

The background image shows the exterior of a building, likely a college. The building has a light-colored facade with a prominent sign that reads "COLLEGE OF THE SEQUOIAS" in large, dark, three-dimensional letters. The sign is mounted on a horizontal ledge above a series of columns. To the right of the columns, there is a balcony or walkway with a glass railing. The overall scene is brightly lit, suggesting daytime.

Student Employment Handbook

Sequoias Community College District

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INTRODUCTION

The purpose of the Student Employment Handbook is to provide information on the employment programs and positions available to students at Sequoias Community College District (SCCD). The Student Employment Handbook reflects the standard guidelines that students must follow if employed on-campus or off-campus. SCCD utilizes various funding sources to employ students. These funds include District/General Funds, Federal Work Study and CalWORKs Work Study. While there are common guidelines that apply to all student workers at SCCD, there are also specific elements pertaining to each program which must be followed. Students and supervisors should reference the following applicable Appendix that coincides with the student worker's employment program.

- Appendix A — District/General Fund Student Employment
- Appendix B — Federal Work Study Program
- Appendix C — CalWORKs Work Study Program

The SCCD Student Employment/Work Study Office is located in the Sycamore Building, Room IM109, on the Visalia Campus. Suggestions or questions about the contents of the handbook are welcomed and should be directed to the Director of Financial Aid.

EQUAL OPPORTUNITY EMPLOYER

An equal opportunity employer is one that gives all applicants equal consideration and makes no distinctions as to color, creed, disability, national origin, race, genetic information, sex, or sexual orientation. It is the policy of the Sequoias Community College District to uphold the spirit and letter of the Equal Opportunity laws by dealing only with equal opportunity employers.

ELIGIBILITY FOR EMPLOYMENT

In order for a student to be eligible for student employment, s/he must be enrolled in at least six (6) units at the Sequoias Community College District during the term in which s/he will be employed. S/he must also be enrolled for the purpose of pursuing a degree or certificate. Any student dropping below half-time [six (6) units] status will be terminated from her/his employment immediately. Students must also be U.S. Citizens or eligible non-citizens. Students must also meet Satisfactory Academic Progress (S.A.P.) standards established by the District's Financial Aid Office. Students can work for a maximum of three (3) years. Students with felonious backgrounds will not be eligible for hire. Students who have been previously terminated may not be rehired by another division/office at the District. Sequoias Community College District will only utilize a student's Social Security number for identification and employment purposes. The student seeking eligibility for Federal Work Study or CalWORKs Work Study must follow eligibility requirements established by the Financial Aid Office and/or CalWORKs Office.

HIRE.COS.EDU

Sequoias Community College District maintains a free job posting service for private employers throughout the community. Students may visit the job website by logging into: hire.cos.edu.

New jobs are posted by local employers seeking students to fill their full-time and part-time, permanent and temporary positions.

CONDUCT

Sequoias Community College District requires that those persons associated with the school conduct themselves ethically, in accordance with what are generally accepted as “standard business practices”. In accepting a position, a student assumes work responsibility for which s/he will be held accountable. A review of general work performance standards is listed below. Supervisors may have additional specific requirements for their student workers.

A student’s presence is valued in the office. Student workers play an integral role in the services offered at SCCD. It is a pleasure working with students. Everyone should work together to give the best possible services to students and to the general public. Student workers should:

- Be courteous with persons being served, especially in the welcoming of new students. Treatment of the public is important, and it matters to every individual served.
- Use proper manners; respect others at all times. Always use “please” and “thank you”.
- Be wary of the topics of conversation held in the office with other co-workers. Be mindful of confidentiality and subject matter.
- Always maintain a calm, professional demeanor.
- Acknowledge someone’s arrival and always greet the person immediately. If a student worker is working on a project or talking with another person, that student should stop what s/he is doing and offer assistance.
- Let the next person know you will help her/him next by saying, “I’ll be with you in just a moment.” A nod or friendly eye contact with the person is required.
- Ask enough questions to determine what services are needed.
- Ask a staff member if the answer to a question is not known. It is better to ask than to guess and give out the wrong information or send a person away without at least trying to help.
- Immediately excuse yourself and notify one of the staff should someone become rude or verbally abusive. Let a staff member take over.
- Never use profanity around other students and staff.

