties, your surviving spouse, registered domestic partner, or unmarried children or eligible unmarried stepchildren under age 22 may receive a monthly allowance equal to one-half of your final compensation. If there are eligible surviving unmarried children in addition to your spouse or registered domestic partner, the allowance may be increased to a maximum of 75 percent of your final compensation. The Special Death Benefit is payable to your surviving spouse or registered domestic partner until death, or to your unmarried children until age 22.

### Inactive CalPERS Members

Beneficiaries of members who were separated from employment more than 120 days for non-health related reasons are only eligible for the Limited Death Benefit, which consists of a return of contributions and interest from the member’s account.



### **1959 Survivor Benefit**

Applicable only for those not covered under Social Security while employed with a CalPERS-covered agency. The 1959 Survivor Death Benefit cannot be paid if the Special Death Benefit is elected. (See below for more information.)

### **1959 Survivor Benefit Program**

The 1959 Survivor Benefit is available to school members not covered by federal Social Security with their employer. Covered members are required to pay at least a \$2 monthly fee that is deducted from your salary specifically to fund the 1959 Survivor Benefit Program.

The Program provides a monthly allowance to eligible survivors of those covered by this benefit program and who died before retirement. The 1959 Survivor Benefit is paid in addition to any other pre-retirement death benefit paid by CalPERS, with the possible exception of the Special Death Benefit. If the 1959 Survivor Benefit is greater than the Special Death Benefit, then the difference is paid as the 1959 Survivor Benefit.

### **Eligible Survivors**

#### *Spouse*

A surviving spouse is a husband or wife who was legally married to you at least one year before your death, or before the occurrence of the injury or onset of the illness that resulted in your death. A surviving spouse is entitled to the 1959 Survivor Benefit as long as they have care of an eligible unmarried child or are at least age 60. A surviving spouse can remarry and continue to receive the allowance.

#### *Domestic Partner*

To be eligible, a surviving domestic partner must have been in a legally registered domestic partnership with the member at least one year before their death or before the occurrence of the injury or onset of the illness that resulted in their death. A surviving registered domestic partner is entitled to the 1959 Survivor Benefit as long as they have care of an eligible unmarried child or are at least age 60. A surviving registered domestic partner can register as a domestic partner to someone else and continue to receive the allowance.



### *Children*

An unmarried child or stepchild (if the child was living with the member in a parent-child relationship) is eligible for benefits while under age 22. An unmarried child who is incapacitated because of a disability that began before attaining age 22 may be entitled to the benefit until the disability ends. If an unmarried child is in the care of a guardian or is living alone, the unmarried child's portion of the benefit is paid to the guardian or to the unmarried child directly, rather than to the surviving spouse.

### *Parents*

A parent who is at least age 60 may be eligible if there is no surviving spouse, registered domestic partner, or eligible unmarried children, and the parent was dependent on the member for at least half of their support at the time of their death.

### **1959 Survivor Monthly Allowance Levels**

Eligible survivors may receive one of the following monthly allowances.

- A spouse or registered domestic partner who has care of two or more eligible unmarried children; or three eligible unmarried children only (split among them) **\$1,800\***
- A spouse or registered domestic partner who has care of one eligible unmarried child; or two eligible unmarried children only (split among them) **\$1,500\***
- One eligible unmarried child only; or a spouse or registered domestic partner at age 60 or older **\$750\***
- Dependent parents who are at least age 60 may be eligible if there are no other eligible survivors. **\$750 each\***

\* Amounts can differ if all children are not in the spouse's or domestic partner's care.

### How Retirement Affects Your Health Benefits

If you are nearing retirement, you should read this section to gain an understanding of how retirement will affect your health benefits. Any questions can be directed to your Health Benefits Officer or Personnel Office.

#### PEMHCA

Public Employees' Medical and Hospital Care Act.

#### Your Retirement Date

If the effective date of your retirement is more than 120 days after separation from employment, you are not eligible to be enrolled in a CalPERS health plan at retirement or at any future date.

#### Medicare Health Plans

If at retirement you are enrolled in a CalPERS health plan and you are eligible for Social Security Medicare benefits, State law prohibits your continued enrollment in the Basic plan. However, you can continue your CalPERS health care by enrolling in Medicare and then in a CalPERS Medicare health plan. Contact CalPERS immediately after receiving your federal Medicare card to determine your eligibility and to coordinate your Medicare coverage.

If, upon retirement, you are enrolled in a CalPERS "Basic" health plan and you are eligible for Part A at no cost to you, State law does not allow you to remain enrolled in your "Basic" plan. Contact CalPERS immediately after receiving your Medicare card to coordinate the effective date of your Medicare coverage.

If you do not qualify for premium-free Medicare Part A based on your Social Security/Medicare work record or the record of your current, former, or deceased spouse, you may remain in a CalPERS "Basic" health plan. If you later qualify for Medicare Part A at no cost, you must enroll in Medicare Part B and in a CalPERS Medicare health plan.

You may enroll in a Supplement to Medicare or Managed Medicare health plan, and CalPERS health plans offer several ways to supplement Medicare. Please see the *CalPERS Medicare Enrollment Guide* for more detailed information.

Once you are retired, contact CalPERS if you have any questions about your health benefits or if you need to make changes to your plan or dependents.

### Your Separation Date and Your Retirement Date

As retirement approaches, you should check your calendar to determine the best way to maintain your health coverage. Two dates are particularly important: your separation date and your retirement date. If you are not sure when these dates occur, talk to your employer. The following are your health plan enrollment options when you retire:

- If your separation date and your retirement date are within 30 days of each other and you are enrolled in a CalPERS health plan at the time of retirement, your coverage will continue into retirement without a break. If you do not want your health benefits to continue into retirement, you need to cancel your coverage by submitting a *Health Benefits Plan Enrollment* form through your employer. The effective date of cancellation is the first of the month after you submit your request to cancel coverage.
- If your separation date and your retirement date are between 30 and 120 days of each other, your coverage will not automatically continue. You may re-enroll by either writing to the CalPERS Employer and Member Health Services Division within 60 days of your retirement date and requesting re-enrollment, or waiting for the next Open Enrollment period.

- You can pay monthly premiums directly to your health plan when you are not on a regular pay status. You can avoid having your coverage suspended between your last day of work and your retirement date by paying the full monthly premium. Contact the Health Benefits Officer where you worked and complete a *Direct Payment Authorization* form within 30 days of your last day on pay status.
- If you are **not** enrolled in a health plan at retirement and your retirement date is within 120 days of separation, you may enroll within 60 days of retirement or during a future Open Enrollment period. Contact your Health Benefits Officer if you are an active employee or CalPERS if you are retired.
- If your retirement effective date is more than 120 days after separation from employment, you are not eligible for coverage at retirement or at any future date.

There are some exceptions to this rule for exempt State employees. Contact CalPERS at **888 CalPERS** (or **888-225-7377**) if you have questions about your eligibility.

- If you are retiring within 90 days of your own or your spouse's 65th birthday, contact the Social Security Administration (SSA) at (800) 772-1213 or TTY (800) 325-0778 about signing up for Medicare. In addition to signing up for Medicare, you will have to change from a Basic health plan to a Medicare plan that combines your Medicare benefits with your CalPERS-sponsored health benefits. CalPERS Medicare health plan members have prescription drug coverage that is as good as or better than Medicare Part D prescription coverage and must not enroll in an external Medicare Part D plan. If you do enroll in a non-CalPERS Medicare Part D plan, you will lose your CalPERS health coverage.
- If you were covered as a dependent through another health plan when you retired, you may be eligible to enroll in a CalPERS health plan. Contact CalPERS for more information.

If you have questions about your CalPERS health benefits and you are an active member, contact your Personnel Office or Health Benefits Officer. If you are a retiree, contact CalPERS at **888 CalPERS** (or **888-225-7377**).



**Making Direct Payment for Health Premiums to Cover Delays**

If you are aware of a delay in receiving your first retirement check, you should contact your Personnel Office to discuss making direct payments for your health premiums. The direct payments will ensure continuation of services and claim payments for your current PEMHCA coverage. You will be reimbursed for the direct payment amounts by the plan as soon as the payments are made by CalPERS.

**Making Changes to Your Health Plan After Retirement**

Once you retire, CalPERS becomes your Health Benefits Officer or Personnel Office. This means you can make most changes to your health enrollment by calling CalPERS at **888 CalPERS** (or **888-225-7377**). For some changes, we will ask you to send additional information to CalPERS, as indicated below.

If you prefer, you can correspond with us in writing. Please include your (or the member's) name, Social Security number, a copy of your Medicare card, and daytime phone number with area code. Be sure to include the following information when you request changes:

*Changing Your Address*

Include both the old and new address.

*Adding or Deleting a Dependent*

Include the dependent's name, Social Security number, birth certificate, a copy of the Medicare card if applicable, relationship to member, and reason you are adding or deleting the dependent.

*Adding a Spouse Due to Marriage*

Include a copy of the *Marriage Certificate* as well as your spouse's date of birth and Social Security number with your request.

*Deleting a Spouse Due to Divorce*

Include a complete signed copy of the *Divorce Decree* with your request.

*Adding a Domestic Partner*

Submit a copy of the *Declaration of Domestic Partnership* that has been approved by the California Secretary of State's Office, as well as the Social Security number and date of birth of your domestic partner.

*Deleting a Domestic Partner*

Submit a complete signed copy of the *Termination of Domestic Partnership* that you submitted to the California Secretary of State's Office.

*Applying for a CalPERS-Sponsored Medicare Plan*

Upon your retirement and three months before you turn 65, CalPERS will mail you a *Certification of Medicare Status* form to validate Medicare eligibility, ineligibility, or deferment.

*Adding an Economically Dependent Child*

Complete an *Affidavit of Eligibility* form.

**Note:** Due to recent changes under the Patient Protection and Affordable Care Act, the term "economically dependent child" may change effective January 1, 2011. Please check our website for updates to this publication.

## ADDITIONAL BENEFITS TO CONSIDER

### Reciprocity—Other California Public Retirement Systems

CalPERS has an agreement with many public retirement systems in California that allows movement from one public employer to another, within a specified time limit, without losing valuable retirement rights and related benefits. This is called “reciprocity.”

There is no transfer of funds or service credit between retirement systems when you establish reciprocity. You become a member of both systems and are subject to the membership and benefit obligations and rights of each system.

You must retire from each system separately, but it must be on the same date for all the benefits of reciprocity to apply. Once you’ve retired, you will receive separate retirement checks from each system.

For more information, or to establish reciprocity, you should review the CalPERS publication *When You Change Retirement Systems*.

### Cost-of-Living Adjustments

Cost-of-living adjustments are provided by law and are based on the Consumer Price Index for all United States cities. Cost-of-living adjustments are paid the second calendar year of your retirement and then every year thereafter.

The standard cost-of-living adjustment is a maximum of 2 percent per year. If the Consumer Price Index registers a lower rate of inflation, you could receive a lower percentage.

### Inflation Protection (PPPA)

Added protection against inflation is provided by the Purchasing Power Protection Allowance (PPPA), created to restore your monthly benefit to 75 percent of its original purchasing power.

You will automatically receive PPPA supplemental payments on a monthly basis if your benefit falls below the 75 percent purchasing power level.

### Reciprocity

This agreement between retirement systems does not apply to health vesting requirements.



## Sick Leave Credit

At retirement, any unused sick leave you have can be converted to additional service credit. (The additional service will not change your age at retirement.)

You will receive credit for all unused sick leave certified by your employer. It takes 250 days of sick leave to receive one year of service credit. For example: if your employer certified 120 days of sick leave, your additional service credit would be 0.480 ( $120 \times .004 = 0.480$ ) of a year's service credit. If the credit is indicated and verified on your retirement application, it is added to your first retirement check. If not, an adjustment is calculated after your retirement date and paid retroactively once your employer certifies the unused leave.

To receive sick leave credit, your retirement date must be within 120 days of the date of separation from employment. Please note that the retirement law provides that the conversion of sick leave hours to service credit is based on an 8-hour day and, therefore, your total hours of unused sick leave at retirement must be divided by 8 to compute the number of days of sick leave your employer can certify to CalPERS.

## Internal Revenue Code (IRC) Section 401(a)(17) Contribution Limit

If you first became a member of CalPERS on or after July 1, 1996, IRC section 401(a)(17) places limitations on the amount of member contributions you can pay into a tax-qualified retirement plan such as CalPERS. For calendar year 2010, member contributions cannot be paid on earnings more than \$245,000. This dollar amount is set every year by the Internal Revenue Service. This section does not limit or "cap" the salary an employer can pay an employee. It does specify the highest salary on which member contributions can be paid into an employee's CalPERS account. Your employer is responsible for identifying and monitoring when your salary reaches or exceeds this annual limit.

At retirement, the highest average salary (final compensation amount) used to calculate your benefit cannot exceed the section 401(a)(17) salary limit.

Example: If you became a member of CalPERS in August 1996 and earn \$300,000 in 2010, you will pay contributions on \$245,000 of your salary and, if you retired in 2010, your retirement benefit calculation would use \$245,000 as your highest final compensation.



## Internal Revenue Code (IRC) Section 415(b) Retirement Benefit Limit and CalPERS Replacement Benefit Plan (RBP)

Internal Revenue Code (IRC) Section 415(b) places a dollar limit on the annual benefit you can receive from a tax-qualified pension plan such as CalPERS. Under section 415(b), the maximum annual retirement benefit payable if you retire at your Social Security “normal retirement age” is \$195,000 for calendar year 2010. This dollar amount is set every year by the Internal Revenue Service. Determination of whether your retirement benefit will be subject to this limit can only be made at retirement.

If your retirement benefit must be limited under section 415(b), you will be enrolled in an employer-funded Replacement Benefit Plan (RBP) that replaces, to the extent possible, the amount your benefit is limited.



## RETIREMENT FORMULA & BENEFIT FACTOR

Your benefit factor is the percentage of pay to which you are entitled for each year of service. It is determined by your age at retirement and the retirement formula for school members, which is *2<sup>percent</sup>@55*

Your CalPERS Annual Member Statement shows your retirement formula for service with any other non-school employers. The following page includes a chart showing the benefit factors based on age by quarter for school members.



## BENEFIT FACTORS

The chart below shows how the benefit factor increases for each quarter year of age from 50 to 63.



Age	Exact Year	¼ Year	½ Year	¾ Year
50	1.100%	1.146%	1.190%	1.236%
51	1.280%	1.326%	1.370%	1.416%
52	1.460%	1.506%	1.550%	1.596%
53	1.640%	1.686%	1.730%	1.776%
54	1.820%	1.866%	1.910%	1.956%
55	2.000%	2.016%	2.032%	2.048%
56	2.064%	2.080%	2.096%	2.110%
57	2.126%	2.142%	2.158%	2.172%
58	2.188%	2.204%	2.220%	2.236%
59	2.250%	2.268%	2.282%	2.298%
60	2.314%	2.330%	2.346%	2.360%
61	2.376%	2.392%	2.406%	2.422%
62	2.438%	2.454%	2.470%	2.486%
63 or older	2.500%	—	—	—

PERCENTAGE OF FINAL COMPENSATION



Age	50	51	52	53	54	55	56	57	58	59	60	61	62	63+
<b>Benefit Factor</b>	<b>1.100</b>	<b>1.280</b>	<b>1.460</b>	<b>1.640</b>	<b>1.820</b>	<b>2.000</b>	<b>2.064</b>	<b>2.126</b>	<b>2.188</b>	<b>2.250</b>	<b>2.314</b>	<b>2.376</b>	<b>2.438</b>	<b>2.500</b>
<b>Years of Service</b>	<b>Percentage of Final Compensation</b>													
5	5.50	6.40	7.30	8.20	9.10	10.00	10.32	10.63	10.94	11.25	11.57	11.88	12.19	12.50
6	6.60	7.68	8.76	9.84	10.92	12.00	12.38	12.76	13.13	13.50	13.88	14.26	14.63	15.00
7	7.70	8.96	10.22	11.48	12.74	14.00	14.45	14.88	15.32	15.75	16.20	16.63	17.07	17.50
8	8.80	10.24	11.68	13.12	14.56	16.00	16.51	17.01	17.50	18.00	18.51	19.01	19.50	20.00
9	9.90	11.52	13.14	14.76	16.38	18.00	18.58	19.13	19.69	20.25	20.83	21.38	21.94	22.50
10	11.00	12.80	14.60	16.40	18.20	20.00	20.64	21.26	21.88	22.50	23.14	23.76	24.38	25.00
11	12.10	14.08	16.06	18.04	20.02	22.00	22.70	23.39	24.07	24.75	25.45	26.14	26.82	27.50
12	13.20	15.36	17.52	19.68	21.84	24.00	24.77	25.51	26.26	27.00	27.77	28.51	29.26	30.00
13	14.30	16.64	18.98	21.32	23.66	26.00	26.83	27.64	28.44	29.25	30.08	30.89	31.69	32.50
14	15.40	17.92	20.44	22.96	25.48	28.00	28.90	29.76	30.63	31.50	32.40	33.26	34.13	35.00
15	16.50	19.20	21.90	24.60	27.30	30.00	30.96	31.89	32.82	33.75	34.71	35.64	36.57	37.50
16	17.60	20.48	23.36	26.24	29.12	32.00	33.02	34.02	35.01	36.00	37.02	38.02	39.01	40.00
17	18.70	21.76	24.82	27.88	30.94	34.00	35.09	36.14	37.20	38.25	39.34	40.39	41.45	42.50
18	19.80	23.04	26.28	29.52	32.76	36.00	37.15	38.27	39.38	40.50	41.65	42.77	43.88	45.00
19	20.90	24.32	27.74	31.16	34.58	38.00	39.22	40.39	41.57	42.75	43.97	45.14	46.32	47.50
20	22.00	25.60	29.20	32.80	36.40	40.00	41.28	42.52	43.76	45.00	46.28	47.52	48.76	50.00
21	23.10	26.88	30.66	34.44	38.22	42.00	43.34	44.65	45.95	47.25	48.59	49.90	51.20	52.50
22	24.20	28.16	32.12	36.08	40.04	44.00	45.41	46.77	48.14	49.50	50.91	52.27	53.64	55.00
23	25.30	29.44	33.58	37.72	41.86	46.00	47.47	48.90	50.32	51.75	53.22	54.65	56.07	57.50
24	26.40	30.72	35.04	39.36	43.68	48.00	49.54	51.02	52.51	54.00	55.54	57.02	58.51	60.00
25	27.50	32.00	36.50	41.00	45.50	50.00	51.60	53.15	54.70	56.25	57.85	59.40	60.95	62.50
26	28.60	33.28	37.96	42.64	47.32	52.00	53.66	55.28	56.89	58.50	60.16	61.78	63.39	65.00
27	29.70	34.56	39.42	44.28	49.14	54.00	55.73	57.40	59.08	60.75	62.48	64.15	65.83	67.50
28	30.80	35.84	40.88	45.92	50.96	56.00	57.79	59.53	61.26	63.00	64.79	66.53	68.26	70.00
29	31.90	37.12	42.34	47.56	52.78	58.00	59.86	61.65	63.45	65.25	67.11	68.90	70.70	72.50
30	33.00	38.40	43.80	49.20	54.60	60.00	61.92	63.78	65.64	67.50	69.42	71.28	73.14	75.00
31	34.10	39.68	45.26	50.84	56.42	62.00	63.98	65.91	67.83	69.75	71.73	73.66	75.58	77.50
32	35.20	40.96	46.72	52.48	58.24	64.00	66.05	68.03	70.02	72.00	74.05	76.03	78.02	80.00
33	36.30	42.24	48.18	54.12	60.06	66.00	68.11	70.16	72.20	74.25	76.36	78.41	80.45	82.50
34	—	43.52	49.64	55.76	61.88	68.00	70.18	72.28	74.39	76.50	78.68	80.78	82.89	85.00
35	—	—	51.10	57.40	63.70	70.00	72.24	74.41	76.58	78.75	80.99	83.16	85.33	87.50
36	—	—	—	59.04	65.52	72.00	74.30	76.54	78.77	81.00	83.30	85.54	87.77	90.00
37	—	—	—	—	67.34	74.00	76.37	78.66	80.96	83.25	85.62	87.91	90.21	92.50
38	—	—	—	—	—	76.00	78.43	80.79	83.14	85.50	87.93	90.29	92.64	95.00
39	—	—	—	—	—	—	80.50	82.91	85.33	87.75	90.25	92.66	95.08	97.50
40	—	—	—	—	—	—	—	85.04	87.52	90.00	92.56	95.04	97.52	100.0

## BECOME A MORE INFORMED MEMBER

### CalPERS On-Line

Visit our website at [www.calpers.ca.gov](http://www.calpers.ca.gov) for more information on all your benefits and programs.