DRESS CODE / PERSONAL APPEARANCE

Students should be professionally dressed. Personal appearance, cleanliness and modesty are very important in any business or working environment. Clothing should be clean, safe, and provide for a professional atmosphere. It should be suitable to the work that is performed and the environment in which the work is performed. Individual supervisors will determine appropriate attire.

- Restrictions— no short shorts, no mini-skirts, no spaghetti straps, no sleeveless shirts or tops, no extremely baggy pants, no camisoles, no tube tops, no halter tops or tank

tops (unless worn with appropriate covering), no midriffs showing, no headphones, no ripped or torn clothes. Pants should fit around the waistline, not below the waist. Shorts should cover the thigh area. No clothing with offensive words or pictures. Footwear must be worn at all times.

- Tattoos should be covered (discuss with supervisor). Any visible body piercing, other than on ears, is not acceptable. Earrings must be small and professional.

TELEPHONE ETIQUETTE

Every time a student worker makes or receives a call, s/he is representing SCCD. Students should treat every call importantly. Willingness to assist others is reflected in a student's tone of voice. Student workers should:

- Speak with a smile.
- Be calm; speak slowly and clearly.
- Be friendly, courteous and efficient at all times.
- Be alert and pleasant.
- Be helpful.
- Be tactful.
- Be patient and understanding.

When the telephone rings, student workers should:

Answer promptly	No later than the third ring.
Greet caller	<i>Good morning (afternoon) _____ office, student worker speaking, may I help you?</i>
Screen call and announce to recipient	<i>May I tell her/him who's calling, please? (Never say, "Who's calling?")</i>

Transfer calls only when necessary.

Student workers should give the caller the telephone number (prefix and extension number) of the extension to which student is transferring the call. In case connection is lost in the transferring process, the caller will be able to dial back directly.

When transferring a call:

When the SCCD employee answers, explain:	<i>This is (student's name) at _____ office. I am transferring a call to you regarding (give brief explanation of the nature of the call).</i>
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Taking Messages/ Student workers should:

Be thorough and accurate. Do not be afraid to ask the caller to repeat anything that is not understood. Fill out the message form completely with:

- Caller's full name (correct spelling)
- Correct telephone number/extension number (include area code if different than ours and repeat number back to caller)

- Caller’s company name or department
- Message (if caller chooses to leave one)
- Date and time of call
- Sign your name

STUDENT RIGHTS AND RESPONSIBILITIES

Absences: Student worker shall notify supervisors or another SCCD staff member of absences in advance. Student workers shall notify the supervisor by 8:00 am on the day of the absence. More than 3 absences per semester or failure to appear for work without notification are grounds for dismissal. Student absences will not be compensated.

Award Limits: Upon placement of Work Study students, supervisors will be mailed a Student Earnings Roster to monitor the amount of each student’s award. Award limits are set for each student. These awards could reach a maximum of \$7,000 per fiscal year. Student awards are to be earned on a semester basis. Students will not be awarded the second half of their FWS spring award until eligibility has been established (spring eligibility is determined in January). Supervisors should call the Work Study Specialist to make certain their calculations are accurate. Supervisors should release students from their duties when awards are expended. Students who have earned their entire allocation and choose to continue working may not receive compensation from SCCD for their hours. Work-site supervisors (non-profit organizations) will be responsible for compensating any student wages that exceed the Work Study award limits. Compensation for award overages must be made to the student directly, with proof of payment being provided to the SCCD Work Study Specialist. **Students may receive CalWORKs Work Study for a maximum of four (4) semesters. Students may earn Federal Work Study and/or District/General Funds for a maximum of six (6) semesters.**

Breaks: Student workers working four (4) consecutive hours must be given a 15-minute break after two (2) hours. Students working over six (6) consecutive hours in one day must be allowed to take a ½ hour lunch break after four (4) hours. Break times shall be arranged with the supervisor. Meal breaks should be taken outside of SCCD offices.