### Reaching Us By Phone

Call us toll free at **888 CalPERS** (or **888-225-7377**).  
Monday through Friday, 8:00 a.m. to 5:00 p.m.  
TTY: For Speech & Hearing Impaired (916) 795-3240

### my|CalPERS

Stay informed and be in control of the information you want and need — with my|CalPERS!

my|CalPERS is the personalized and secure website that provides all your retirement, health, and financial information in one place. Take advantage of the convenience of 24/7 access to learn more about CalPERS programs and services that are right for you in your career stage. With my|CalPERS, you can:

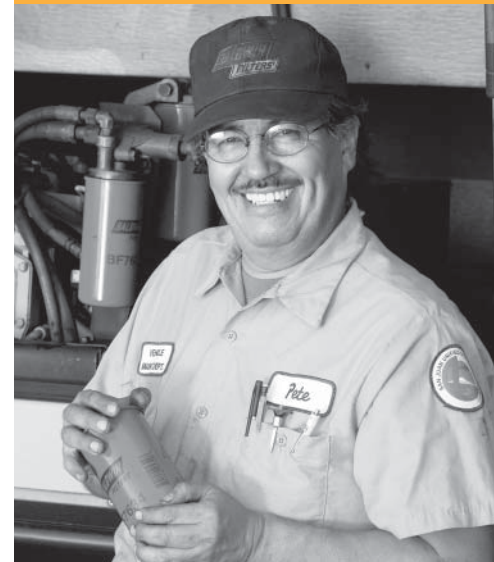
- Get quick and easy access to all your account information.
- Manage and update your contact information and online account profile.
- Access information about your health plan and family members enrolled in your plan.
- See all the information you need to make health plan decisions.
- View, print, and save online statements.
- Go “green” by opting out of receiving future statements by mail.
- Use financial planning tools to calculate your retirement benefit estimate, estimate your service credit cost, and even request a staff-prepared retirement estimate.
- Check statuses of requests to purchase service credit or applications for disability retirement.
- Keep informed with CalPERS News so you don't miss a thing.

### CalPERS Education Center

my|CalPERS is your gateway to the CalPERS Education Center. Whether you're in the early stages of your career, starting to plan your retirement, or getting ready to retire, visit the CalPERS Education Center to:

- Take online classes that help you make important decisions about your CalPERS benefits and your future.
- Register for instructor-led classes at a location near you.
- Download class materials and access information about your current and past classes.
- Browse our retirement fair schedule.
- Make a personal appointment with a retirement counselor.

Log in today at [my.calpers.ca.gov](http://my.calpers.ca.gov).



**Visit Your Nearest CalPERS Regional Office**

**Visit the CalPERS Web site for directions to your local office.**  
Monday to Friday, 8:00 a.m. to 5:00 p.m.

**Fresno Regional Office**

10 River Park Place East, Suite 230  
Fresno, CA 93720

**Glendale Regional Office**

Glendale Plaza  
655 North Central Avenue, Suite 1400  
Glendale, CA 91203

**Orange Regional Office**

500 North State College Boulevard, Suite 750  
Orange, CA 92868

**Sacramento Regional Office**

Lincoln Plaza East  
400 Q Street, Room E1820  
Sacramento, CA 95811

**San Bernardino Regional Office**

650 East Hospitality Lane, Suite 330  
San Bernardino, CA 92408

**San Diego Regional Office**

7676 Hazard Center Drive, Suite 350  
San Diego, CA 92108

**San Jose Regional Office**

181 Metro Drive, Suite 520  
San Jose, CA 95110

**Walnut Creek Regional Office**

1340 Treat Blvd., Suite 200  
Walnut Creek, CA 94597



## GLOSSARY

This glossary can help you understand some of the words and phrases you may encounter when dealing with CalPERS.

### **Benefit Factor**

The percentage of pay you are entitled to for each year of CalPERS-covered service. It is determined by your age at retirement and your retirement formula.

### **Beneficiary**

A person you designate to receive a benefit after your death, or other benefit recipient. (Also, see survivor, which has a different definition. Your beneficiary and survivor may or may not be the same person.)

### **COBRA**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is federal legislation that allows you or a family member to continue your health plan enrollment when coverage is lost. A loss of coverage could include separation from employment, a dependent reaching age 26 (effective January 1, 2011), or divorce or legal separation.

### **Dependent**

Those family members who meet specific eligibility criteria for coverage in the CalPERS Health Program. This includes your children up to age 26 who may or may not be dependent upon you for support.

### **Domestic Partner**

Registered domestic partners legally recognized by California law are qualified for benefits and rights that apply to a spouse.

### **Disability**

An inability to substantially perform the duties of your job due to illness or injury, which is determined to be permanent or of an extended and uncertain duration.

### **Final Compensation**

Your average full-time monthly pay rate and special compensation for the last consecutive 12 months of employment. We use your full-time pay rate, not your earnings, so if you work part time, we would use your full-time equivalent pay rate to determine your final compensation. If you think there was another period of **12 consecutive months** during which your final compensation was higher, let us know when you apply for retirement. We will use that time period to determine your final compensation.

**Fiscal Year**

CalPERS operates on a fiscal year calendar, which is July 1 to June 30 each year.

**Health Insurance Portability & Accountability Act (HIPAA)**

This federal law protects health insurance coverage for workers and their families when they change or lose their jobs. It also includes provisions providing national standards to protect the privacy of personal health information.

**Member**

An employee who qualifies for membership in CalPERS and whose employer has become obligated to pay contributions into the Retirement Fund.

**PEMHCA**

Public Employees' Medical and Hospital Care Act. Government Code §§22751 et seq.

**Open Enrollment Period**

A period of time determined by the CalPERS Board when you can enroll or change health plans, or add eligible family members not currently enrolled in the CalPERS Health Program.

**Reciprocal Agreement**

An agreement between CalPERS and many public retirement systems within California that allows movement from one public employer to another, within a specified time limit, without losing valuable retirement rights and benefits.

**Service Credit**

Your credited years of employment with a CalPERS employer. This amount of service is credited to your CalPERS account and used in the formula to determine your retirement benefits. In some cases, other types of service credit (e.g., sick leave and service credit purchases) can be credited to your retirement account and used to enhance your retirement benefits.

**Special Compensation**

Additional income you might receive for uniform allowance, holiday pay, longevity pay, etc., and is reported separately from your base pay.

**Supplement to Original Medicare Plan**

For CalPERS members in Social Security due to age (over 65) or Social Security-approved disability, Medicare becomes the primary payer of claims and the supplemental CalPERS health plan covers any costs not paid by Medicare (if you have CalPERS health benefits coverage in retirement).

**Survivor**

A family member defined by law as eligible to receive specific benefits at your death.

## SPECIAL THANKS

We thank the Folsom Cordova Unified School District and the San Juan Unified School District for their cooperation to make the photos for this publication possible.

### Folsom Cordova Unified School District

**Joe Lashinsky**  
page 20

**Kay Mills**  
page 5

### San Juan Unified School District

**Loida Beltran**  
page 12

**Peter J. Beltran, Sr.**  
front cover, right photo  
page 23

**Robert Cesario**  
page 17

**Hazel Frost**  
front cover, left photo

**Valentin Hernandez**  
page 6

**Henry High**  
page 27  
back cover, left photo

**Young Kim**  
page 1

**Juanita Olson**  
front cover, left photo

**Sandi Scheiber**  
page 8

**Tonya Thomas**  
front cover, center photo  
page 18

**Nena Wilson**  
page 24

**Scott Wilson**  
front cover, right photo  
page 15





## INFORMATION PRACTICES STATEMENT

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Sections 20000, et seq.) and will be used for administration of the CalPERS Board's duties under the California Public Employees' Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in the System being unable to perform its function regarding your status and eligibility for benefits. Portions of this information may be transferred to State and public agency employers, State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche or microfilm for CalPERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership file maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, 400 Q Street, P.O. Box 942702, Sacramento, CA 94229-2702.

*While reading this material, remember that we are governed by the Public Employees' Retirement Law and the Alternate Retirement Program provisions in the Government Code, together referred to as the Retirement Law. The statements in this publication are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this publication, any decisions will be based on the law and not this publication. If you have a question that is not answered by this general description, you may make a written request for advice regarding your specific situation directly to CalPERS.*



California Public Employees' Retirement System  
400 Q Street  
P.O. Box 942701  
Sacramento, California 94229-2701

888 CalPERS (or 888-225-7377)  
[www.calpers.ca.gov](http://www.calpers.ca.gov)

PUB 2  
October 2010



2010.10.1



**Yosemite Community College District**  
**Human Resources**

TO: New Employees  
FROM: Benefits Office  
RE: On the Job Injury Procedure

Here's how it works:

If an injury is not a medical emergency, the employee should report the injury to their supervisor and telephone COMPANY NURSE® at 1-877-854-6877. They will speak with a Registered Nurse who will assist the employee with his or her medical needs and expedite the claims processing. The nurse receiving the call will triage the injury as follows:

- Incident report only, no treatment needed – Employee returns to work
- Minor first aid-Nurse will give self-care advice – Employee returns to work, same or next shift
- Requires further medical care – Nurse refers employee to seek treatment at designated clinic/physician.
- Emergency – Call 911 – Seek emergency treatment immediately

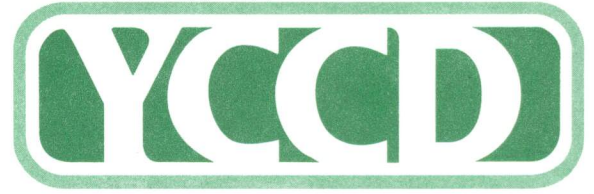
The COMPANY NURSE® HOTLINE is available 24 hours per day, seven days per week.

- Company Nurse® will complete a report of injury and email it to the Benefits Office and corresponding areas.
- Company Nurse® will handle all initial reporting of employee incidents. It is important to report all incidents no matter how minor. This protects the employee's rights under worker's compensation and insures they receive appropriate medical care.

The advantage of a medical professional assisting in the reporting mechanism is to ensure that the injured employee received the best available treatment appropriate to the injury. Furthermore, employees will receive instant telephonic first aid advise from a Registered Nurse any time of the day or night.

Your cooperation and participation is appreciated. Please do not hesitate to contact Peggy Freitas (209) 575-6162 or Lori Smith (209) 575-6024 in the Benefits Office with any questions.

**IN CASE OF LIFE OR LIMB THREATENING EMERGENCY, DIAL 911**



Yosemite Community College District

P.O. Box 4065, Modesto, CA 95352 / 2201 Blue Gum Avenue, Modesto, CA 95358

**TO:** New Employees

**FROM:** Teresa M. Scott  
Vice Chancellor, Fiscal Services

**SUBJECT:** Tax Sheltered Annuities

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Consistent with Federal and State Laws, the District has, by policy and administrative regulation, provided means by which members of the staff may purchase tax sheltered annuities (TSAs). Upon proper notification and authorization by the employee and the company with whom the employee has purchased a TSA, the District will reduce the employee's salary according to those instructions and make the authorized monthly deductions directly to the company involved.

The purchase of a TSA and the selection of an agent or company from whom a TSA is purchased are private decisions to be made by the employee. The District cannot and will not be involved in those decisions. The District cannot recommend the purchase of an annuity to an employee, cannot make judgments as to whether such a program would be advantageous to an employee, and cannot recommend companies or agents with whom the employee should do business. Employees should satisfy themselves that they are dealing with a reputable agent and company and that any program selected is sound and right in terms of their own financial situation.

Employees should be aware that there are many different types of TSA programs (there are a great many companies and agents in the business of selling TSAs) and that any such program may have a number of ramifications relating to one's take-home income, Federal and State tax status, and retirement program. The District simply cautions each employee, prior to the purchase of a TSA, to consider his or her own personal financial situation and urges each employee to consult financial, tax, and legal advisors when making their decision.

If you do decide that you want the District to make monthly TSA deductions on your behalf, call the District Payroll Office, (209) 575-6538, for instructions on how to proceed.

TMS:jg/psf

# Welcome to CalSTRS

Benefits and Services for Full-Time and Part-Time Educators

2008



**CALSTRS**  
HOW WILL YOU SPEND YOUR FUTURE?

# Welcome to CalSTRS

## CalSTRS

The California State Teachers' Retirement System has nearly 600,000 active and inactive members and disburses monthly benefits to more than 215,000 retired or disabled members and their survivors.

Your retirement system, established in 1913 for California public school educators, has a long history of financial security. CalSTRS is administered by the 12-member Teachers' Retirement Board, which includes representatives from prekindergarten-12 and community college education, retired members and the public. The information here is correct as of January 2008. If differences appear between the law and this brochure, the law prevails.



Throughout your career in California's public school system and in the years to follow, you and your dependents will be eligible for valuable CalSTRS services and benefits.

Whether you are a full- or part-time educator, CalSTRS provides a number of benefits and services. This guide introduces the essential benefits of the CalSTRS Defined Benefit and Cash Balance Benefit programs.

Membership in the Defined Benefit Program is required for full-time educators.

For part-time educators, mandatory Defined Benefit Program membership requirements vary, depending on your employment status and whether your employer offers the CalSTRS Cash Balance Benefit Program.

As a part-time educator, you may choose to become a Defined Benefit Program member at any time in your career. Your employer must offer you the CalSTRS Defined Benefit Program and either Social Security or an alternative to Social Security. Districts may offer one or more alternative programs such as the CalSTRS Cash Balance Benefit Program.

For more information on the Defined Benefit and Cash Balance Benefit programs, see our most recent *Member Handbook*, which you can get from your employer. You may also view or order the handbook at [www.CalSTRS.com](http://www.CalSTRS.com) or by calling 800-228-5453. In addition, visit our Web site for a wealth of information about our programs, benefits and services, as well as links to other resources.

## CalSTRS Defined Benefit Program

### **My retirement is a “defined benefit” plan. What is that?**

A defined benefit plan guarantees a lifetime benefit to you—and to your survivors, if you choose—regardless of the amount of funds you have contributed to your account.

### **Am I required to belong to the CalSTRS Defined Benefit Program?**

If you are a full-time California public school prekindergarten-12 teacher or community college instructor, you are required to belong to the CalSTRS Defined Benefit Program. If you are a part-time or substitute educator, you may be required to belong to the Defined Benefit Program depending on your employment status and whether your employer offers the CalSTRS Cash Balance Benefit Program.

### **How much do I pay into the Defined Benefit Program?**

Eight percent of your salary is automatically withheld from your paycheck. Your employer contributes an amount equal to 8.25 percent of your salary to help pay benefits.

### **What is a Defined Benefit Supplement account?**

All members of the Defined Benefit Program also contribute to a Defined Benefit Supplement account. Your Defined Benefit Supplement account is an additional savings plan for your retirement. One-fourth of your CalSTRS payroll contributions will be allocated to your Defined Benefit Supplement account through 2010. In addition, if you earn more than one year of service credit in a school year, your contributions and most of your employer's contributions from your earnings in excess of one year will be allocated to your Defined Benefit Supplement account.

### **When will I receive my Defined Benefit Supplement funds?**

Your funds will earn interest and be available to you when you begin to take a Defined Benefit monthly benefit or six months after you terminate CalSTRS-covered employment and receive a refund of your Defined Benefit contributions.

You can receive your funds in a lump sum or in a monthly payment if you are receiving a monthly Defined Benefit payment and have \$3,500 or more in your Defined Benefit Supplement account.

### **When will I be eligible for retirement benefits?**

This eligibility, known as vesting, occurs when you have five years of service credit. You can retire as early as age 50 if you have at least 30 years of service credit. You can retire at age 55 with five years of service credit.

### **How do I know how much I will receive when I retire?**

Your Defined Benefit retirement benefit is determined by a formula set by law. It is based on your age at retirement, your highest average annual compensation and the amount of service credit you have earned. Your monthly Defined Benefit retirement benefit does not depend on your accumulated contributions. For example, a teacher who is 61 years old and has 29 years of service credit will receive 62 percent of his or her working salary in retirement.

Visit [www.CalSTRS.com/calculators](http://www.CalSTRS.com/calculators) to estimate your benefit. You can also make an appointment to talk to a CalSTRS benefits counselor. In addition, starting at age 45, you will receive an annual estimate of your projected Defined Benefit and Defined Benefit Supplement retirement benefits in your *Retirement Progress Report*.

**CalSTRS Defined Benefit Program  
guarantees a lifetime benefit no matter  
the amount in your account.**





### **How will I know how much is in my retirement account?**

Each December, we will send you your annual statement of accounts in a brochure called your *Retirement Progress Report*. The report summarizes your Defined Benefit contributions, accrued interest and total service credit. It also shows how much is in your Defined Benefit Supplement account. If you see a discrepancy between this statement and your records, contact your employer right away.

### **Are there other ways to add service credit?**

Yes. You may buy service credit for some types of service in out-of-state or foreign public schools, the military, Peace Corps, Job Corps, maternity or paternity leave, sabbatical leave, leave approved under the Family and Medical Leave Act, and certain other teaching jobs. In addition, once you have at least five years of CalSTRS service credit, you may buy up to five years of nonqualified service credit.

### **Am I entitled to disability benefits?**

Yes. In general, once you are vested and meet the eligibility requirements, your disability benefits will be half your highest average annual salary for life or as long as you are disabled, plus another 10 percent for each eligible dependent child, up to a total of 90 percent, until your child reaches age 21.

### **Will CalSTRS pay benefits to my survivors?**

Yes. Depending on your amount of service credit and if you die before or after retirement, your survivors could receive a refund of the balance in your retirement account, a one-time amount or a monthly benefit, or both.

## **IMPORTANT**

As soon as you are hired, complete the *One-Time Death Benefit Recipient* form provided by your employer. You can also print this form from [www.CalSTRS.com](http://www.CalSTRS.com) or call us at 800-228-5453 to request a copy.

### **Can I change my recipient?**

Yes. You can change your recipient at any time. Remember to update your recipient designation if your choice of recipient changes during your career. In addition to your recipient, you can select an option beneficiary when you are eligible to retire. Your option beneficiary will receive a lifetime monthly benefit when you die. Your recipient and your option beneficiary do not have to be the same person.

### **If I leave teaching, can I keep my contributions in CalSTRS?**

Yes. This is especially valuable if you might return to teaching later or if you already have at least five years of service credit. If you return to teaching, it will be expensive to recover service credit if you took a refund of your CalSTRS account. Even if you do not return to teaching, if you have at least five years of service credit, you are eligible to receive a lifetime monthly benefit from CalSTRS when you retire.

### **If I leave teaching, can I withdraw my contributions?**

If you leave teaching, you can withdraw your own contributions and interest (partial refunds are not allowed). However, if you withdraw your contributions, you terminate your CalSTRS membership and benefit eligibility. Please consider this carefully. It is expensive if you later resume teaching and want to recover this service credit. You cannot withdraw employer contributions. For more information on the Defined Benefit Program, see page 6.



## CalSTRS Cash Balance Benefit Program

### What is the Cash Balance Benefit Program?

It is CalSTRS alternative retirement program that employers may choose to offer their part-time educators.

### When will I be vested?

You are vested immediately. You do not have to work any minimum length of time to become eligible for benefits.

### How much must my employer and I contribute?

Your employer must contribute at least 4 percent of the salary you earn. You usually pay 4 percent. However, your contribution rate may be collectively bargained with your employer.

### Is the interest rate my account earns guaranteed?

Yes. It is set by the Teachers' Retirement Board based on the 30-year Treasury rate. The interest rate for the 2008-2009 fiscal year is 5 percent.

### How do I know how much I have in my account?

Each year you will receive your *Retirement Progress Report*, an annual statement showing the balances of your contributions and your employers' contributions and the interest credited to your account.

### Am I entitled to disability benefits?

Yes. Normal distribution is a lump-sum benefit. This amount is the sum of your contributions, interest and additional earnings credits in your and your employers' accounts. If you have \$3,500 or more in your account, you may elect to receive a monthly benefit. To learn more about additional earnings credit, see our brochure, *Cash Balance: An Exceptional Plan for Your Future*.

### Will CalSTRS pay benefits to my survivors?

Yes. Typical distribution is a lump-sum benefit, which consists of your and your employers' contributions, interest and additional earnings credits. This amount is paid to your named beneficiary. If you have \$3,500 or more in your account, your named beneficiary may choose to receive a monthly benefit.

### Can I continue with the Cash Balance Benefit Program if I move to another district or become a member of the Defined Benefit Program?

In most cases, you can continue as a Cash Balance participant if you move to another district that offers the program and continue part-time employment. If you become a member of the Defined Benefit Program and are no longer contributing to the Cash Balance Benefit Program, you may transfer your Cash Balance funds into the Defined Benefit Program and receive Defined Benefit service credit for your previous Cash Balance service.

With Cash Balance, you do not have to wait to become eligible for benefits.



### What are my options if I leave public school employment?

You have two options:

- Leave your contributions on deposit with CalSTRS. The contributions in your Cash Balance account will continue to accrue interest.
- Withdraw your funds or roll them over to another eligible retirement plan or IRA. If you decide to withdraw your funds, you will have to wait six months after you terminate employment. If you withdraw your funds and then return to CalSTRS-covered employment, you will not be able to withdraw funds again for five years.

### What happens when I retire?

- If you have less than \$3,500 in your account, you must take your and your employers' contributions, plus interest, in a lump sum.
- If you have \$3,500 or more in your account, you can choose to receive a monthly benefit over a specific period of time or over your lifetime and, under some circumstances, the lifetime of a beneficiary.

# Your CalSTRS Extras

## CalSTRS on the Web

### [www.CalSTRS.com](http://www.CalSTRS.com) and [myCalSTRS](#)

Visit [www.CalSTRS.com](http://www.CalSTRS.com) to find more information about CalSTRS, including details of programs and benefits, news on legislation that could affect CalSTRS and several benefits calculators. You can also e-mail us your questions through *Contact Us*.

By registering with *myCalSTRS* at [www.CalSTRS.com](http://www.CalSTRS.com), you can update your address and phone number and view your *Retirement Progress Report*, as well as view your beneficiary elections and tax withholding information. You can also send and receive confidential information about your account.

## 403bCompare.com

403bCompare is a valuable tool to help you choose a supplemental retirement savings plan. Created and managed by CalSTRS, the online information bank features detailed and objective information about experience, features and fees for vendors and products available from your employer.

## CalSTRS Home Loan Program

If you are looking for a fixed-rate, first-mortgage home loan, you will want to check out this program. Several loan options are available for a conventional home purchase or loan refinance. See [www.CalSTRS.com](http://www.CalSTRS.com) for current interest rates and approved lenders or call 866-384-4457.

## CalSTRS Pension2® Personal Wealth Plan

With CalSTRS Pension2, you can set aside even more funds through tax-deferred savings. The Teachers' Retirement Board oversees Pension2's competitively priced investment options. For more information, visit [www.CalSTRS.com/Pension2](http://www.CalSTRS.com/Pension2) or call 888-394-2060.

## Benefits Counseling and Workshops

CalSTRS-trained benefits counselors can help you plan for retirement. They provide retirement and disability benefit estimates, as well as information about CalSTRS benefit programs. Benefits counselors are available throughout the state for one-on-one appointments. You can also schedule a telephone interview.

Counselors also conduct free workshops designed to help you plan for a successful retirement. To find a benefits counselor or workshop near you, visit [www.CalSTRS.com](http://www.CalSTRS.com) (select *Members*, then *Counseling/Workshops*) or call 800-228-5453.

## Toll-Free Call Center 800-228-5453

Representatives are available to answer your questions weekdays from 7 a.m. to 6 p.m.

## More About CalSTRS Defined Benefit and Cash Balance Benefit Programs

### What about Social Security payments?

You do not pay into Social Security on your public school employment earnings. However, if you or your spouse otherwise qualifies for Social Security, that monthly check may be reduced because of the federal Windfall Elimination Provision or Government Pension Offset. For more information, contact the Social Security Administration at [www.ssa.gov](http://www.ssa.gov) or call 800-772-1213. Your CalSTRS benefit will not be reduced if you receive Social Security.

### What about Medicare?

You and your employer each pay 1.45 percent of your wages toward Medicare coverage. By paying this tax, you earn eligibility for Medicare.

### Does CalSTRS provide health benefits after retirement?

No. Health benefits depend on your district's agreement with your employee bargaining unit. Contact your employer to learn more.

### Does CalSTRS assist me in retirement financial planning?

To help you develop a plan to build wealth for your future, CalSTRS offers free financial education workshops. For more information or to register for a workshop, visit [www.CalSTRS.com](http://www.CalSTRS.com) or contact your local CalSTRS benefits counseling office.

### Can I save in a tax-deferred plan through payroll deduction with CalSTRS?

Most employees are eligible to participate in CalSTRS Pension2, a supplemental retirement savings program that offers 14 diversified investment options and retirement financial planning advice for your 403(b) and 457 plans. To learn more, visit [www.CalSTRS.com/Pension2](http://www.CalSTRS.com/Pension2) or call 888-394-2060.

## Part-Time Educators — Choosing Between the CalSTRS Defined Benefit Program and an Alternative Retirement Program

As a part-time, adjunct or temporary employee, you have a choice of retirement programs. Employers must offer the CalSTRS Defined Benefit Program and either Social Security or an alternative to Social Security to all educators hired to work less than 50 percent of the full-time equivalent for a specific position.

Districts can offer one or more of the following programs:

- CalSTRS Cash Balance Benefit Program
- Social Security
- Another program chosen by the district

Full-time employees are automatically enrolled in the Defined Benefit Program. As a part-time employee, you may choose the Defined Benefit Program anytime during your career.

### How can I choose the plan that works best for me?

You may want to choose the CalSTRS Defined Benefit Program if you:

- Plan to work as an educator in California long enough to earn a benefit. You will be vested when you have five years of service credit with CalSTRS. For some part-time educators, this could take up to 10 years of half-time employment.
- Want a monthly benefit that provides a specific dollar amount that you know in advance and is payable for life, with benefits based on a set formula and not on the contributions in your account.
- Are comfortable contributing 8 percent of your pay toward your retirement. Your employer contributes 8.25 percent.

You may want to select the Cash Balance Benefit Program if you:

- Want a program that provides immediate vesting.
- Want a lump-sum payment or a lifetime monthly benefit based on contributions credited to your account, with a guaranteed interest rate.
- Are comfortable with the contribution rate, which is typically 4 percent of your salary, depending on your local bargaining agreement. Your employer must contribute at least 4 percent of your salary.

### If your employer offers an alternative program (other than the Cash Balance Benefit Program), ask yourself:

- Does the plan offer a monthly benefit for life or is it a non-lifetime benefit based on contributions and interest?
- What is the contribution rate? Is it matched by my employer?
- Is there a vesting requirement?
- Does the program charge administrative fees? (Neither CalSTRS program charges administrative fees.)
- Is there a guaranteed annual interest rate?
- Does the plan have a record of sound investment experience?
- How long do I have to wait to receive my funds?

### Where can I find more information?

The available alternative programs vary widely by district. To learn more, check with your employer or the Social Security Administration at [www.ssa.gov](http://www.ssa.gov) or by calling 800-772-1213.

For more information about part-time educators and the CalSTRS Defined Benefit Program, see the *Member Handbook*. For information about the Cash Balance Benefit Program, see our brochure, *Cash Balance: An Exceptional Plan for Your Future*. There are versions for prekindergarten-12 teachers and adjunct faculty. Ask your district for a copy or view the brochure at [www.CalSTRS.com](http://www.CalSTRS.com). You can also request a copy by calling 800-228-5453.

As a part-time, temporary or adjunct employee,  
you have a choice of retirement programs.

## CalSTRS Resources

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### WEB SITES



www.CalSTRS.com  
Click Contact Us to e-mail  
www.403bCompare.com

### CALL



800-228-5453  
7 a.m. to 6 p.m.  
Monday through Friday  
TTY 916-229-3541  
  
866-384-4457  
Home Loan Program  
  
888-394-2060  
CalSTRS Pension2®  
Personal Wealth Plan

### WRITE



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

### VISIT



Member Services  
7919 Folsom Boulevard  
Sacramento, CA 95826  
*(until June 19, 2009)*

Member Services  
100 Waterfront Place  
West Sacramento, CA 95605  
*(starting June 22, 2009)*

### FAX



916-229-3879



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# Welcome to your retirement system

We are your  
partner in  
building your  
secure financial  
future.

Inside you will learn  
about benefits and services  
designed to support you  
throughout your career  
in education.

**CALSTRS**  
HOW WILL YOU SPEND YOUR FUTURE?

# Yosemite Community College District

## CSEA, Chapter 420

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April 14, 2023

**TO:** YCCD Classified Professionals

**SUBJECT:** 2023-2024 Holiday Schedule & 2023 Winter Closure

This notice provides the schedule of holidays for 2023-2024, as well as the 2023 Winter Closure schedule. Please see the attached schedule of holidays for 2023-2024.

### **Winter Holiday schedule:**

The District and College offices will close from Friday, December 22, through Monday, January 1. Normal work schedules will resume **Tuesday, January 2, 2024**

**Friday, December 22 - Christmas Eve (Observed)**

**Monday, December 25 - Christmas Day**

**Friday, December 29 - In-lieu day (Admissions Day)**

**Monday, January 1 - New Year's Day**

For the three duty days during the Winter Closure, full-time classified unit members will be granted three days of paid leave. For full-time classified employees with Monday through Friday schedules, the three days of paid leave will be **Tuesday, December 26; Wednesday, December 27; and Thursday, December 28**. Classified employees with alternate schedules (other than Monday through Friday), are also eligible and may consult with their supervisor for the appropriate dates.

Classified part-time unit members whose normal work assignments are during the Winter Closure period are eligible for paid leave, and will be granted up to three work days of paid leave, prorated to their percentage of employment.

Classified employees who work less than 12 months per year and whose assignments are normally inactive during the Winter break period, are ineligible for paid leave but may use vacation or comp time during this period.

**Yosemite Community College District:**

Kathren Pritchard  
Senior Director, Human Resources

**CSEA, Chapter 420:**

Amy Lovett  
President, CSEA, Chapter 420

cc: Leadership Team

**YOSEMITE COMMUNITY COLLEGE DISTRICT  
CLASSIFIED AND MANAGEMENT EMPLOYEES  
SCHEDULE OF HOLIDAYS  
2023-2024**

<b>Independence Day</b>	<b>Tuesday, July 4, 2023</b>
<b>Labor Day</b>	<b>Monday, September 4, 2023</b>
<b>Veteran’s Day (Observed)</b>	<b>Friday, November 10, 2023</b>
<b>Thanksgiving Day</b>	<b>Thursday, November 23, 2023</b>
<b>Day following Thanksgiving</b>	<b>Friday, November 24, 2023</b>
<b>Christmas Eve (Observed)</b>	<b>Friday, December 22, 2023</b>
<b>Christmas Day</b>	<b>Monday, December 25, 2023</b>
<b>Day in lieu of Admission Day</b>	<b>Friday, December 29, 2023</b>
<b>New Year’s Day</b>	<b>Monday, January 1, 2024</b>
<b>Martin Luther King Jr. Day</b>	<b>Monday, January 15, 2024</b>
<b>Lincoln Holiday (Observed)</b>	<b>Friday, February 16, 2024</b>
<b>Washington Holiday (Observed)</b>	<b>Monday, February 19, 2024</b>
<b>Memorial Day</b>	<b>Monday, May 27, 2024</b>
<b>Juneteenth Holiday</b>	<b>Wednesday, June 19, 2024</b>
<b>Floating Holiday *</b>	<b>For use during the work year (July 1 – June 30)</b>

The District/Colleges will be closed from Friday, December 22 through Monday, January 1. Classified employees who would normally be on duty during the Christmas closure period may be eligible for up to three (3) days paid leave. Please see the holiday memo for details regarding the three days of paid leave.

\*Per the CSEA Contract and Leadership Team Handbook, Classified Employees and Leadership Team members shall be provided the former Spring Day Holiday as a Floating Holiday (up to 8 hours) for use during the work year (July 1 to June 30). Scheduling of the Floating Holiday shall be at the unit member’s request and administrative approval.



**Yosemite Community College District**  
**Human Resources**

**Your Health Coverage Options & Covered California**

The intent of this document is to provide general, not specific, information regarding the provisions of Affordable Care Act (ACA). It should not be construed as, nor is it intended to provide, legal or financial advice.

As a part of the Affordable Care Act (ACA) that was passed in 2010, employers are required to provide this notice to all employees regardless of whether or not they are eligible to participate in Employment-Based Health Plans.

Under the ACA, beginning January 1, 2014 individuals will be required to have minimum essential health coverage, or else be subject to a penalty. This is referred to as the "individual mandate." The Health Insurance Marketplace is intended to help individuals meet the individual mandate requirement by providing another place to purchase coverage, and possibly qualify for federal assistance to do so. Information and details are available at [HealthCare.gov](http://HealthCare.gov)

In California, the Health Insurance Marketplace is called "[Covered California](#)." To assist you as you evaluate options for you and your family, this notice provides some basic information about Covered California and employment based health coverage offered by Yosemite Community College District, Employer Identification Number (EIN): 52-1566989.

Covered California is designed to help you find health insurance that meets your needs and fits your budget. Covered California offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. You are not required to purchase health coverage through Covered California, and may obtain health coverage from other sources.

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that does not meet certain standards. The savings on your premium that you are eligible for depends on your household income.

If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through Covered California and may wish to enroll in your employer's health plan, if you are eligible. (Just because you received this notice does not mean you are eligible for the Yosemite Community College District health plan.) However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If your cost for self-only coverage under the Yosemite Community College District health plan is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such cost.

**Note:** If you purchase a health plan through Covered California instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution (if any) to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through Covered California are made on an after-tax basis.

For more information about coverage offered through Covered California please visit [www.coveredca.com](http://www.coveredca.com). Covered California can help you evaluate your coverage options, including your eligibility for coverage through Covered California and its cost. You will also be able to obtain an online application for health insurance coverage. If you decide to complete an application for coverage through Covered California, you will be asked to provide certain information about the health coverage offered by Yosemite Community College District. You can obtain this information by contacting the individual listed above.

For more information about coverage offered by Yosemite Community College District, please check your summary plan description or contact: [yccdbenefits@yosemite.edu](mailto:yccdbenefits@yosemite.edu), 2201 Blue Gum Avenue Phone: (209)575-6981.

# Leadership Team Handbook

Yosemite Community College District

# 2013



The Leadership Team is comprised of educational administrators, classified administrators, and classified confidentials of the Yosemite Community College District, which includes Modesto Junior College, Columbia College, and Central Services. This Handbook is a compilation of District Board Policies, Education and Government Codes, and Memorandums of Understanding pertaining to the Leadership Team.



P.O. Box 4065  
Modesto, CA 95352  
Revised December 2013





## PREFACE

The Leadership Team Handbook has been prepared to provide Leadership Team members a ready reference to provide basic information regarding policies and procedures of the Yosemite Community College District as well as California codes related to community college administrator employment. Although an attempt has been made not to differentiate between classified, confidential, and academic employees, it was necessary in some areas to note the differences because of applicable Education Code sections.

There are many references in this Handbook to YCCD Board Policies and Procedures. It is advised to review these references online at [www.yosemite.edu/trustees/BoardPolicy.htm](http://www.yosemite.edu/trustees/BoardPolicy.htm).

Central Services and College administration and members of the Leadership Team Advisory Council (LTAC) are available to provide additional information on specific questions not addressed in the Handbook.

As the Yosemite Community College District continues to achieve its objectives, it must have well-informed managers. It is to this goal that this Handbook is dedicated.

The Leadership Team Handbook is to be reviewed annually by LTAC in conjunction with YCCD Human Resources. Any changes to employment practices concerning the Leadership Team will be addressed through the Meet-and-Confer process.

*Compiled by the Leadership Team Advisory Council (LTAC) as a reference manual for the YCCD Leadership Team.*

*Last Revised:     December 2013  
                      February 2009  
                      November 2002*



## Table of Contents

A. DEFINITION OF ADMINISTRATORS [Education Code 87002] .....	1
B. MISSION STATEMENTS AND BOARD POLICIES AND PROCEDURES .....	2
1. Mission Statements .....	2
2. The Leadership Team (Policy 7-8044) .....	2
3. Human Resources Board Policies .....	2
4. Nondiscrimination (Policy 3410) .....	4
5. Sexual Harassment (Policy 3430) .....	4
C. LEADERSHIP TEAM ADVISORY COUNCIL (LTAC) .....	5
1. Mission Statement .....	5
2. Leadership Team Advisory Council (LTAC) Membership .....	5
3. Objectives .....	6
4. Officers' Duties.....	6
5. Team Dues.....	8
D. STATEMENT OF ETHICS.....	10
E. RECRUITMENT AND HIRING .....	11
F. RESPONSIBILITIES .....	12
1. Management Personnel Responsibility .....	12
2. Responsibility Days .....	12
3. Citizenship Rights .....	12
G. COMPENSATION .....	13
1. Salary Schedule Placement Procedure .....	13
2. Doctoral Stipend .....	13
3. Anniversary Date.....	13
4. Longevity Pay .....	14
5. Fringe Benefits .....	14
6. District-paid Health Insurance for Retirees.....	15
7. District-paid Health Insurance for Retirees Age 65 to 70 .....	16
8. Salary Payments.....	17
9. Extra Duty Assignments.....	17
10. Tax Sheltered Annuity/Deferred Compensation .....	17
11. Classification Procedures.....	17
12. Professional Education Program (PEP) .....	17
H. EVALUATION [UNDER REVIEW] .....	19
1. Evaluation of Leadership Team Members (including Faculty Supervisors) .....	19
I. ABSENCE.....	21
1. Absence Report .....	21
2. Bereavement Leave .....	21
3. Community Service Leave.....	21
4. Holidays.....	21

5. Industrial Accident or Illness Leave .....	22
6. Jury Duty/Court Appearances .....	22
7. Professional Education Leave .....	22
8. Military Leave.....	23
9. Personal Leave of Absence.....	24
10. Personal Necessity Leave [Education Code §88207] .....	24
11. Personal Business Leave.....	24
12. Sick Leave .....	24
13. Extended Sick Leave .....	24
14. Short-Term Disability Plan .....	24
15. Catastrophic Leave .....	25
16. Vacation .....	26
17. Maternity Leave .....	27
18. Family and Medical Leave .....	27
J. REASSIGNMENT/TRANSFER.....	29
1. Reassignment of Educational Administrators to Faculty Ranks .....	29
2. Temporary Administrative Reassignment .....	29
3. Transfer.....	29
K. EMPLOYEE COMPLAINTS/COMPLAINTS CONCERNING EMPLOYEES.....	30
L. EMPLOYMENT CONTRACTS (EMPLOYMENT AGREEMENTS) .....	31
M. NONRENEWAL OF EMPLOYMENT CONTRACT .....	32
N. RESIGNATION.....	33
O. REDUCTION IN FORCE.....	34
1. Educational Administrators .....	34
2. Classified Administrators and Classified Confidentials .....	34
3. Continuation of Benefit Coverage .....	35
P. TERMINATION [UNDER REVIEW].....	36
Q. MANAGEMENT POST-RETIREMENT EMPLOYMENT OPTIONS.....	37
1. Post-retirement Employment Agreement .....	37
APPENDIX A: ACCCA Statement of Ethics.....	39
APPENDIX B: Management Evaluation Form [Under Review] .....	43
APPENDIX C: Management Classifications and Salary Schedule .....	48
APPENDIX D: Glossary of Terms and Definitions.....	52

**A. DEFINITION OF ADMINISTRATORS** [[Education Code 87002](#)]

1. "Administrator" means any person employed by the governing board of a community college district in a supervisory or management position as defined in Article 5 of Chapter 10.7 of Division 4 of Title 1 of the Government Code.
2. "Educational administrator" means an administrator who is employed in an academic position designated by the governing board of the district as having direct responsibility for supervising the operation of or formulating policy regarding the instructional or student services program of the college or district. Educational administrators include, but are not limited to, chancellors, presidents, and other supervisory or management employees designated by the governing board as educational administrators.
3. "Classified administrator" means an administrator who is not employed as an educational administrator.
4. "Confidential employee" means any employee who is required to develop or present management positions with respect to meeting and conferring or whose duties normally require access to confidential information which contributes significantly to the development of those management positions. [Government Code [§3540.1\(c\)](#)] [[Board Policy 7240](#)]

## B. MISSION STATEMENTS AND BOARD POLICIES AND PROCEDURES

### 1. Mission Statements

The Leadership Team supports the District and Colleges Mission Statements.