4 consecutive hours =	15-minute break after 2 hours of work (paid)
6+ consecutive hours =	15-minute break after 2 hours of work (paid) 30-minute meal break after 4 hours of work (unpaid)
8 consecutive hours =	Two 15-minute breaks (unpaid) and one 30-minute meal break (paid).

Calculating Work Study Awards: Please use one of the following examples to calculate a student’s weekly hours for the entire semester. Once weekly hours are set, those hours should remain constant throughout the semester or until the award has been earned.

Example 1			Example 2		
Award	=	\$2,000	Award	=	\$2,000
Pay Rate	=	\$9.00	Pay Rate	=	\$9.00
Weeks in Semester (may fluctuate)	=	18	Hours per Week	=	15
$\$2,000 \div \$9.00 \text{ per hour} = 222 \text{ hours} \div 18 \text{ weeks in semester} = 12.34 \text{ or } 12 \text{ hours per week.}$			$\$2,000 \div \$9.00 \text{ per hour} = 222 \text{ hours} \div 15 \text{ hours per week} = 14.81 \text{ or } 14.75 \text{ weeks to work.}$		

Calendar: All student employment and all off-campus Federal College Work Study (FCWS) Agreements are on a fiscal year basis, July 1st to June 30th.

Cellular Phones: Students may not use their cellular phones while working. Cellular phones must be turned off and stored with personal belongings during work hours.

Children in the Workplace: Student workers may not bring their children to their work site, whether the work site is on or off-campus.

Confidentiality Acknowledgment: Students may have access to confidential information during the course of their daily assignments.

All information accessible to student workers must remain confidential. Student workers are not to discuss work-related information/material with friends, other students or members of the community while off duty. This rule of confidentiality stays in effect after student workers leave their employment.

Drugs and Alcohol: The use of alcoholic beverages and illegal drugs on-campus is absolutely forbidden. Supervisors are expected to report any instances of use to the appropriate Dean and/or Chief of District Police.

Employer's Expectations: In accepting a student worker position at SCCD, a student assumes work responsibilities for which s/he will be held accountable. General work performance standards are listed below. Individual supervisors may have more specific requirements for their student workers.

1. Student worker should always report to work on-time and let supervisor know that s/he is reporting for work.
2. A student worker should immediately bring to her/his supervisor's attention any problems or concerns s/he may have pertaining to her/his job.
3. A student gaining employment from more than one on-campus employer must notify each supervisor of all his or her current on-campus employment.
4. A student worker should perform the duties assigned to the best of her/his ability.
5. A student worker should respond positively to constructive criticism.
6. A student worker must give her/his supervisor a minimum of two week's notice if s/he is quitting her/his job. If notice is not given prior to voluntary termination of employment by student, SCCD may choose not to rehire the student in the future.

7. In the event of alleged violations of municipal, state and/or federal laws, the Dean of the respective department and the Chief of District Police must be contacted.

Employment Rights: Students are hired as student workers with no job rights regarding continued employment from semester to semester or year to year. Students are at-will employees and may be released from employment at any time.

Employment Termination: Supervisors may terminate a student's employment without any prior warning. Students may also voluntarily terminate their employment. However, students planning on returning to work at SCCD in the future must give notice two weeks, in advance, in order to be considered for rehire. Students who are terminated will not be rehired into the SCCD Work Study Programs. Students who are not asked to return to work, at any time during the semester/year, are considered terminated. If a supervisor withholds information, or provides misinformation to the Work Study Specialist about a student's employment or termination, the supervisor will not be assigned a student in subsequent semesters.

Employment Verification Forms: The SCCD Payroll Office will complete all Employment Verification forms for student workers. If a student brings their forms to supervisors for completion, supervisors should forward the forms to the SCCD Payroll Office.

Evaluations: A favorable work record established by students might prove to be a valuable source of reference for future employment. Students should be aware that their employment offers a good opportunity to build a solid work history. It is recommended that supervisors evaluate their student's work performance at the end of each pay period using the standard Student Performance Evaluation form.

Exams: During the final week of exams, the supervisor should alter a student's work schedule, if necessary.

Food and Drink: Food and drinks are not allowed in the reception area of an office at any time. Student Workers should eat their lunches and snacks outside of SCCD offices.

Fringe Benefits: Fringe benefits are not available to students. Unemployment benefits are not paid to student workers upon their termination.