#### [YCCD Mission Statement \(Policy 1200\)](#)

The Yosemite Community College District is committed to responding to the needs of our diverse community through excellence in teaching, learning and support programs contributing to social, cultural and economic development and wellness.

#### [Columbia College Mission Statement](#)

#### [MJC Mission Statement](#)

### 2. The Leadership Team ([Policy 7-8044](#))

The Board of Trustees of the Yosemite Community College District recognizes the importance of establishing a Leadership Team for the purpose of fulfilling its legal responsibility for the management of public education in the Yosemite Community College District. The purposes of the Leadership Team are:

- a. to strengthen the administration and educational service programs of the District through participatory administrative practices and procedures.
- b. to strengthen administration by improving communications, decision-making, conflict resolution and other relationships as they relate to the administration of educational programs.

While the Leadership Team concept places emphasis upon shared responsibility and authority, nothing in this policy intends to limit the responsibility and authority of the Board of Trustees or the District Chancellor ultimately to make decisions as prescribed by law.

### 3. Human Resources Board Policies

The following Board Policies are hyperlinks to the current employment policies. Click on a hyperlink to read the policy.

Policy #	Title
7100	<a href="#">Commitment to Diversity</a>
7120	<a href="#">Recruitment and Hiring</a>
7126	<a href="#">Background Check- Employees</a>
7140	<a href="#">Collective Bargaining</a>
7210	<a href="#">Academic Staff</a>

7230	<a href="#"><u>Classified Staff</u></a>
7232	<a href="#"><u>Classification Review</u></a>
7240	<a href="#"><u>Confidential Employees</u></a>
7310	<a href="#"><u>Nepotism</u></a>
7330	<a href="#"><u>Communicable Disease</u></a>
7335	<a href="#"><u>Health Examinations</u></a>
7337	<a href="#"><u>Fingerprinting</u></a>
7350	<a href="#"><u>Resignations</u></a>
7365	<a href="#"><u>Discipline and Dismissal- Classified Employees</u></a>
7370	<a href="#"><u>Political Activity</u></a>
7400	<a href="#"><u>Staff Travel</u></a>
7700	<a href="#"><u>Whistleblower Protection</u></a>
7-8006	<a href="#"><u>Citizen Complaints Concerning Employees</u></a>
7-8036	<a href="#"><u>Tax Sheltered Annuity</u></a>
7-8037	<a href="#"><u>Duties of Employees</u></a>
7-8038	<a href="#"><u>Release of Confidential Information</u></a>
7-8039	<a href="#"><u>Complaints Concerning Employees</u></a>
7-8041	<a href="#"><u>Gifts-Gratuities to Public Employees</u></a>
7-8042	<a href="#"><u>Prohibited Interests and Incompatible Activities</u></a>
7-8043	<a href="#"><u>Legal Authorization for Employment</u></a>
7-8044	<a href="#"><u>Leadership Team</u></a>
7-8045	<a href="#"><u>Employee Evaluation</u></a>
7-8046	<a href="#"><u>Staff Course Fee Reimbursement</u></a>
7-8047	<a href="#"><u>Staffing Academic Positions</u></a>
7-8048	<a href="#"><u>Written Acceptance of Contract</u></a>
7-8049	<a href="#"><u>Academic Senates</u></a>
7-8050	<a href="#"><u>Professional Improvement</u></a>
7-8051	<a href="#"><u>Post-Retirement Employee Options</u></a>
7-8052	<a href="#"><u>Dismissal</u></a>
7-8053	<a href="#"><u>Position Classification Plan</u></a>
7-8055	<a href="#"><u>In-Service Training</u></a>
7-8056	<a href="#"><u>Educational Work Assignment Adjustment</u></a>
7-8057	<a href="#"><u>Civility</u></a>



4. **Nondiscrimination (Policy 3410)**

It is the policy of Yosemite Community College District to provide an environment free of unlawful discrimination. Discrimination on the basis of ethnic group identification, religion, age, sex or gender, sexual orientation, color or physical or mental disability in the District's programs, activities and work environment is unlawful and will not be tolerated by the District.

The District strongly forbids any form of discrimination and has enacted complaint resolution procedures to recognize and eliminate unlawful discrimination.

Department of Fair Employment and Housing (DFEH) protected categories list includes:

Race	Sexual orientation
Color	Marital status
Religion	National origin (including language use restrictions)
Disability (physical, mental or perceived)	Ancestry
Medical condition (cancer or genetic characteristics)	Age (40 and above)

5. **Sexual Harassment (Policy 3430)**

*This new policy is comprised of two former YCCD policies, 5520 and 4018, and is currently under revision.*

The District is committed to providing an academic and work environment that respects the dignity of individuals and groups. The District shall be free of sexual harassment and all forms of sexual intimidation and exploitation. It shall also be free of other unlawful harassment, including that which is based on any of the following statuses: race, color, religion, ancestry, national origin, disability, sex (i.e., gender), sexual orientation, or the perception that a person has one or more of the foregoing characteristics.

Harassment based on any of the following statuses is prohibited and will not be tolerated: race, color, religion, ancestry, national origin, disability, gender, or sexual orientation, or the perception that a person has one or more of the foregoing characteristics.

Reference [Section K "Employee Complaint/Complaints Concerning Employees."](#)

## C. LEADERSHIP TEAM ADVISORY COUNCIL (LTAC)

The Leadership Team (hereinafter "Team") is represented by an elected seven (7) member Leadership Team Advisory Council (hereinafter "LTAC").

### 1. Mission Statement

The Leadership Team Advisory Council (LTAC) is committed to representing the Yosemite Community College District Leadership Team as follows:

- To represent its members and present their concerns to the Chancellor/ President and/or the Board of Trustees regarding the Yosemite Community College District, hereafter known as the YCCD.
- To actively participate in the decision making process of the YCCD in determining institutional priorities, positions, policies, regulations and procedures.
- To promote an atmosphere of respect, integrity, mutual trust, and openness among students, faculty, and classified staff, Board of Trustees, administration, and other interested persons concerning the welfare and growth of the YCCD.
- To provide a forum that encourages the free exchange of ideas regarding the total operation of an institution of higher learning, without fear of reprisal or retribution against any individual member.
- To promote and support equal employment opportunities in all aspects of the YCCD.

### 2. Leadership Team Advisory Council (LTAC) Membership

LTAC members are nominated and elected by the Leadership Team. All terms run for two calendar years, beginning January 1 and ending on December 31. Should any vacancy occur before a term is complete, LTAC will appoint a Team member to serve the remainder of the term.

LTAC shall be comprised of one representative from each of the below listed areas, elected to alternating two-year terms (in order to ensure continuity on the Council). There is a two term limit. Members may run again after sitting out one term.

- CC/Classified Administrators
- CC/Educational Administrators
- MJC/Classified Administrators
- MJC/Educational Administrators
- CS/Classified Administrators
- CS/Classified Administrators
- CC/MJC/CS Confidentials

The Team is represented on the District Council by the LTAC President. Team members are also requested to serve on various committees throughout the District that may have direct impact on the Team or when we can be of benefit to faculty or classified personnel.

### 3. Objectives

In consultation with the Team, the specific objectives of LTAC are:

- a. To provide input into all proposed policies which directly affect the administration, management and operation of the YCCD.
- b. To provide open and frequent communication among Team members.
- c. To apply all available knowledge and information to the improvement of District services.
- d. To encourage and provide the leadership necessary to achieve the educational goals and objectives of the District.
- e. To provide a means whereby economic and welfare concerns of Team members can be addressed, including position descriptions, classification, evaluation, salaries and fringe benefits, promotion, assignment, and transfer.
- f. As an integral part of District participatory governance:
  - The LTAC president is a standing member and sits on the District Council;
  - LTAC participates in Meet and Confer;
  - LTAC provides membership in Districtwide committees when requested.
- g. In developing and/or supporting policy and procedures:
  - LTAC conducts open meetings with the Leadership Team annually or as needed.
- h. In recommending/developing/supporting staff development activities that are applicable to its membership:
  - LTAC supports the District when appropriate in its endeavor to provide training for staff development opportunities for Team members;
  - LTAC will sponsor an annual staff development event.
  - LTAC is dedicated to supporting the District in its pursuit of educational excellence and student success.

LTAC is not a bargaining unit or union and cannot represent its constituency in matters relating to disciplinary action, but the LTAC can advise on due process.

### 4. Officers' Duties

- a. LTAC President is the officer assigned the responsibility as head of LTAC and lead spokesperson for the Leadership Team. The president is appointed by LTAC for a one-year term, effective January through December. Duties

include but are not limited to the following:

- Sit on District Council and communicating discussions with the Leadership Team.
- Attend monthly meetings with the Chancellor and Vice Chancellor of Human Resources to discuss matters of importance to the Leadership Team and to maintain open communications.
- Lead and facilitate Leadership Team Trainings and Open Meetings.
- Provide the LTAC report to the Board of Trustees at their regular monthly meetings.
- Second signatory on LTAC bank account.

b. LTAC Treasurer is the officer assigned the primary responsibility of overseeing the management and reporting of the LTAC finances. The treasurer is appointed by LTAC for a one-year term, effective January through December. Duties include but are not limited to the following:

- Bank account maintenance and financial transaction oversight - Signing checks, monitor online banking and accuracy of statements, knowledge about who has access to the funds, and any outstanding bills or debts owed, as well as developing systems for keeping cash flow manageable.
- Reports - Preparing monthly Treasurer's Reports to be shared at the LTAC meetings and totals published in the meeting highlights. Prepare a Year End Treasurer's Report that is sent via email at the beginning of the year when dues are requested.
- Dues - Organize collection of dues each January: Request for dues, collect payment, deposits payment and monitor list of current managers after payment has been received.
- Good Will Acknowledgements - Oversee the implementation of Good Will Acknowledgements guidelines for LTAC: Send twice a year reminder to members to tell an LTAC person when someone needs an acknowledgement, purchase and send cards and coordinate and pay Memorial Donations. Include a summary of the GWA in the monthly and end of the year treasurer's reports.

c. LTAC Recorder is the officer assigned the primary responsibility of writing and distributing the monthly meeting notes. The recorder is appointed by LTAC for a one-year term, effective January through December. Duties include but are not limited to the following:

- Take notes during LTAC meetings and transcribe them into the LTAC Highlights.
- Distribute the LTAC Highlights to the Leadership Team after each meeting.
- Prepare agendas for meetings with the help of the President.
- Maintain files pertaining to LTAC (most of which are on a flash drive).

- Schedule meeting rooms for LTAC meetings.
- Prepare and track Leadership Team surveys, votes, etc., as directed (usually using SurveyMonkey.com). (This duty can be shared with other LTAC members.)
- Third signatory on bank account, if needed.

## 5. Team Dues

Annually on January 1, membership dues are requested from all Team members. Checks should be made payable to LTAC and sent to the Treasurer of LTAC. The proceeds are used for:

- Hospitality at Team functions
- Purchasing Team retirement plaques.
- Good Will Acknowledgements according to the following guidelines:
  - Cards will be sent anytime an LTAC member is notified that a Leadership Team member has experienced one of the following:
    - Death in the family
    - Illness, surgery, or hospitalization
    - Birth
    - Wedding
    - Professional or educational achievement
    - Any other situation deemed worthy by the requestor
  - LTAC Treasurer is responsible for sending out cards, but cards can be sent by any LTAC member and signed on behalf of LTAC. Reimbursement will be provided. A receipt is required.
  - Memorial donations will be made when a Leadership Team member dies or experiences the death of a parent, child, or spouse.
    - LTAC will donate \$50 to the charity specified by the family.
    - If no charity is specified, the memorial donation will be sent to the Scholarship Office at the college site where the Team member works. If the Team member works at Central Services, the memorial donation will be split between the two college Scholarship Offices. The LTAC Treasurer will work with the respective Scholarship staff to identify an appropriate fund for the memorial donation in order to personalize the donation.
    - The Scholarship Office will send a letter to the employee recognizing the donation in honor of their family member, and a sympathy card will be sent to the Team member from LTAC.
  - Once a year notification will be sent to the Leadership Team to remind them to notify an LTAC member, so cards and memorial donations can be sent.
  - A summary list of Good Will Acknowledgments will be included in the LTAC Highlights.

- At the end of the calendar year, the Annual Treasurer's Report, along with a summary of Good Will Acknowledgements for the year, will be sent to the Leadership Team.

**D. STATEMENT OF ETHICS**

It is understood that actions of all members of the Team will be consistent with commonly accepted professional and ethical standards.

The YCCD Leadership Team fully supports the Association of California Community College Administrators (ACCCA) Statement of Ethics provided in [Appendix A](#).

## E. RECRUITMENT AND HIRING

Recruitment, screening and selection of management staff for new openings shall be conducted in accordance with District Board Policy on Diversity ([Board Policy 7100](#)). In keeping with this policy, staff selection shall be based on open competition for both entry to and promotion within management vacancies. Standard procedure on screening committees shall be applied to the examination process. District employees shall be encouraged to seek promotional appointments.

Screening committees will include a diverse, balanced representation whenever possible. Committee composition will be reviewed for approval by the Vice Chancellor of Human Resources, or designee, prior to the start of the screening process. Committee composition may be modified accordingly.

*Reference Board [Policy 7120](#) / [Policy 3420](#) (Recruitment and Hiring) and Procedure.*



## F. RESPONSIBILITIES

### 1. Management Personnel Responsibility

Leadership employees have major responsibilities for promoting educational leadership, formulating and recommending District policies, administering District programs, adjudicating grievances and supervising and evaluating District employees. The workday for management personnel shall include all service provided within a 24-hour period.

The expectation is a minimum of a 40-hour work week. However, recognizing that management responsibilities may result in some managers working in excess of normal office hours, compensatory time off may be provided on an informal basis.

### 2. Responsibility Days

The normal work schedule for management personnel is computed according to the following schedule: 12-month employees - 225 days, 11-month employees - 205 days, 10-month employees - 185 days.

Responsibility days for work schedules which vary from the above will be prorated accordingly.

### 3. Citizenship Rights

Leadership Team employees have the same rights and responsibilities as any citizen living in a democracy to participate in political and governmental affairs, including such rights as voting or refraining from voting, discussing the social, political and economic issues of the day in public meetings; supporting candidates, accepting appointive or elective public office, or holding office in political parties. Management employees, because of their position in the District, should make it clear that they are speaking or acting as individuals and not as employees of the Colleges, District or Board of Trustees. [[Board Policy 7370](#), Political Activity]

## G. COMPENSATION

### 1. Salary Schedule Placement Procedure

#### a. New Appointments:

New appointees with no previous out-of-district management experience will be placed at Step A. Year-for-year credit for prior out-of-district management service will be provided to a maximum Step C placement if the experience was accumulated in a Leadership capacity. Any recommended placement above Step C will require Chancellor pre-approval.

#### b. Promotional Appointments:

Management experience in the Yosemite Community College District will be credited on a year-for-year basis without limit.

#### c. Bargaining unit members (CSEA and YFA) promoting to a management position:

- Will receive credit for prior non-management experience in the Yosemite Community College District on a ratio of one column for each three years of service with a maximum placement at Step C; and
- Will be placed at that step of the applicable salary range which results in no less than a five percent salary increase, not to exceed Step F.

### 2. Doctoral Stipend

A doctoral stipend is provided to recognize an earned doctorate. Cost-of-living adjustments (COLA) or other salary increases are also applied to the doctoral stipend. The current doctoral stipend is \$2,261 per year.

### 3. Anniversary Date

#### a. Appointment:

Progression within an assigned salary range on the management salary schedule shall be governed by the employee's anniversary date. Each employee's anniversary date shall be the first day of the month following initial appointment or later promotion, except if appointed or promoted on the first working day of the month, then that date is the anniversary date.

#### b. Promotion:

Promotion, if equal to a minimum of two ranges, shall change an employee's anniversary date. Step placement shall be governed by management salary placement procedures. Each employee's anniversary date shall be the first day of the month following initial appointment or later promotion, except if appointed or promoted on the first working day of the month, then that date is the anniversary date.

- c. Reclassification:  
Reclassification may affect anniversary date and/or step placement and are subject to the Meet & Confer Process with LTAC and District Administration.
- d. Reorganization:  
Reorganization, if equal to a minimum of two ranges, shall change an employee's anniversary date. Each employee's anniversary date shall be the first day of the month following initial appointment or later promotion, except if appointed or promoted on the first working day of the month, then that date is the anniversary date.

#### 4. Longevity Pay

Management employees, working in permanent status, earn longevity pay after five (5) years of continuous total service with the District. Credit for continuous employment will be given for leaves of absence approved by the Board of Trustees, including military leave. The amount of the payment will be \$100 per each year of service to be paid annually. There is no maximum cap on longevity pay.

The longevity payment will be paid in a lump sum around November 30 to all qualified management employees on the payroll as of November 30. Eligible Leadership Team members retiring with an effective date of retirement from June 1 to November 30 shall qualify for a prorated portion of annual longevity pay. The annual longevity pay period is December 1 to November 30.

#### 5. Fringe Benefits

- a. The following fringe benefits are provided by the District for all eligible management employees:
  - Health Insurance (employee and dependents)
  - Dental Insurance (employee and dependents)
  - Life Insurance (employee only) \$50,000 level term
  - Vision Insurance (employee and dependents)
  - Income Protection Insurance (employee only)
- b. Retirement:
  - Classified Management/Classified Confidentials - PERS and Social Security
  - Certificated Management - STRS
- c. Subject to approval by the insurance carrier, eligibility for participation in the District's health insurance program (medical, dental, vision and life) by part-time management employees (minimum 50 percent management assignment) with simultaneous part-time temporary teaching assignments shall

reflect the total of the two assignments for the duration of the temporary teaching appointment. Nothing herein is intended to provide benefit eligibility at the higher level on a permanent basis or a continuing interest in a part-time teaching assignment.

#### 6. District-paid Health Insurance for Retirees

The following is a summary of health benefits provided for YCCD retirees meeting eligibility requirements. The District provides health benefits for the retiree plus spouse/domestic partner and dependents as outlined below.

It is the Team member's responsibility to notify the Benefits Office of any status changes, including address change, dependent status changes, divorce, and/or marriage.

##### a. Eligibility requirement for District paid retiree health coverage:

- Effective August 21, 2004, the following shall be required to qualify for District-paid pre-65 retiree medical benefits under Board Policy: Any combination of the retiree's minimum age 50 (at last birthday preceding Board approved retirement date) plus full years of regular (probationary or permanent) District service equivalent to 70 years or more ("Rule of 70").
- Effective July 1, 2004, the District will cover the retiree plus spouse/domestic partner and dependents with medical benefits to retiree's age 70; **unless hired on or after July 1, 2004**. The District's intent is to provide new hires with District-paid retiree medical benefits to the retiree's age 65 only plus spouse/domestic partner. However, if during the term of this agreement the federal government increases the minimum age 65 requirement for Medicare eligibility, the District agrees to continue retiree medical benefits until the retiree reaches that age.
- Effective July 1, 2013, the District will continue to provide medical benefits as noted above for employees hired prior to July 1, 2013. For employees hired on or after July 1, 2013, the District shall pay the 2013-2014 base premium rate at a cap of \$1,361 a month for the employee plus spouse/domestic partner and eligible dependents until retiree age 65. In order to qualify, the retiree must meet the following criteria:
  - Retire from CalSTRS/CalPERS (whichever applies)
  - Be a minimum of 55 years old
  - Have a minimum of 20 years of service with the District

Dental, vision and life coverage will cancel at the time of retirement. Team members may purchase dental and vision insurance for up to 18 months through

COBRA. The life insurance can be converted to a private policy; conversion information can be obtained from the [Human Resources Benefits Office](#).

b. Continuation of Group Health Plan Coverage Under COBRA:

Upon the death of the retiree, the surviving spouse, at his/her own expense and subject to carrier approval, may continue to participate in the District's medical benefits program until the surviving spouse's remarriage or death.

Upon separation from the District, LT member will be notified of COBRA coverage options.

7. District-paid Health Insurance for Retirees Age 65 to 70

This section pertains to employees hired prior to July 1, 2004. Employees hired on or after July 1, 2004, are covered only to age 65.

- a. Prior to the retiree reaching age 65, it is important to contact the Social Security Administration to coordinate Medicare A and B enrollment. Once approved for Medicare A and B, the District's Benefits Office will need a copy of the Medicare card.
- b. It is to the retiree's advantage to purchase both Medicare A and B - as health coverage premiums are based on the retiree at age 65 having Medicare A and B. If Medicare A and B is not purchased, you will incur lifetime penalties from the Social Security Administration and may result in your having to participate in the premium cost.
- c. The District will pay the premium associated with the integration of Medicare and the District's health plan until the retiree reaches age 70 or death, whichever occurs first.
- d. Medicare becomes the primary carrier and the selected District's health plan will be the secondary coverage.
- e. Retirees do not need to apply for Medicare's prescription coverage, the District has determined that the prescription coverage offered through your selected health plan is as good as the standard Medicare prescription coverage; you can keep this coverage and not pay extra if you later decide to enroll in Medicare's prescription coverage. You will receive separate prescription I.D. cards from the health provider.
- f. Please note District paid medical benefits apply to the retiree and spouse only; should the retiree have eligible dependents, the retiree will incur a portion of the premium cost.
- g. After age 70, the retiree may continue to purchase the District's health coverage until death. Upon the death of the retiree, the surviving spouse, at

his/her own expense and subject to carrier approval, may continue to participate in the District's medical benefits program until the surviving spouse's remarriage or death.

**8. Salary Payments**

Management employees are paid monthly, on the last working day of the month, except for December which is paid on the first working day of January.

**9. Extra Duty Assignments**

a. Team members may receive additional compensation for performing extra duties assigned in their present job description. If extra duties or responsibilities not included in the management employee's present job description are assigned on a regular basis, appropriate compensation may be provided. Assignments may be made upon the recommendation of the applicable Cabinet member and approval of the Chancellor.

b. Management employees may be compensated for teaching services, including Community Education courses, performed on an extra duty basis as requested/approved in advance by the President and Chancellor.

**10. Tax Sheltered Annuity/Deferred Compensation**

According to [Board Policy 7-8036](#), the Yosemite Community College District will accommodate requests to participate in tax sheltered annuity programs in accordance with the Internal Revenue Code, the California Revenue and Taxation Code, and the guidelines established by the District.

**11. Classification Procedures**

a. Under [Board Policy and Procedure 7232](#), the District conducts a classification and salary study of classified positions at least every five years. Team members may request review of their administrative assignments during the scheduled study. The implementation of reclassifications shall be established by the Chancellor in consultation with LTAC.

b.

**12. Professional Education Program (PEP)**

a. Team members are encouraged to enhance their managerial effectiveness through a program of professional education including academic course work, professional conferences, and related activities.

b. Team members interested in PEP participation shall file a written request for prior approval with their immediate supervisor and the respective College President or the Vice Chancellor, Human Resources (for Central Services). This

request shall be filed no later than 10 days prior to the start of planned activity and will include a brief description of the program, dates or participation, and projected costs.

- c. Team members approved for PEP participation shall be eligible to claim reimbursement for approved expenses (receipts required) associated with PEP activity including tuition/registration fees, lodging and travel not to exceed \$1,500 per fiscal year for all approved PEP activities. In addition, managers may request Professional Education Leave for approved activities in accordance with procedures noted in [Section I.7](#).
- d. The total amount of funding available for PEP activity during the fiscal year shall be established annually by the Chancellor in consultation with the LTAC.

## H. EVALUATION [UNDER REVIEW]

### 1. Evaluation of Leadership Team Members (including Faculty Supervisors)

- a. The primary purpose of evaluation is to improve the performance of Team members. The Chancellor, in consultation with LTAC, developed the process to provide a consistent evaluation process throughout the District. The statement of ethics by the ACCCA is included as Appendix A for reference and describes general expectations of performance. Specific duties and responsibilities are included in job descriptions.
- b. Team members shall be evaluated at least twice annually during the first contract year of employment (including any transfers, appointments and/or promotions to positions subsequent to original hire). Thereafter, Team members shall be evaluated at least once annually.
- c. The management annual evaluation process will follow a three-year cycle. The process will include the following:
  - Annual one-on-one evaluation with the direct supervisor; and
  - Every third year, in addition to the above, a confidential evaluation survey will be sent to designated classified staff, colleagues, faculty and/or college representatives.
- d. Faculty and classified staff reporting to or working closely with an administrator shall be given an opportunity to contribute to the administrator's performance evaluation by completing a staff input form.
  - This instrument shall be distributed, collected and tabulated by the Chancellor, President or designee.
  - Staff shall be given two weeks to submit the form.
- e. Established procedure shall be adhered to in completing performance evaluations.
  - The immediate supervisor will complete the evaluation with the review by the next highest level of administration.
  - Provision shall be made for review and discussion by the immediate supervisor and the evaluatee.
  - The employee will sign the report to indicate review and will receive a copy after all reviews have been completed.
  - All completed evaluations require review by the Chancellor and Vice Chancellor of Human Resources prior to placement in personnel files.



- The Human Resources office will place the original in the employee's personnel file.
- Performance evaluations shall be completed on the prescribed form. (See Appendix B.)

This process is intended to commend and/or assist administrators/managers in improving their performance. The results of the evaluation, including staff input, shall be treated in a confidential manner.

## I. ABSENCE

### 1. Absence Report

- a. Team members will complete a Certificate of Absence form for any type of leave (vacation, sick leave, bereavement, etc.) and obtain necessary supervisory approval.
- b. Employees working less than a 12-month assignment receive prorated vacation and sick leave accrual.

### 2. Bereavement Leave

- a. Team members shall be granted a leave, up to five (5) days with pay in the event of death of a member of the immediate family. Bereavement Leave may be taken nonconsecutively. Under special circumstances, additional days may be authorized by the Chancellor or designee.
- b. "Immediate family" is defined as mother, father, husband, wife, son, daughter, brother, sister, grandfather, grandmother, grandchild, mother-in-law, father-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, foster parent, foster child, step parent, step child, aunt, uncle, niece, nephew, cousin, or any relative/person living in the immediate household of the Team member.
- c. Team members may be permitted up to four (4) hours paid leave to attend the funeral services of a YCCD employee or retiree. Funeral service leave will be reported on the District's absence form.

### 3. Community Service Leave

When a Team member employee holds a responsible position in a community group or organization, and is elected to represent his/her organization in a regional or state conference, the employee may be granted one leave of absence per academic year, not to exceed three days, to attend this conference without loss of pay.

### 4. Holidays

- a. Team members will receive three (3) paid leave days for Winter Break Closure. District may grant a fourth (4<sup>th</sup>) day of paid leave dependent upon the calendar and mutual agreement.
- b. Team members receive 14 holidays per year. The following holidays are included by law: Independence Day, Labor Day, Veterans' Day, Thanksgiving Day, Christmas Day, New Years' Day, Martin Luther King Day, Lincoln Day, Washington Day, and Memorial Day. Four additional local holidays will also be granted, including Friday before Thanksgiving Day, Christmas Eve, New Year's Eve in lieu of Admissions Day, and a "floating holiday" granted in lieu of the traditional Spring Day holiday.

- c. Floating Holiday: Eligible Team members receive a “floating holiday,” equal to 8 hours paid leave, for use during the period July 1 through June 30. Scheduling of the holiday shall be at the Team member’s request and with administrative approval. Upon use of the floating holiday, Team members shall submit an absence form indicating “other” to Human Resources. Credit for the floating holiday shall not be carried over beyond June 30.
- d. New employees in their first year of employment, are eligible for the Floating Holiday if hired before April 1.

5. Industrial Accident or Illness Leave

Team members are eligible for a leave of absence for industrial accident or illness arising out of and in the course of employment. The injury or illness must be accepted by the District’s worker’s compensation insurance carrier. When a person is absent from his/her duties because of an industrial accident or illness, he/she shall be paid such portion of salary due for any month which will result in a payment of not more than his/her full salary. Employees are allowed sixty (60) working days of worker’s compensation leave for any one accident or illness. After sixty working days, that portion of the day not paid by the worker’s compensation carrier is charged to accumulated sick leave, extended sick leave, and/or vacation.

6. Jury Duty/Court Appearances

- a. Jury Duty: A Team member officially ordered to jury duty will be granted a leave of absence at full salary. Any juror’s fees received by the Team member will be remitted to the District. Reimbursement for travel and other allowances as a juror are retained by the employee.
- b. Court Subpoenas: A Team member subpoenaed to appear in court on behalf of the District will do so as part of their regular work schedule without loss of pay or utilizing their leave.
- c. Court Appearance: A Team member required to appear in court on personal business may do so by utilizing their Personal Business Leave. See Section 11 on Personal Business Leave.

7. Professional Education Leave

After five or more years of Leadership service, a Team member may request up to 40 days of paid leave subject to the conditions herein.

- a. Goal: The objective of this leave is to encourage and facilitate continuing education and professional growth by Team members and thereby strengthen programs and services to students.
- b. Activities: Program participation shall normally be limited to the following activities:

- 1) Graduate Study: Academic course work in an accredited institution beyond the Bachelor's Degree leading to the attainment of an advanced degree in educational administration or a related field. Normally, enrollment in a minimum of 6 units is required. Exceptions may be considered dependent upon the number of leave days requested.
  - 2) Independent Research/Travel: Intensive independent study of a significant complex issue or challenge facing the District and colleges. A written proposal for such study including problem/need analysis, research methodology, itinerary and expected outcome shall be filed with the administrator's application for leave. In addition, a follow-up report indicating results and recommendations shall be filed following completion of the leave.
- c. Approval: All requests for leave shall be submitted via an Absence Form and shall be subject to prior approval by the Team member's supervisor, and the respective College President or Vice Chancellor (for Central Services). All requests shall be subject to approval by the Chancellor and confirmation by the Board of Trustees.
- d. Other Conditions: Other terms and conditions of participation include:
- 1) The 40 days of paid professional education leave may be taken consecutively, non-consecutively, or may be combined with accumulated vacation to provide a maximum leave of 82 days within one academic year.
  - 2) Paid professional education leave shall not exceed a total of 40 days within three consecutive academic years.
  - 3) Reimbursement for related expenses (including tuition, registration fees, lodging or travel) may be accommodated through separate Professional Education Program (PEP) reimbursement procedures and shall not exceed \$1,500 per fiscal year for all approved PEP activities. Receipts are required.
  - 4) All professional education leaves shall be scheduled at the convenience of the District and in a manner which will normally preclude the need for a replacement.

## 8. Military Leave

A Team member shall be granted military leave as required by the [Uniformed Services Employment & Reemployment Rights Act \(USERRA\) of 1994](#), California [Education Code §87700](#) and the Military and Veterans Code [§395](#) et. seq. and compensated in accordance with the Education Code and Military and Veterans Code.

9. **Personal Leave of Absence**

A Team member may, at the sole discretion of the District, be granted a leave of absence for purposes satisfactory to the District. If granted, the leave normally will be without compensation and shall generally be for a period not to exceed one academic year.

10. **Personal Necessity Leave** [[Education Code §88207](#)]

Accumulated sick leave may be used by a Team member in cases of personal necessity. No such accumulated leave in excess of seven (7) days may be used in any academic year. Personal necessity leave will be charged to accumulated sick leave and shall not be a matter of personal desire or convenience. An absence form shall be completed certifying the reason for personal necessity leave. In the case of a scheduled absence for personal necessity, prior approval shall be obtained from the immediate supervisor.

11. **Personal Business Leave**

Team members may use up to two (2) days of personal necessity leave each academic year for personal business reasons. An absence form shall be submitted confirming the use of personal business leave. When possible, Team members shall submit a request for personal business leave prior to the leave date(s) requested. Use of this leave is not intended for vacation, recreation, and/or social activities.

12. **Sick Leave**

Team members shall earn one day of sick leave for each month of employment, up to a maximum of 12 days per year. Employees working less than a 12-month assignment receive prorated sick leave accrual. Sick leave may be accumulated without limitation, and may be transferred to or from any district in California as provided by law [[Education Code §88202](#); [§87779](#)]. The District reserves the right to require medical verification for any absence charged to sick leave.

13. **Extended Sick Leave**

Upon the expiration of current and accumulated sick leave and industrial accident and illness leave (if applicable), a disabled Team member may qualify for extended sick leave at fifty percent (50%) of daily pay. The “maximum period payable” for extended sick leave is 100 workdays, not to exceed one year from date of disability. If Catastrophic Leave is used, then see [Section 15](#). For more details, contact [HR Benefits](#).

14. **Short-Term Disability Plan**

Upon the expiration of extended sick leave, disabled Team members may qualify for income protection benefits under the District’s short-term disability plan. Please contact the Benefits Office for details. Once a Team member has been

continuously absent from their job for one year, the Team member will be placed on a 39-month medical rehire list. For more details, contact [HR Benefits](#).

## 15. Catastrophic Leave

### a. Donation Plan

- 1) Beginning November 1, 2011, members of the Yosemite Faculty Association and/or the YCCD Leadership Team may donate sick leave to individuals in either unit who, due to a serious health condition, have exhausted all accumulated sick leave.
- 2) Donors may not donate more than three days of sick leave in any academic year. A donor shall retain a minimum of forty (40) days of accumulated sick leave after his/her donation. No employee may receive more than 30 days of donated sick leave during a 12-month period.

### b. Process for Requesting a Donation

- 1) A written request, specifying the nature of the condition and estimated number of days needed, shall be sent to the Vice chancellor of Human Resources who will verify the number of accumulated sick leave days remaining and the certification for eligibility and call a meeting of the Sick Leave Donation Committee. The committee will include one member from the Yosemite Faculty Association, one member from the YCCD Leadership Team, and the Vice Chancellor of Human Resources or designee.
- 2) After the Committee has reviewed and approved the request, solicitation of donations may be made through the Vice Chancellor's office by the individual or his/her representative on his/her behalf. The solicitation period shall be limited to one month.

### c. Process for Making Donations

- 1) Donations of sick leave shall be authorized by a signed pledge form obtained from the Human Resources Office.
- 2) Donated leave must be in one-day increments (no less than eight (8) hours).
- 3) In the event several employees sign and submit pledge forms, the sick leave shall be allocated to the recipient employee in the order the signed pledge forms are received by the Human Resources Office.
- 4) Normally, donations are made before the recipient employee begins extended sick leave. However, donations may be made while the recipient employee is already on extended sick leave.
- 5) The Human Resources Office shall keep the identities of those donating sick leave confidential.

- d. Use of Donations
- 1) The donated sick leave may be used only when the recipient employee has exhausted accumulated sick leave and either is not eligible for long-term disability or is eligible but has not begun to receive the long-term coverage.
  - 2) One day of donated leave shall be used as compensation to increase one day of extended sick leave to one day of regular (full pay) sick leave for the recipient employee.
  - 3) Donated sick leave shall not extend the total number of days of the recipient employee's combined sick and extended sick leave. Donated sick leave shall increase the number of days of regular sick leave at full pay and reduce the number of days of extended leave.
  - 4) Recipients of donated sick leave shall be solely responsible for any state and federal taxes on the donated time. Such taxes shall be withheld at the normal rate for the recipient employee. In the event that the state or federal government rules that a tax liability is due other than as taxed, the recipient shall be solely liable for such tax liabilities.
  - 5) In no instance shall employees sell and/or exchange sick leave for monetary or other considerations.
  - 6) If the recipient employee does not use all donated sick leave, the sick leave shall be returned to the donor.

For more details, contact [HR Benefits](#).

## 16. Vacation

- a. Except as provided in 16.c., twelve (12) month Team members earn 21 (eight-hour) days of vacation per academic year at an accrual rate of 14 hours per month. Employees working less than a 12-month assignment receive prorated vacation accrual.
- b. Vacation is to be taken at the convenience of the District.
- c. After 15, 20, and 25 years of service with the District, Team members shall earn one additional vacation day per academic year:
  - At 15 years-22 days (14.67 hours per month);
  - At 20 years-23 days (15.33 hours per month);
  - At 25 years-24 days (16 hours per month).
- d. Except as approved by the Chancellor or his/her designee, a Team member may accrue a maximum of 42 days (336 hours) vacation.
- e. Team members who have a vacation leave balance in excess of 42 days (336 hours), shall be considered to have excess vacation leave. Effective January

2014, Team members who still have excess vacation leave will cease to accrue vacation until such time as the balance is reduced below the maximum allowed accrual.

### 17. Maternity Leave

A maternity leave may be granted to a female Team member during the period of time she must absent herself from her duties because of disability resulting from pregnancy or convalescence following childbirth or miscarriage. The Team member may elect to utilize her accumulated sick leave during her period of physical disability, provided the duration of disability and convalescence following childbirth are certified by her physician. ([Pregnancy Disability Leave \(PDL\)](#))

In California, a pregnant employee is entitled to Pregnancy Disability Leave (PDL) of up to four months. An eligible CFRA employee can then take 12 weeks of CFRA baby bonding leave. The first 12 weeks of PDL can run concurrently with FMLA leave for eligible employees, and for that period, the employer must maintain health benefits.

The basic minimum leave duration is two weeks for CFRA-only baby bonding leave. However a request for leave of less than two weeks duration on two separate occasions will be granted. If both a husband and wife work for the District, both married employees have 12 weeks of CFRA leave each in the event of a birth, adoption, or foster care placement.

### 18. Family and Medical Leave

State and federal law permit eligible employees to request an unpaid leave:

- upon the birth or adoption of the son or daughter of the employee or upon placement with the employee for foster care (baby bonding time); or
- when the employee's spouse, domestic partner, son, daughter or parent has a serious health condition and requires care from the employee.

The law also gives an employee job protected unpaid leave for their own serious illness. Eligible employees are entitled to a total of twelve (12) work weeks of unpaid leave during any twelve (12) month period. For more information contact the [Human Resources Operations](#).

#### a. FMLA - Eligibility

You may be eligible for an unpaid family care and medical leave under the [Family Medical Leave Act and the California Family Rights Act \(CFRA\)](#), if you have more than 12-months of service with the District and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave.



If possible, you should provide at least 30 days advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or your family member). For events which are unforeseeable, notify your direct supervisor and Human Resources, at least verbally, as soon as you learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

Human Resources may require certification from your health care provider before allowing you a leave of pregnancy or your own serious health condition or certification from the health care provider of your child, parent or spouse who has a serious health condition before allowing you a leave to take care of that family member. When medically necessary, leave may be taken on an intermittent or reduced work schedule, but you may need to be temporarily transferred.

If you are taking a leave for the birth, adoption or foster care placement of a child, the basic minimum duration of the leave is two weeks and you must conclude the leave within one year of the birth or placement for adoption or foster care.

Taking a family care or pregnancy disability leave may impact your benefits. With certain exceptions, you will be able to resume your position or a comparable position at the end of the leave. If you want more information regarding your eligibility for a leave and/or the impact of the leave on your job, seniority and benefits, please contact [Human Resources Operations](#).

## J. REASSIGNMENT/TRANSFER

### 1. Reassignment of Educational Administrators to Faculty Ranks

a. Educational Administrators: Please also consult the current YFA contract.

- 1) Educational administrators employed by the Yosemite Community College District in an academic position prior to July 1, 1990 or who have otherwise attained tenure in an academic position with the District retain tenure and seniority rights should they be reassigned.

Other educational administrators meeting the requirements of [Education Code §87458](#) and these procedures shall have status as first year, probationary faculty upon reassignment to the faculty.

Note: Effective August 6, 2001, [Education Code §87458](#) was amended. An educational administrator who has not previously acquired tenured status as a YCCD faculty member and who is employed in a categorically funded project of indeterminate duration, shall not have the right to become a first-year probationary faculty member upon expiration or termination of his/her administrative assignment.

- 2) In the event of a reassignment of an educational administrator to the faculty ranks, please refer to the YFA contract.

### 2. Temporary Administrative Reassignment

Administrators may be requested to assume the duties and responsibilities of a higher classification on a temporary interim basis. The designated employee shall be notified in writing of such action and shall be requested to perform all duties pertaining to that classification. As a result, his/her salary shall be adjusted temporarily for the time period designated. The term of the temporary appointment shall normally not exceed one year.

In addition, the District may modify an administrator's duties and responsibilities as warranted through a process of reorganization. The administrative assignment shall be reviewed after the first year.

### 3. Transfer

Team members may request to move to another position either within or across occupational lines. Consideration shall be given to such factors as comparable duties and responsibilities, levels of compensation, minimum qualifications, and employee performance. Team members may transfer into an equal or lower position with the approval of the immediate supervisor and the Chancellor. For more details, contact [HR Operations](#).

K. **EMPLOYEE COMPLAINTS/COMPLAINTS CONCERNING EMPLOYEES**

Complaints concerning employees of the Yosemite Community College District should be directed to the employee's immediate supervisor. Administrative procedures shall be developed which provide for various levels of review.

[\(Policy 7-8039\)](#)

[Board Procedure 7-8039](#) should be followed in the case of a formal complaint concerning employees of the District. In addition to [District Policy and Procedure 7-8039](#), the following alternative informal process is available to Team members:

A Team member desiring to use a less structured complaint procedure may do so by filing a written statement with the Leadership Team Advisory Council. One or more of the members of the Council will meet with the complainant for the purpose of considering appropriate alternatives designed to achieve resolution. A representative(s) of the Leadership Team Advisory Council will assist Team members in the resolution of the complaint.

**Complaint File**

A record of individual complaints and decisions relating thereto will be maintained in a file separate from the employee's personnel file, unless the complaint results in disciplinary action of a Team member.

**L. EMPLOYMENT CONTRACTS (EMPLOYMENT AGREEMENTS)**

Educational Administrators, Classified Administrators, and Classified Confidentials shall be employed exclusively by contract (Management Employment Agreement (“Agreement”)) and shall not earn permanency in their administrative assignment. [\[Education Code §72411\]](#)

Confidential and Classified Administrators will generally be employed under a one-year Agreement. Educational Administrators will generally be employed under a two-year Agreement. The District reserves the right to offer employment contracts of lesser duration.

Educational Administrators, Classified Administrators, and Classified Confidentials should refer to the individual Agreement for actual terms and conditions of employment.

**M. NONRENEWAL OF EMPLOYMENT CONTRACT**

The Employment Agreement expires at the end of the term specified in the Agreement. Any notice to an Educational Administrator, Classified Administrator or Classified Confidential that the Agreement will not be renewed shall be effective the next July 1 after notification on or before March 15 of that year.

Failure to provide such notice will result in the Agreement continuing for one year with all other conditions and terms remaining unchanged. [[Education Code §72411](#)]

**N. RESIGNATION**

1. The Board shall accept the resignation of any employee and shall fix the time when the resignation takes effect, which shall not be later than the close of the academic year during which the resignation has been received by the Board.
2. The Board hereby delegates to the Chancellor the authority to accept resignations on its behalf. All such resignations shall be forwarded to the Board for ratification.

[\(Policy 7350\)](#)

## O. REDUCTION IN FORCE

Team members may be laid off due to reduction in funds or services. Please refer to your individual employment agreement for specific terms and conditions of employment. [\[Education Code §§87743-87746\]](#)

### 1. Educational Administrators

Lay off of an Educational Administrator shall be effective the next July 1 after notification on or before March 15 of that year.

After layoff, an Educational Administrator may assume an available faculty position in a faculty service in which the standards developed by the District and Academic Senate for equivalency are satisfied if the Administrator:

- a. was employed in an academic position prior to July 1, 1990; or
- b. has otherwise attained tenure in an academic position with the District prior to his/her administrative appointment; or
- c. has served at least two years at the District as a faculty member and/or administrator in a regularly funded position and meets the requirements of [Education Code §87458](#).

If no position is available, an Educational Administrator has a preferential right to reappointment for a period of 39 months.

### 2. Classified Administrators and Classified Confidentials

Lay off of a Classified Administrator or Classified Confidential shall be effective the next July 1 after notification on or before March 15 of that year.

- a. Classified Administrators and Classified Confidentials who have attained permanency in a classified position with the District prior to his/her administrative appointment:
  - 1) shall be laid off in the order determined by the employee's date of hire in regular classified employment with the District as identified in the classified management seniority list;
  - 2) shall be laid off in order of seniority in a multiple incumbent administrative job classification, or if two or more administrators have equal seniority, the determination of who should be laid off shall be made by lot;
  - 3) may displace a less senior employee in an equal or lower non-administrative classification previously held by the administrator;

If no position is available, has a preferential right to reappointment for a period of 39 months.

3. **Continuation of Benefit Coverage**

Team members may qualify for continuing benefit coverage following layoff at their own expense consistent with federal legislation. Contact the [Human Resources Benefits Office](#) for more information.



P. **TERMINATION [UNDER REVIEW]**

Language revisions are pending the Meet-and-Confer process. For information, see your individual Employment Contracts.

## Q. MANAGEMENT POST-RETIREMENT EMPLOYMENT OPTIONS

### 1. Post-retirement Employment Agreement

After completing ten (10) years of full-time satisfactory service in the Yosemite Community College District and attaining the age 55 of an Educational (STRS) Team member or age 50 for a Classified (PERS) Team member, a Team member would become eligible to request a post-retirement employment agreement, subject to the following conditions, eligibility requirements, and approval of the Board of Trustees.

It should be noted that Senate Bill 1021, which became effective July 27, 2012, and the Public Employees' Pension reform Act of 2013 (PEPRA), which became effective January 1, 2013, made extensive reforms to [CalPERS](#) and [CalSTRS](#) pensions relating to post-retirement employment. Team members are advised to contact their applicable pension program for information on the impact of post-retirement employment agreements on their pension.

- a. The Team member must have retired from regular employment with the District.
- b. As a condition of initial employment, the retiree may be asked to submit a medical certificate showing that he/she is free from any disabling disease unfitting him/her to associate with students. The medical certificate shall be completed and submitted directly to the District by a licensed physician. A medical exam shall be required for completion of the medical certificate. Such examination shall be conducted not more than six months before the completion and submission of the certificate and shall be at the expense of the retiree. [\[Education Code §87408.5\]](#)
- c. The retiree agrees to render services as assigned by the District at times established by the District.
- d. For non-teaching assignments within the retiree's former job classification, the District agrees to pay the retiree for each day worked at a daily rate of pay (or prorated portion thereof) based upon the range and step placement of the retiree in the fiscal year of retirement, including subsequent cost-of-living salary adjustments. For teaching services requiring certification, the retiree shall be paid in accordance with the terms and conditions of the certificated part-time hourly salary schedule (maximum Step 10), including subsequent cost-of-living salary adjustments. Teaching assignments will not exceed 67% percent of the hours per week considered a full-time assignment for regular employees having comparable duties, either on a semester or academic year basis. In addition, the District reserves the right to offer a lesser rate of pay consistent with the nature of duties and responsibilities assigned. For STRS retirees, the total annual salary under this agreement shall not exceed statutory

limitations. For PERS retirees, total workdays and/or hours shall not exceed statutory limitations.

- e. Duration of post-retirement employment agreements shall not exceed one (1) fiscal year. Said agreements may be renewed at the sole discretion of the District on a year-to-year basis. The District reserves the right to terminate the agreement for cause.
- f. With the exception of income protection coverage and supplemental life insurance coverage, the District will continue health and welfare benefits as though the retired person were on regular full-time employment, subject to acceptance/approval of the carriers.
- g. This option may be enacted only upon the written request of a retired manager who meets the eligibility requirements and agrees to the conditions above. Requests shall be submitted to the College President or appropriate Central Services administrator and, if approved, will be forwarded to the Chancellor. If approved by the Chancellor, the request will be presented to the Board of Trustees.

# APPENDIX A: ACCCA Statement of Ethics

# ACCCA Statement of Ethics

## A Definition of Ethics

Ethical behavior is often defined as "right or "good" behavior as measured against commonly accepted rules of conduct for a society or for a profession. The ethical person is often described in absolute terms as one who is fair, honest, straightforward, trustworthy, dispassionate and unprejudiced. If, however, one is inconsistently fair or honest, one loses credibility and is perceived to be unethical. The ethical person must be conspicuously consistent in the exercise of integrity to sustain the credibility that is an expectation of office.

## Importance of Ethics

The credibility of college administrators depends upon whether they are perceived as honest men and women. If integrity contributes to credibility, then ethical behavior is a singular prerequisite to successful management. When people are convinced that public institutions are administered by honest individuals, questions of credibility and demands for public accountability rarely arise.

Statements of ethical standards do not necessarily ensure ethical behavior. Yet public statements of intent surely create an expectation that public officials will indeed act with integrity in the public interest.

## Expectations for Ethical Behavior

Administrators of community colleges shall be committed to the principles of honesty and equity. They shall not seek to abridge for any purpose the freedoms of faculty, staff and students. At the same time, they shall not willingly permit the right and privileges of any members of the college community to override the best interests of the public served by the college.

As appointed managers of the college community, administrators shall exercise judgments that are dispassionate, fair, consistent and equitable. They shall exhibit openness and reliability in what they say and do as leaders. They shall confront issues and people without prejudice. They shall do everything they can to demonstrate a commitment to excellence in education and without compromise to the principles of ethical behavior.

The consistent exercise of integrity is ethical behavior.

## **RESPONSIBILITIES OF ADMINISTRATORS**

Administrators respond to many constituencies: to elected or appointed governing boards; to colleague administrators, faculty and staff; to their professions; and to the students and the community. The following statements of responsibilities are intended as guidelines:

I. With respect to students, the community college administrator has the responsibility:

- a. To provide and protect student access to the educational resources of the community college
  - b. To protect human dignity and individual freedom, and assure that students are respected as individuals, as learners, and as independent decision-makers.
  - c. To invite students to participate in the established shared governance process.
  - d. To protect students from disparagement, embarrassment or capricious judgment.
  - e. To keep foremost in mind at all times that the college exists to serve students.
- II. With respect to colleagues and staff, the community college administrator has the responsibility:
- a. To develop a climate of trust and mutual support through the established shared governance processes.
  - b. To foster openness by encouraging and maintaining two-way communication.
  - c. To encourage, support and abide by written policies and procedures and to communicate clearly to all staff members the conditions of employment, work expectations and evaluation procedures.
  - d. To provide opportunities for professional growth.
  - e. To provide due process with opportunity for appeal and review of employee evaluation.
  - f. To challenge unethical behavior in a timely manner.
- III. With respect to the governing board, the community college administrator has the responsibility:
- a. To keep the board informed so that it can act in the best interests of the district and the public.
  - b. To act in the best interest of the district.
  - c. To be guided by the principles and policies established by the board.
  - d. To represent the board in official statements only when formally designated to do so.
- IV. With respect to the profession, the community college administrator has the responsibility:
- a. To improve performance through participation in professional activities.
  - b. To be informed about developments in education in general and in the community college in particular.
  - c. To encourage and assist new professionals toward growth and effectiveness.
- V. With respect to the community, the community college administrator has the responsibility:
- a. To remain continuously informed of the characteristics, preferences and educational needs of the local community.
  - b. To be sensitive to individuals from diverse backgrounds.
  - c. To encourage and stimulate communications with community groups.

## RIGHTS AND DUE PROCESS

A community college administrator should have the right:

1. To be considered for employment without regard to race, sex, religion, creed, age, national origin, disability or sexual orientation;
2. To a clear written statement of the philosophy, goals and objectives of the district.
3. To a written contract identifying terms and conditions of employment.
4. To work in a setting of institutional support and a climate of professional respect.
5. To be assigned authority commensurate with responsibilities and resources adequate to carry out assigned functions.
6. To act independently within the scope of authority to carry out responsibilities assigned.
7. To perform duties and carry out responsibilities without disruption or harassment.
8. To be provided with legal and financial protection from liability in carrying out duties of the position.
9. To participate in formulating and implementing institutional policy at a level appropriate for the position held.
10. To speak for the institution at the level of assigned authority.
11. To participate in professional associations.
12. To confidentiality regarding personal matters.
13. To participate in and to be supported at an appropriate level in activities providing for professional growth such as career advancement and promotion, sabbatical leaves, other leaves, and conference attendance.
14. To loyal support from supervisors for the proper performance of work assigned.
15. To be evaluated in a professional manner on a regular and systemic basis, and to receive adequate notice of dissatisfaction with performance or action to terminate in accordance with existing statutes.
16. To due process in accordance with written procedures which are communicated to the administrator prior to appointment.

*Source: ACCCA Website, <http://www.accca.org/i4a/pages/index.cfm?pageid=3338>*

*Date: December 19, 2011*

# APPENDIX B: Management Evaluation Form [Under Review]



## YOSEMITE COMMUNITY COLLEGE DISTRICT MANAGEMENT APPRAISAL INSTRUMENT

\_\_\_\_\_  
Evaluee

\_\_\_\_\_  
Evaluator

\_\_\_\_\_  
Date

**INSTRUCTIONS:** Please indicate your evaluation of this person's ability to perform in the categories shown below. Circle the appropriate number (1-5) where the individual's ability would rate in your judgment. The scale assumes a mark of one (1) to be a poor rating and five (5) to be an excellent rating.

### I. KNOWLEDGE OF POSITION

	Poor				Excellent
1. Possesses general knowledge of position and how it integrates with District operation(s).	1	2	3	4	5
2. Possesses specific knowledge of various aspects	1	2	3	4	5

Comments: \_\_\_\_\_

### II. MANAGEMENT PLANNING

3. Makes plans carefully and adequately.	1	2	3	4	5
4. Is alert to recognize or devise useful innovations.	1	2	3	4	5
5. Does a good job of systematizing and coordinating units of work.	1	2	3	4	5
6. Maintains knowledge of pertinent details of duties and responsibilities of subordinate staff.	1	2	3	4	5
7. Uses sound judgment in the recommendation for selection and use of staff.	1	2	3	4	5

Comments: \_\_\_\_\_

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**III. TIME UTILIZATION**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 8. Conducts his/her work as expeditiously as possible. | 1 | 2 | 3 | 4 | 5 |
| 9. Completes essential work on time.                   | 1 | 2 | 3 | 4 | 5 |

Comments: \_\_\_\_\_

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**IV. FISCAL RESPONSIBILITY**

*(May not be applicable for all positions.)*

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 10. Follows appropriate techniques in budget development.                            | 1 | 2 | 3 | 4 | 5 |
| 11. Maintains adequate records and makes judicious decisions of budget expenditures. | 1 | 2 | 3 | 4 | 5 |

Comments: \_\_\_\_\_

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**V. ACCOMPLISHMENT**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 12. Willingly accepts additional responsibilities.                          | 1 | 2 | 3 | 4 | 5 |
| 13. Copes with interruptions and/or emergencies in his/her work completely. | 1 | 2 | 3 | 4 | 5 |
| 14. Quality of work meets accepted standards for the position.              | 1 | 2 | 3 | 4 | 5 |

Comments: \_\_\_\_\_

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**VI. COMMUNICATION SKILLS**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 15. Possesses necessary verbal and written communication skills for the position. | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

Comments: \_\_\_\_\_

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**VII. RELATIONS WITH STAFF**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 16. Acknowledges accomplishments of staff appropriately and sincerely.                              | 1 | 2 | 3 | 4 | 5 |
| 17. Possesses insight into the problems encountered by his/her staff.                               | 1 | 2 | 3 | 4 | 5 |
| 18. Is honest and consistent in dealing with all staff.   | 1 | 2 | 3 | 4 | 5 |
| 19. Delegates appropriate responsibility and authority.   | 1 | 2 | 3 | 4 | 5 |
| 20. Maintains adequate supervision and discipline of subordinate staff.                             | 1 | 2 | 3 | 4 | 5 |
| 21. Considers appropriate alternatives before making a decision.                                    | 1 | 2 | 3 | 4 | 5 |
| 22. Is emotionally poised and calm.   | 1 | 2 | 3 | 4 | 5 |
| 23. Does not allow personal problems to affect job performance.                                     | 1 | 2 | 3 | 4 | 5 |
| 24. Encourages differences in viewpoint.  | 1 | 2 | 3 | 4 | 5 |
| 25. Provides for in-service training of staff.<br><i>(May not be applicable for all positions.)</i> | 1 | 2 | 3 | 4 | 5 |

Comments: \_\_\_\_\_

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**VIII. PUBLIC/COMMUNITY RELATIONS**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 26. Seeks to maintain good community relations. | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

Comments: \_\_\_\_\_

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**IX. NARRATIVE EVALUATION**

27. Areas of Commendation:

28. Areas Needing Improvement:

29. General Comments:

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Evaluator

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Date

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Evaluatee

*This signature verifies that I have reviewed this evaluation.*

# APPENDIX C: Management Classifications and Salary Schedule

YOSEMITE COMMUNITY COLLEGE DISTRICT – EMPLOYEE CLASSIFICATIONS

Management and Confidential Placements – sorted by Classification

CLASSIFICATION	RANGE	CLASSIFICATION	RANGE
<b>Management Placements:</b>			
Accountant.....	23	District Director of Public Affairs .....	39
Accounting Services Manager .....	26	District Research & Planning Director .....	34
Accounts Payable Supervisor .....	19	Family-Child Care Services Manager-CC .....	28
Agricultural Operations Manager-MJC .....	24	Fire Station Manager .....	21
Assistant Director-CDTC .....	28	Fiscal Services Supervisor .....	21
Assistant Director/Campus Operations Manager.....	37	Food Service Supervisor .....	15
Associate Dean, Special Funded Programs .....	41	Grants Manager-YCCD .....	38
Auxiliary Services Accounting Manager-MJC.....	26	Human Resources Coordinator .....	24
Auxiliary Services Manager I-CC .....	29	Human Resources Operations Manager.....	32
Auxiliary Services Manager II-MJC.....	32	Internal Auditor/Budget Analyst.....	36
Business Services Manager .....	32	IT Manager .....	35
Campus Facilities Manager, CS .....	32	Manager of International Contract Programs.....	28
Campus Security Supervisor.....	21	Mechanical/Energy Systems Manager-YCCD .....	28
Coordinator – CLASS Pilot Project.....	25	Payroll Manager.....	30
Dean of Ag.Environmental Sciences&Tech Ed-MJC	45	Risk Services Coordinator .....	19
Dean of Allied Health, Family& Consumer		STEM Center Manager .....	28
Sciences-MJC .....	45	Senior Accountant.....	26
Dean of Arts,Humanities & Communications-MJC.	45	Transportation Services Manager .....	25
Dean of Business,Behavioral&Social Sciences-MJC	45		
Dean of Community and Economic Dev-MJC .....	45	<b>Confidential Placements:</b>	
Dean of Counseling & Student Services-MJC.....	45	Executive Assistant.....	20
Dean of Instructional Services,Arts & Sciences-CC	45	Executive Secretary .....	17
Dean of Literature & Language Arts and Library &		Executive Secretary, Office of the Chancellor.....	20
Information Technology-MJC.....	45	Foundation Assistant.....	17
Dean of Matriculation,Admissions,&Records-MJC.	45	Human Resources Employment Analyst .....	18
Dean of Physical Recreation & Health Ed-MJC.....	45		
Dean of Sciences, Math &Engineering-MJC.....	45		
Dean of Student Services-CC .....	45		
Dean of Technical Education&Workforce Dev.....	45		
Dean of Vocational Ed & Community Dev-CC .....	45		
Director of Admissions, Records&Assessment-CC .	29		
Director of Campus Safety-YCCD .....	37		
Director of CCC Registry .....	34		
Director of Center of Excellence-MJC .....	33		
Director of Child Dev Training Consortium.....	36		
Director of College Research & Planning .....	34		
Director of Development-CC .....	38		
Director of Facilities Planning & Operations-YCCD	42		
Director of Grants & Resource Dev (Title 5),MJC...	38		
Director of Health Services .....	38		
Director of Information Tech &Media Services-CC	35		
Director of Information Tech &Media Services-MJC	35		
Director of Pre-College Programs .....	32		
Director of Purchasing & Receiving Operations .....	36		
Director of Student Financial Services .....	36		
Director of Title V/Early College Programs.....	39		
District Employment Manager .....	34		

<b>YOSEMITE COMMUNITY COLLEGE DISTRICT                      MANAGEMENT SALARY SCHEDULE                      2013-2014 (2%)                      Effective July 1, 2013</b>						
Range	Step A	Step B	Step C	Step D	Step E	Step F
1	2,423	2,539	2,671	2,801	2,949	3,082
2	2,498	2,618	2,753	2,889	3,035	3,172
3	2,567	2,703	2,837	2,979	3,128	3,270
4	2,653	2,782	2,924	3,070	3,226	3,372
5	2,729	2,868	3,009	3,159	3,317	3,467
6	2,808	2,955	3,103	3,259	3,417	3,572
7	2,895	3,042	3,196	3,357	3,529	3,689
8	2,986	3,134	3,296	3,451	3,624	3,788
9	3,074	3,227	3,386	3,554	3,737	3,907
10	3,168	3,327	3,492	3,667	3,853	4,027
11	3,259	3,417	3,596	3,775	3,960	4,139
12	3,357	3,529	3,703	3,883	4,081	4,266
13	3,463	3,633	3,813	4,005	4,200	4,391
14	3,561	3,738	3,924	4,121	4,328	4,524
15	3,667	3,853	4,047	4,246	4,463	4,664
16	3,777	3,968	4,166	4,371	4,591	4,799
17	3,886	4,084	4,292	4,502	4,735	4,949
18	4,010	4,210	4,421	4,637	4,877	5,098
19	4,124	4,334	4,546	4,775	5,016	5,244
20	4,248	4,471	4,692	4,925	5,166	5,400
21	4,384	4,602	4,830	5,076	5,328	5,570
22	4,518	4,740	4,980	5,226	5,484	5,732
23	4,651	4,880	5,130	5,379	5,650	5,906
24	4,787	5,028	5,279	5,540	5,819	6,082
25	4,937	5,183	5,440	5,712	5,999	6,270

**YOSEMITE COMMUNITY COLLEGE DISTRICT  
MANAGEMENT SALARY SCHEDULE  
2013-2014 (2%)  
Effective July 1, 2013**

Range	Step A	Step B	Step C	Step D	Step E	Step F
26	5,088	5,340	5,608	5,883	6,181	6,462
27	5,232	5,489	5,767	6,054	6,363	6,651
28	5,399	5,656	5,946	6,242	6,552	6,849
29	5,552	5,824	6,118	6,425	6,747	7,053
30	5,719	6,003	6,304	6,621	6,949	7,264
31	5,886	6,185	6,493	6,817	7,160	7,485
32	6,072	6,373	6,692	7,027	7,380	7,714
33	6,252	6,569	6,897	7,237	7,600	7,945
34	6,440	6,759	7,097	7,457	7,831	8,186
35	6,628	6,970	7,314	7,679	8,063	8,428
36	6,830	7,175	7,536	7,907	8,300	8,676
37	7,032	7,387	7,753	8,141	8,555	8,942
38	7,246	7,610	7,989	8,392	8,807	9,206
39	7,465	7,842	8,230	8,642	9,077	9,488
40	7,693	8,077	8,477	8,898	9,349	9,773
41	7,924	8,320	8,727	9,170	9,626	10,061
42	8,162	8,567	8,998	9,448	9,922	10,371
43	8,406	8,825	9,263	9,728	10,219	10,682
44	8,658	9,089	9,541	10,022	10,520	10,997
45	8,922	9,366	9,829	10,319	10,846	11,337
46	9,178	9,641	10,122	10,628	11,164	11,670
47	9,465	9,929	10,427	10,949	11,503	12,024
48	9,738	10,227	10,739	11,277	11,836	12,373
49	10,032	10,537	11,062	11,624	12,201	12,754
50	10,339	10,854	11,393	11,967	12,562	13,131

1. A \$2,261 per year (\$188.42 per month) Doctoral Stipend is provided for an earned doctorate.
2. New appointees with no previous out-of-district management experience will be placed at Step A.
3. New appointees with out-of-district management experience will receive year-for-year credit for prior management service to a maximum of Step C. Exceptions require Chancellor pre-approval.
4. Promotional appointments within the District will be credited on a year-for-year basis without limit.
5. Bargaining unit members (CSEA and YFA) promoting to management will receive credit for prior non-management experience with the District on a ratio of one column for each 3 years to a maximum placement at Step C and will be placed at a step which results in no less than a 5% salary increase not to exceed Step F.

*Board Approved July 10, 2013*



# APPENDIX D: Glossary of Terms and Definitions

## GLOSSARY OF TERMS AND DEFINITIONS YOSEMITE COMMUNITY COLLEGE DISTRICT

This glossary is specifically limited to terms used at the Yosemite Community College District.

<b>Accrued Sick Leave</b>	Days of sick leave the employee earned in previous academic years and has not taken, thereby accruing a balance from year to year.
<b>Board of Trustees</b>	Refers to the governing board of the Yosemite Community College District, which consists of seven elected trustees.
<b>Budgets</b>	A budget is a plan for spending money.
<b>Bumping Rights</b>	Eligible employees may return to a previous position when laid off or be placed on the District's reinstatement list. See also Retreat Rights.
<b>California School Employees Association (CSEA)</b>	CSEA is the bargaining unit for classified staff. Chapter 420 is the specific chapter at the Yosemite Community College District.
<b>Catastrophic Illness</b>	A serious illness of either an employee or an immediate family member that may cause the need for extended absence from work.
<b>Chancellor's Cabinet</b>	The Chancellor's Cabinet consists of the Chancellor, College Presidents, Executive Vice Chancellor, Vice Chancellor, and Assistant Vice Chancellor. Person in these positions are not considered members of the Leadership Team.
<b>Classified Administrators/ Classified Managers</b>	An administrator who is not employed as an educational administrator. Classified Administrator and Classified Manager are interchangeable terms.
<b>Complaint</b>	A member of the Leadership Team who feels she/he has been treated unfairly or has been adversely affected by a violation, misinterpretation, or misapplication of a specific District policy may file a complaint per <a href="#">Board Policy and Administrative Procedure 7-8039</a> , Complaints Concerning Employees.

<b>Confidentials</b>	An employee who provides support to high-level administrators with regards to negotiations and meet-and-confer or whose duties require access to confidential information. These positions include the Executive Assistants, Executive Secretaries, and other positions designated as Confidential.
<b>District</b>	Refers to the Yosemite Community College District, which is comprised of Columbia College, Modesto Junior College, and Central Services.
<b>District Administrative Council (DAC)</b>	Refers to the leadership committee chaired by the YCCD Chancellor. DAC consists of members of the Chancellor's Cabinet and the College Presidents' Cabinets, along with certain resource personnel.
<b>District Council</b>	Refers to a shared governance committee chaired by the YCCD Chancellor for the purpose of making recommendations to the Chancellor regarding the existence of needs, the establishment of priorities, and the allocation of resources on a broad, districtwide basis.
<b>Diversity</b>	The fostering of cultural awareness and promotion of mutual understanding and respect among the students and employees of the Yosemite Community College District.
<b>Domestic Partner</b>	"Domestic partnership", for these purposes, is limited to mean two individuals who live together in an intimate, long-term relationship of indefinite duration, with an exclusive mutual commitment, in which the partners share basic living expenses and agree to be financially responsible for each other's well-being. It should further be stipulated that partners are not married to anyone else, do not have another domestic partner, and are not related by blood, closer than would bar marriage in their state of residence. Employees must sign a declaration that the foregoing conditions have been met, as part of the process of enrolling their partners. ( <a href="#">Fair Employment Housing Act (FEHA)</a> )

<b>Educational Administrator</b>	An administrator who is employed in an management or supervisory position having direct responsibility for supervising the operation or formulating policy related to instructional or student services operations. This includes Chancellor, Presidents, Deans and other administrative positions as designated educational administrators by the Board.
<b>Employee Benefits</b>	All benefits provided to be made available to the Confidential and Supervisory Team members by the District, including group life insurance, health insurance, disability insurance, sick leave, vacation, educational benefits and pensions, regardless of whether such benefits are provided by a practice or written policy of the District.
<b>Employment in the Same Position</b>	Employment in the position that the employee held prior to taking a family care and medical leave.
<b>Employment in an Equivalent Position</b>	A position that has the same or similar duties, pay, and employment benefits, and which can be performed at the same or similar geographic location, as the position held prior to the leave.
<b>Equal Employment Opportunity (EEO)</b>	Equal employment opportunity (EEO) is offered to all employees and applicants for employment without regard to such matters as race, sex, color, age, religion, ancestry, creed, national origin, political belief, marital status, sexual orientation, medical condition, physical or mental disability, or Vietnam Era veteran status. The District affirms its commitment to non-discrimination in recruitment, screening, testing, selection, hiring, compensation, employment benefits, promotion, learning opportunities, access to programs, work assignments, application of discipline, layoffs, recalls, access to grievance procedures, terminations, and any and all other conditions of employment which are provided by District policy, regulation, rule or practice.
<b>Excess Vacation</b>	Leadership Team members are allowed to accrue up to 42 days (336 hours) of vacation. Any accrued vacation in excess of 336 hours is considered excess vacation.
<b>Extended Sick Leave</b>	Leave of up to one hundred (100) days compensated at fifty-percent (50%) of salary.

<b>Family Medical Leave Eligibility</b>	Leadership Team members are required to have completed more than one (1) year of continuous service with the District and to have worked at least 1,250 hours in the 12-month period before the leave starts to be eligible for family care and medical unpaid leave.
<b>Governing Board</b>	The YCCD Board of Trustees is the governing board and has final authority of governance at the Yosemite Community College District. The Board delegates authority to the Chancellor, who in turn shares authority with appropriate members of the Chancellor’s Cabinet.
<b>Industrial Accident and Illness</b>	A leave for an accepted workers compensation claim resulting from a work-related injury or illness.
<b>Leadership Team</b>	The Leadership Team consists of all educational administrators, classified administrators, and confidentials hired on individual employment contracts with the exception of the Chancellor and the Chancellor’s Cabinet. The Leadership Team is not a bargaining unit.
<b>Leadership Team Advisory Council (LTAC)</b>	This is the seven-member executive committee of the Leadership Team. They are elected by the Leadership Team during December elections. Elected members hold two-year terms.
<b>Leadership Team Advisory Council (LTAC) Officers</b>	LTAC appoints a president, treasurer, and recorder from its elected members at their January meeting. These are the LTAC Officers and their appointments are for one year.
<b>Longevity Pay</b>	This is pay earned after five years of continuous service to the District and paid out in the November payroll. Identical to Stability Pay.
<b>March 15<sup>th</sup> Notice</b>	Refers to the written notice which informs a Leadership Team member that their contract will not be renewed. It is also the notice that Leadership Team members may receive in the event of a reduction in force due to budget considerations.

<b>Meet and Confer</b>	To enable the Leadership Team Advisory Council to meet with District representatives to discuss working conditions, salary and benefits, and other related issues that concern the entire Leadership Team. Proposals or agreements reached during these meetings are subject to review and approval by the District and the Board of Trustees.
<b>Member of Immediate Household</b>	A person whose regular residence is the home of the employee and who has resided with the employee for at least twelve (12) continuous months.
<b>Nonrenewal of Contract</b>	According to <a href="#">Education Code §72411</a> , Leadership Team members are “at will” employees, who do not earn tenure in their positions. Notice of nonrenewal of contract must be received in writing on or before March 15.
<b>President’s Cabinet</b>	The President’s Cabinet consists of the College Presidents and College Vice Presidents. College Presidents are part of the Chancellor’s Cabinet and not considered members of the Leadership Team. However, Vice Presidents are members of the Leadership Team.
<b>Professional Education Program (PEP)</b>	Leadership Team members are allowed to spend up to \$1,500 per year toward their professional education or development. Funds for this purpose are located at College Administrative Services for Team members located at the colleges and at the Vice Chancellor of Human Resources office for Team members located at Central Services.
<b>Retreat Rights</b>	<p>An educational administrator who earned tenure as a faculty member prior to becoming an administrator has retreat rights back to that faculty position.</p> <p>A classified administrator or classified confidential who earned seniority in a classified position prior to becoming an administrator or confidential has retreat rights back to that classified position.</p>
<b>Sick Leave</b>	Days for which an employee is paid but is not required to work because of illness or injury. Leadership Team members accrue eight (8) hours of sick leave per month.
<b>Spouse</b>	A husband or wife according to California state law.

<b>Stability Pay</b>	See Longevity Pay.
<b>Tax Sheltered Annuity (TSA)</b>	Within the provisions of California law, it is the policy of the Governing Board to honor the written request of employees to allow purchase of an individual tax-sheltered annuity.
<b>Term Limits</b>	LTAC members are elected for two-year terms. They are limited to two terms. They must then sit out at least one term before being nominated to return.
<b>Vacation</b>	Every community college district shall grant to regular management employees an annual vacation at the regular rate of pay earned at the time the vacation is commenced. The vacation shall be as determined by the District.
<b>Voluntary Demotion</b>	A voluntary reduction in hours of a regular assignment by an employee in a specific position or a voluntary movement to another position in a lower classification.
<b>Y-Rated</b>	Current salary is frozen.
<b>Yosemite Faculty Association (YFA)</b>	YFA is the faculty bargaining unit at the Yosemite Community College District.

**YOSEMITE COMMUNITY COLLEGE DISTRICT**  
**MODESTO JUNIOR COLLEGE**  
**COLUMBIA COLLEGE**



**INJURY AND ILLNESS PREVENTION PROGRAM**

Updated:  
January 2015

**Office of Risk Management/Employee Safety**  
Based on IIPP Accountability Standard  
Valley Insurance Program / Joint Powers Authority  
Approved May 2014— by YCCD Executive Vice Chancellor



# Table of Contents

<b>1.0</b>	<b>INTRODUCTION.....</b>	<b>2</b>
<b>2.0</b>	<b>RESPONSIBILITIES.....</b>	<b>2</b>
2.1	PROGRAM ADMINISTRATOR.....	2
2.2	CAMPUS DELEGATE.....	3
2.3	CHANCELLOR AND CHANCELLOR’S CABINET.....	4
2.4	VICE PRESIDENTS, DEANS, DIRECTORS AND DEPARTMENT MANAGERS.....	4
2.5	UNIT MANAGERS.....	4
2.6	EMPLOYEES.....	5
<b>3.0</b>	<b>COMPLIANCE.....</b>	<b>5</b>
<b>4.0</b>	<b>COMMUNICATION.....</b>	<b>6</b>
4.1	THE SAFETY-TRAINING PROGRAM.....	6
4.2	THE COLLEGE HEALTH AND SAFETY COMMITTEE.....	6
4.3	DEPARTMENT/DIVISION HEALTH AND SAFETY MEETINGS.....	8
4.4	SUPERVISOR LED HEALTH AND SAFETY MEETINGS.....	8
4.5	ANONYMOUS AND CONFIDENTIAL HAZARD REPORTING.....	8
4.6	THE DISTRICT’S ANTI-REPRISAL POLICY.....	8
<b>5.0</b>	<b>WORKPLACE VIOLENCE PREVENTION AND RESPONSE PLAN.....</b>	<b>9</b>
<b>6.0</b>	<b>SCHEDULED AND PERIODIC INSPECTIONS.....</b>	<b>9</b>
6.1	INSPECTION SCHEDULE.....	9
6.2	OUTSIDE AGENCIES.....	10
6.3	RECORD KEEPING OF SCHEDULED AND PERIODIC INSPECTIONS.....	10
<b>7.0</b>	<b>INJURY AND ILLNESS INVESTIGATIONS.....</b>	<b>10</b>
7.1	REPORTING PROCEDURES FOR OCCUPATIONAL INJURIES, ILLNESSES, AND ACCIDENTS.....	10
<b>8.0</b>	<b>HAZARD CORRECTION.....</b>	<b>11</b>
8.1	SCHEDULES FOR CORRECTING HAZARDS.....	12
8.2	RESOURCES.....	12
<b>9.0</b>	<b>TRAINING AND INSTRUCTION.....</b>	<b>12</b>
9.1	TRAINING CONTENT.....	12
9.2	TRAINING PROGRAM.....	12
9.3	TRAINING SCHEDULE.....	13
9.4	TRAINING RESOURCES.....	14
9.5	RECORD KEEPING OF TRAINING RECORDS.....	14
<b>Appendices</b>		
	<b>INJURY/INCIDENT INVESTIGATION REPORT.....</b>	<b>14</b>

# INJURY AND ILLNESS PREVENTION PROGRAM

## **INJURY AND ILLNESS PREVENTION PROGRAM**

### **1.0 INTRODUCTION**

Yosemite Community College District makes all reasonable efforts to:

- Protect the health and safety of faculty, staff, and students;
- Provide safe workplaces - academic, research, and administrative - for faculty, staff, and students;
- Provide information to faculty, staff, and students about health and safety hazards;
- Identify and correct health and safety hazards and encourage faculty, staff, and students to report hazards;
- Provide information and safeguards for those on campus regarding environmental hazards arising from operations at Yosemite Community College District

Per California Code of Regulations, Title 8, Section 3203, Yosemite Community College District has adopted an Injury and Illness Prevention Program (IIPP) that describes specific requirements for program responsibility, compliance, communication, hazard assessment, accident/exposure investigations, hazard correction, training, and record keeping.

Requirements outlined in this program are mandated by regulation where the word "**shall**" is used and are advisory in nature where the word "**should**" is used.

### **2.0 RESPONSIBILITIES**

Ultimately, safety is the responsibility of each individual. Creating a broad based accountability for safety is the responsibility of the Chancellor, and the Chancellors Cabinet. The responsibility of the IIPP Program Administrator is to assist the Chancellor and leadership by monitoring the implementation of the IIPP and to assist managers as they carry out their responsibility for safety.

#### ***2.1 Program Administrator***

The district's Program Administrator is:

**Name:** Dorothy Pimentel  
**Title:** Risk Services Coordinator  
**Address:** 2201 Blue Gum Ave, Modesto CA  
**Telephone:** (209) 575-6963

## INJURY AND ILLNESS PREVENTION PROGRAM

The Program Administrator's responsibilities include:

- Advising senior management on safety and health issues
- Working with senior management to develop safety and health guidelines and policies
- Preparing and distributing the District's guidelines, policies, and procedures on safety and health issues
- Maintaining current information on local, state, and federal safety and health regulations
- Serving as liaison with governmental agencies on safety-related issues
- Facilitate the planning, organizing, and coordinating safety training
- Developing a code of safe practices and inspection guidelines
- Oversight for safety and health inspections and follow-up to ensure necessary corrective action is completed
- Establishing, conducting, and maintaining an injury/illness/accident report and investigation procedure
- Coordinating with the District's Benefits staff on maintaining injury and illness records (OSHA Log 200/300)
- Reviewing injury and illness trends
- Establishing a system for maintaining the records of inspection, hazard abatement, and training
- Assisting unit managers in conducting workplace hazard assessments to identify, evaluate, and correct hazards
- Providing training and technical assistance to managers and supervisors on the implementation of the IIPP
- Reviewing, updating, and evaluating the overall effectiveness of the IIPP
- Evaluating the adequacy and consistency of training designed by colleges, departments, etc.

### **2.2 Campus Delegate**

#### **COLUMBIA COLLEGE**

Gary Whitfield, Vice President of Administrative Services  
11600 Columbia College Drive  
Sonora, CA 95370  
(209) 588-5112

#### **MODESTO JUNIOR COLLEGE**

Albert Alt, Vice President of College & Administrative Services  
435 College Avenue  
Modesto, CA 95350  
(209) 575-6122

The Campus Delegate's responsibilities include:

- Advising the IIPP Administrator on college specific safety and health issues
- Planning, organizing, and coordinating safety training

## INJURY AND ILLNESS PREVENTION PROGRAM

- Developing and implementing a code of safe practices and inspection guidelines
- Arranging for safety and health inspections and follow-up to ensure necessary corrective action is completed
- Conducting, and maintaining an injury/illness/accident report and investigation procedure
- Reviewing injury and illness trends
- Maintaining the records of inspection, hazard abatement, and training
- Assisting supervisors in conducting workplace hazard assessments to identify, evaluate, and correct hazards
- Providing training and technical assistance to managers and supervisors on the implementation of the IIPP
- Provide feedback to the IIPP Administrative of the overall effectiveness of the IIPP
- Evaluating the adequacy and consistency of safety related training designed by schools, departments, etc.

### **2.3 *Chancellor and Chancellor's Cabinet***

The Chancellor, together with the Chancellor's Cabinet (Vice-Chancellors and College Presidents), shall be responsible for integrating safety into the culture of the District by:

- Demonstrating a genuine interest in safety-specific issues
- Encouraging, initiating, and/or requiring District and College leadership involvement in reasonable safety practices
- Ensuring that certificated and classified managers implement the IIPP
- Demonstrating support for safety programs
- Demonstrating that safety is everyone's responsibility

### **2.4 *Vice Presidents, Deans, Directors and Department Managers***

Vice Presidents, Deans, Directors, and Department Managers are responsible to make all reasonable and prudent efforts towards ensuring:

- Quality of safety performance by unit managers
- That they demonstrate that safety is critically important to them and the District
- Individuals under their management have the authority to implement appropriate health and safety practices and programs
- Areas under their management have adequate funding, or make plans to identify funding, for health and safety programs, practices, equipment and hazard correction. (See also Section 8.2 Resources)
- Areas under their management are in compliance with Yosemite Community College District's health and safety practices, policies, and programs

### **2.5 *Unit Managers***

Unit Managers are responsible for implementing Yosemite Community College District's IIPP. This includes:

## INJURY AND ILLNESS PREVENTION PROGRAM

- Investigating all incidents and accidents within their areas of responsibility to determine causes and take corrective/preventative action. (*This is not to be confused with the workers' compensation claim reporting process.*)
- Conducting documented and regularly scheduled safety inspections within their areas of responsibility. (Sample checklists are available through Risk Management and Campus Safety Offices.)
- Ensuring that workplaces and equipment are safe, well-maintained, and in compliance with external agency regulations, generally accepted safe practices, and Yosemite Community College District's policies, programs, and practices
- Establishing safety-related work rules and procedures for all operations and exposures within their areas of responsibility
- Developing their own knowledge and skills in safety and health relative to their areas of responsibility and ensuring that all employees receive safety training relative to their work exposures
- Ensuring that workplace safety and health practices and procedures are clearly communicated and understood by employees through training programs
- Enforcing health and safety rules fairly and uniformly related to job performance
- Evaluating employees on compliance with safe work practices as part of the performance management process
- Acknowledging employees who contribute to the maintenance of a safe workplace and disciplining employees who fail to follow safe work practices
- Encouraging employees to report workplace hazards without fear of reprisals
- Ensuring that training, inspection, and investigation records and employee health and safety records are maintained and retained for the designated period(s) of time

### **2.6 Employees**

Employees are responsible for following the requirements of the IIPP. This involves:

- Keeping themselves informed of conditions affecting their health and safety
- Participating in training programs, as required
- Adhering to healthful and safe practices in their workplaces
- Advising their unit managers of potential hazards in the workplace
- Reporting all incidents and accidents immediately
- Knowing where a copy of the IIPP is located for reference

### **3.0 COMPLIANCE**

Yosemite Community College District **shall** make reasonable efforts that employees comply with safe and healthful work practices. Unit managers are responsible for establishing and maintaining good health and safety practices. To ensure compliance:

- Employees are recognized for following safe and healthful work practices (e.g., oral acknowledgments, recognition at meetings, awards, tokens, etc.).

Note: Recognition will **not** be given to individuals or departments based on the absence of accidents or injuries. This is to avoid reinforcing poor safety-

## INJURY AND ILLNESS PREVENTION PROGRAM

related behaviors that may have yet to be manifested in an incident and to ensure that all incidents and accidents are reported.

- Employees are trained and retrained, as necessary or as required.
- Health and safety practices are integrated into employee job descriptions and performance appraisals.
- Disciplinary actions with employees for failure to follow safe and healthful work practices are taken, when appropriate.
- The anti-reprisal policy for employees reporting safety and health concerns is enforced.

### **4.0 COMMUNICATION**

Yosemite Community College District **shall** communicate with employees in a form readily understandable by all affected employees on matters related to occupational safety and health, including provisions designed to encourage employees to inform the employers of hazards at the worksite without fear of reprisal.

Yosemite Community College District uses various communication systems to relay information to all employees on matters relating to occupational safety and health, including:

- The safety-training program
- The College Health and Safety Committee
- Department/Division Health and Safety Committee
- Supervisor led Health and Safety meetings
- Campus Wide Email notifications and Safety alerts
- Anonymous and confidential hazard reporting
- The District's anti-reprisal policy

These systems are described below:

#### ***4.1 The Safety-Training Program***

The safety-training program is an integral component of the communication system. The training program is described in section 9 below.

#### ***4.2 The College Health and Safety Committee***

##### **Membership**

If deemed useful, each college, Modesto Junior College and Columbia College, may establish a Health and Safety Committee, and will be responsible for determining the makeup of its own College Health and Safety Committee. To be effective, the District makes the following recommendations for membership:

- The Chairperson of the Committee will be an administrator
- Division/Department Representatives
  - Actual number to be determined by College administration
  - Certificated and/or Classified (either College and/or Central Services staff)

## INJURY AND ILLNESS PREVENTION PROGRAM

- At least one representative should be experienced in issues of science laboratory safety, and one experienced in vocational laboratory training.
- Student Representatives (2)

It is suggested that the following representatives also attend the College Health and Safety Committee meetings to assist the Committee and facilitate the Committee's recommendations:

- Risk Management/IIP Program Administrator
- College Chemical Hygiene Officer
- Facilities Operations Representative
- Health Services Representative

The Committee may establish such permanent or ad hoc subcommittees or task forces from among its membership, or otherwise, as it shall deem useful in carrying out its charge.

The College administration will solicit membership nominations from the Academic Senate, the District Council (if possible), and the Associated Students organization of the respective colleges. College administration has authority to approve the nominations and appoint members to the College Health and Safety Committee. The terms of membership shall be two years for faculty/staff and one year for student members, terms coinciding with the academic/fiscal year.

### **Charge to the Committee**

The College Health and Safety Committee is charged with the following responsibilities:

- This Committee in no way replaces or supersedes administration or line management's responsibility for health and safety.
- Foster cooperation among those units at Yosemite Community College District having operational responsibility for health and safety;
- Entertain, consider and respond to recommendations from staff, students and/or Department/Division Safety Committees
- Recommend needs, priorities, and strategies to promote good health, safety, and environmental practices on campus to the District administrators;
- Recommend to the Chancellor's Cabinet District-wide policies with respect to those health and safety matters that are not addressed by the existing administrative panels;
- The College Health and Safety Committee and the Chancellor's Cabinet will periodically review the role of the Committee to ensure its continued effectiveness.
- Members of the Yosemite Community College District community shall have the opportunity to address the College Health and Safety Committee and raise questions or concerns about Yosemite Community College District's teaching activities, facilities, or support services as they may affect the health and safety of lab personnel, employees, students, and the general public. Students and Staff may request an agenda item by personally discussing the matter with the Program Administrator or any member of the Health and Safety Committee.

## INJURY AND ILLNESS PREVENTION PROGRAM

### **Reporting Requirements**

The College Health and Safety Committee shall meet at least quarterly. Quarterly meeting records shall be submitted to the IIP Program Administrator, the District Council and the Chancellor's Cabinet through the Executive Vice Chancellor.

When necessary, the Chair of the Committee shall report to and make recommendations to the IIP Program Administrator on the adequacy of Yosemite Community College District's health and safety programs, policies, and organization from the perspective of the College Health and Safety Committee. The Committee or its members may also submit confidential reports to the Executive Vice Chancellor as deemed necessary.

By May 15th of each year, the Chair of the Committee shall present an annual report (summarizing key issues addressed by the Committee during the committee year) to the IIP Program Administrator who will give to the Executive Vice Chancellor for presentation to the Chancellor's Cabinet. Copies of these reports shall be available to all employees.

#### ***4.3 Department/Division Health and Safety Meetings***

At the discretion of the local management team, a local safety committee can be formed to address the division/department safety issues modeled after the District's Safety Committee as outlined above. When necessary, reports and/or recommendations will be made to the College Safety Committee.

#### ***4.4 Supervisor Led Health and Safety Meetings***

Health and safety meetings at the campus, center, department or unit level are conducted as needed based on the exposures presented.

#### ***4.5 Anonymous and Confidential Hazard Reporting***

The telephone number for confidential hazard reporting is: MJC (209) 575-6260, Columbia College (209) 588-5167, Risk Management (209) 575-6963.

Any employee may, anonymously, or confidentially, telephone or use interoffice mail to report a hazard or share a health and safety concern.

#### ***4.6 The District's Anti-Reprisal Policy***

Employees and students **shall** not be discharged or discriminated against in any manner for bona fide reporting of health and safety hazards to Yosemite Community College District or to appropriate governmental agencies. Unit managers **shall** inform employees and students of this policy and encourage reporting of workplace hazards to the management.



## INJURY AND ILLNESS PREVENTION PROGRAM

### **5.0 WORKPLACE VIOLENCE PREVENTION AND RESPONSE PLAN**

Yosemite Community College District has a Workplace Violence Prevention and Response Plan (pending approval) that provides guidelines for responding to violence or threats of violence in the workplace. This plan clearly discusses the types of violence as defined by Cal/OSHA.

The emphasis in this plan is prevention of workplace violence. Helpful checklists are provided that assist employees in recognizing pre-incident indicators in students and employees and then provide best responses to those warning signs. Additionally, guidelines are offered for assisting distressed students.

In the area of response, there are practical steps for diffusing volatile situations and responding to threats of suicide. For employees, guidelines are provided for handling employee issues including communication, discipline, safe handling of a troubled employee, involuntary employment separation, domestic violence issues and infatuation/stalking concerns.

A Behavioral Intervention Team (BIT) is clearly defined, including charge, membership, protocols, post-intervention strategies, and post-incident strategies. Training for faculty, staff and students is also discussed.

### **6.0 SCHEDULED AND PERIODIC INSPECTIONS**

Yosemite Community College District has procedures for identifying and evaluating workplace hazards, including scheduled periodic inspections to identify unsafe conditions and work practices. Unit managers are responsible for seeing that periodic inspections are conducted. The Program Administrator will assist unit managers to develop self-inspection forms and checklists and guides for inspection and record keeping. The Program Administrator, using outside resources, will also conduct periodic surveys to assist the unit managers in identifying and correcting potential hazards.

#### **6.1 *Inspection Schedule***

Inspections **shall** be conducted:

- When new substances, processes, procedures, or equipment that present potential new hazards are introduced
- When new, previously unrecognized hazards are identified
- When occupational injuries or illnesses occur (see also Section 7.0 Illness and Injury Investigations)
- Periodically as determined by the nature of the exposure

## INJURY AND ILLNESS PREVENTION PROGRAM

### **6.2 *Outside Agencies***

Several outside agencies conduct random, regular, or periodic inspections at Yosemite Community College District, which assist the District in achieving some of its inspectional responsibilities. These include:

- Valley Insurance Program Joint Powers Authority/ASCIP (Alliance of Schools for Cooperative Insurance Programs)
- Fire Marshal's Office
- City Fire Department
- County Environmental Health Department

### **6.3 *Record Keeping of Scheduled and Periodic Inspections***

Records of scheduled and periodic inspections to identify unsafe conditions and work practices shall be maintained for a minimum of three years. The records shall include:

- The name(s) of the person(s) conducting the inspection,
- Any descriptions of the unsafe conditions and work practices,
- The actions taken to correct the identified unsafe conditions and work practices.

The Supervisor is responsible to follow up on the status of corrective action requests. The Supervisor shall forward the completed inspection to the Campus Delegate. The Campus Delegate is responsible for maintaining these records.

## **7.0 INJURY AND ILLNESS INVESTIGATIONS**

The Yosemite Community College District **shall** investigate all occupational injuries or illnesses. The procedures for reporting and investigating occupational injuries or illnesses and accidents are as follows:

### **7.1 *Reporting Procedures for Occupational Injuries, Illnesses, and Accidents***

- When a workplace injury/illness occurs, the injured employee will call Company Nurse<sup>®</sup> directly (1-877-854-6877) after reporting the incident to their supervisor. The attending nurse will provide first aid advice and direct the injured employee to an appropriate medical treatment site.
- In the event of death or serious injury or illness, the supervisor shall immediately contact the Benefits Office, the IIPP Administrator's office and the Campus Delegate.

Death or serious injury or illness is defined as more than 24-hours' hospitalization for other than observation; permanent disfigurement, or loss of body part. The Benefits Specialist and/or the Campus Delegates and/or the IIPP Administrator, shall immediately report any serious injury or illness to Cal/OSHA within 8 hours of making

## INJURY AND ILLNESS PREVENTION PROGRAM

said determination. Other incidents will be reported to Cal/OSHA on a case-by-case basis (i.e., chemical carcinogen exposure).

- The Company Nurse<sup>®</sup> will complete their portion of the following forms and forward to the District Benefits Specialist:
  - Employee's Claim for Workers' Compensation Benefits (Form DWC-1)
  - The Employer's Report of Occupational Injury or Illness (Cal/OSHA Form 5020)
  - Supervisor's Accident Investigation Form (VIP) (See Appendix A)
- The District Benefits Specialist will forward Form DWC-1 to the employee for completion. The Benefits Specialist will forward the Form 5020 and the Risk Management Office will forward the Supervisor's Accident Investigation Form (VIP) to the injured employee's supervisor for completion.
- The supervisor will immediately investigate the injury and return the completed 5020 form and the Supervisor's Accident Investigation form (VIP) to the District Benefits Specialist and the Risk Management Office respectively.
- The Risk Management Office will provide a copy of the completed Supervisor's Accident Investigation Form to the Campus Delegate. The Campus Delegate will review the investigation to determine if an inspection and corrective action is warranted. Accident investigation records shall be maintained in the District's Benefits Department.

### ***7.2 Investigation Steps***

All occupational injuries, illnesses and accidents will be investigated and steps taken to prevent future incidents. The unit manager will:

- Interview injured workers and witnesses;
- Examine workplace for factors associated with the accident/exposure;
- Determine the possible cause of the accident/exposure;
- Take corrective action to prevent the accident/exposure from recurring;
- Record the findings and corrective actions taken and submit copies to the Program Administrator.

The program administrator is available to assist in any aspect of the investigation

### **8.0 HAZARD CORRECTION**

Yosemite Community College District has a commitment to correct unsafe or unhealthful work conditions in a timely manner, based on the severity of the hazards.

## INJURY AND ILLNESS PREVENTION PROGRAM

### **8.1 Schedules for Correcting Hazards**

Hazards **shall** be corrected according the following procedures:

- When observed or discovered;
- When an **imminent** hazard exists which cannot be immediately abated without endangering employee(s) and/or property, all exposed personnel will be removed from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition **shall** be provided with necessary safeguards.

### **8.2 Resources**

Resources to correct hazards include the following:

- Unsafe conditions that cannot be corrected with resources available to the supervisor or manager must be reported to the next higher level of management.
- If the correction required is part of Facilities Operations maintenance responsibilities, Facilities Operations staff will do the repair;
- If the correction is outside the authority of maintenance, and departmental funds are not available, the departments must seek other resources from the District to make the corrections.

## **9.0 TRAINING AND INSTRUCTION**

### **9.1 Training Content**

Yosemite Community College District's policy requires that faculty, staff, and students shall be trained to protect themselves from hazards in their working environments. Unit managers shall facilitate training of employees and students in:

- General health and safety practices;
- Job-specific health and safety practices and hazards;
- Recognition and assessment of health and safety risks;
- Minimization of risks through sound safety practices and use of protective equipment;
- Regulations and statutes applicable to their work; and
- Yosemite Community College District's health and safety policies

### **9.2 Training Program**

Yosemite Community College District has organized its training system into the training program, which is described below:

#### **Level 1 Training**

- General District safety orientation provided by the Office of Risk Management to all new employees

## INJURY AND ILLNESS PREVENTION PROGRAM

- Training includes information on Yosemite Community College District's health and safety policies and practices, employee health and safety rights and responsibilities, health and safety services at Yosemite Community College District, and what the employee should expect in terms of further training

### **Level 2 Training**

- Provided by the unit manager, campus, center, department or building safety representatives, often in conjunction with the Program Administrator, to employees and students in labs, shops, or other workplaces where special hazards may be encountered
- Program Administrator reviews Level 2 training for adequacy and consistency
- Training topics including hazard communication (i.e., hazard identification, hazardous materials safety, hazard reporting), emergency response and evacuation procedures, fire and earthquake safety, rights and responsibilities, personal protection, and record keeping - as applicable

### **Level 3 Training**

- Level 3 training is provided/facilitated by the unit manager or instructor for those students and employees with specific high-hazard exposures including those exposed in robotic labs, laboratories, athletics, science labs, as well as shops and food service areas.
- Level 3 training consists of information specific to the hazards and equipment used by these individuals.
- Training is by one or more of the following methods: class lecture, safety meetings (formal or informal).
- Material safety data sheets, videos, pamphlets, booklets, class syllabus, and postings can be used to supplement training.

### **9.3 Training Schedule**

Training **shall** be provided to all employees:

- When the IIPP is first established;
- When new employees are hired;
- When employees are given new job assignments for which training has not previously been received;
- Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard;
- Whenever the employer is made aware of a new or previously unrecognized hazard;
- When employees become unit managers (so that they can familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed).
- Safety alerts and other safety communications should include language translations where appropriate

## INJURY AND ILLNESS PREVENTION PROGRAM

### **9.4 Training Resources**

- The IIPP Administrator will assist departments and supervisors in providing health and safety training to employees on a variety of topics. These include IIPP training, laboratory safety training, respirator training, heat illness prevention, and many others.
- The Web-Based Training program is a valuable tool to assist managers. Based on job classifications, the program provides an automatic assignment of training modules tailored to job specific training requirements.
- The IIPP Administrator has a safety video library, a collection of safety publications, and access to safety professionals to assist supervisors and departments in implementing training programs.

### **9.5 Record Keeping of Training Records**

- Documentation of health and safety training for each and employee shall include: **(1)** name or other identifier, **(2)** training dates, **(3)** type(s) of training, and **(4)** training providers. This documentation shall be maintained for at least three years.
- The Web-Based Training program will also be utilized to document health and safety training. The supervisor is responsible for updating the training records for their employees.
- The division is responsible for developing a record retention policy for students.

Document content maintained by: IIPP Administrator, Dorothy Pimentel, Risk Services Coordinator

Last updated: May 2014

INJURY AND ILLNESS PREVENTION PROGRAM

Appendix A				
<b>Injury/Incident Investigation Report</b>				
(Continue report on separate pages as warranted.)				
Campus/Center:	Date/Time of Occurrence:	Location of Occurrence (Be specific and include department, vehicle or building.)		
Date Reported	Off Campus? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Name of Injured Person (use new report for additional people)	Age	Sex
Any Witnesses? If yes – list them by name		Department	Title	Full or Part Time?
			Time in Current Position:	Seasonal?
			Time with the District:	Volunteer?
Nature of Injury or Illness		Body Part(s) Injured:		
Medical Treatment?		List Equipment or Property Damaged:		
D E S C R I P T I O N	Describe clearly what took place. How did the accident occur? Include location and the materials, chemicals, equipment, and people involved. If a vehicle is involved, create a sketch on reverse attached page. What was the employee doing when injured? Identify causal factors and describe the sequence of events. Attach photos.			
A N A L Y S I S	From a management perspective, consider what could have been done to control, eliminate, or transfer the exposure, prevent the hazard and/or accident, and reduce the amount or degree of loss. Question why, what, when, who, and how for each operating. Consider each factor contributing to the accident.			
P R E V E N T I O N	Describe the management action or controls that have or will be taken to reduce the potential for a reoccurrence.			
Investigated By:	Date:	Person(s) accountable for corrective action:	Targeted Completion Date:	
Reviewed By:	Comments:		Review Date:	

# When will I get paid?



## Full-Time Faculty

## Full-Time Classified Staff

## Managers/Administrators

### Payday

The last working day in the month. *Exception: employees do not receive a check in December; it is paid on the first working day in January each year.*

### Pay Period

Runs from the 1<sup>st</sup> of the month through the last day of the month.  
Example: 1/1/19 - 1/31/19; paid 1/31/19

## Adjunct/Overload

## Part-Time Classified Hourly & Short-Term

## Community Education

## Stipends

## Students

### Payday

The 10<sup>th</sup> of the month, unless the 10<sup>th</sup> falls on a closure day. Example: if the 10<sup>th</sup> of the month falls on a weekend, the Friday before that weekend is the payday. If the 10<sup>th</sup> of the month falls on a holiday or a Friday during summer session, payday will be the day before.

### Pay Period

The 16<sup>th</sup> of the month thru the 15<sup>th</sup> of the next month.  
Example: 11/16/18 - 12/15/18, paid 1/10/19

**NOTE: WebTime entries and/or Pay Claims are due to Payroll on the 18th of each month.**



Go to the Payroll Homepage at  
<https://www.yosemite.edu/payroll/>  
for more information.

**NOTE:** Information is available for Health and/or Dependent Care FSA. You only have 60 days from date of hire to enroll for the current calendar year.