Job Title: All students employed through SCCD maintain job titles of "Student Worker".

Keys: Keys will not be furnished to students by their supervisor's under any circumstance.

Limitations:

1. Students are not permitted by SCCD to operate any vehicle, their own or their employers, during the course of their work duties without prior authorization and completion of proper liability forms through the Student Activities and Affairs Office.
2. Students are not authorized by SCCD to lift articles weighing more than 35 pounds.
3. Student employees are not classified employees of the District and are not members of the California School Employees Association.
4. Student employees do not earn any type of permanent employment status while employed at the District.

5. In order to be eligible for student employment programs, students must be actively enrolled in at least six (6) units at Sequoias Community College District. If a student drops below the required units, the student's employment is immediately terminated.
6. Students involved in student employment programs are not eligible for health and welfare benefits, vacation, paid holidays, retirement benefits or any other benefits offered through the Sequoias Community College District.
7. Student workers are not allowed to supervise other student workers.

Loitering: For reasons of liability, students are discouraged from spending time at their work site when they are not scheduled to work. Exceptions to this rule would be in "public" areas, such as the Student Union, or students seeking services. Family members and friends of student workers are not permitted to "hang out" in offices or lobbies while the student workers are on duty.

Make-Up Hours: Supervisory approval is required for students to make up work when regularly scheduled work has been missed. The needs of the work area will be the primary deciding factor in such cases. Make-up hours may not exceed 7 hours per day.

Nepotism: Supervisors will not hire immediate relatives to work in their departments. Nepotism policies currently exist at the District (A.P. 7310 and B.P. 7310), prohibiting, "...spouse, parents, grandparents, siblings, children, grandchildren, in-laws, aunts, uncles, nieces, cousins, step-relatives, relationships by adoption, or any other relative living in the employee's home...". Domestic partners are listed within these same policies. Administrators may not usurp their authority to override the Nepotism policies. The Director of Financial Aid and the Work Study Specialist will have final approval, upon review.

Personal Business: Student workers should consider all SCCD offices to be high-profile business offices. While trying to maintain a relaxed atmosphere, it is important to present a professional image. Except for family emergencies, personal incoming and outgoing telephone calls are not allowed. Friends and family may not "visit student workers" or "study with student workers" while on duty. Personal use of office equipment (photocopier, computer, fax machine, etc.) and supplies is prohibited.

Punctuality: Students should arrive for work on-time and may not leave work early without permission from their supervisor. Excessive tardies will lead to poor evaluation and cause for termination.

Quitting Time: Students should be released early enough so that they will not be late for class. Supervisors should prepare student work schedules with ample time for walking to class. Students should be given credit on the time sheets only for time spent at the work site.

Reference Checks: Supervisors may contact references and previous employers of students prior to hiring.

Release of Information: Student workers allow the SCCD Student Employment/Work Study Office to discuss, share, and release all confidential academic, financial aid and work related information, including grade point average (GPA), financial aid status, work history and criminal background, with potential and/or designated work-site supervisors.

Returning Students: Work Study students seeking to return to work, who were enrolled for the previous academic year and are now pre-registered for the upcoming semester, will be given priority placement over new students. Returning students must maintain Satisfactory Academic Progress (S.A.P.) and meet eligibility requirements listed in this Handbook.

Safety and Health: Sequoias Community College District is responsible for all student workers. Therefore, it is extremely important that every supervisor insist that all student workers abide by current safety and health precautions. Students and supervisors are required to report any unsafe practices or conditions that they encounter on-campus to the Chief of District Police and the appropriate Dean.

Sexual Harassment and Discrimination: The SCCD maintains a Sexual Harassment and Discrimination Policy, A.P. 3430. "College of the Sequoias is committed to providing an academic and work environment free of unlawful discrimination and harassment. This procedure defines unlawful discrimination and harassment, including sexual harassment, and sets forth a procedure for the investigation and resolution of complaints of discrimination and harassment by or against any staff or faculty member or student within the College." If you believe you are a witness/victim of sexual harassment, read the Sexual Harassment Policy, A.P. 3430, which is listed on the cos.edu website, and follow the proper reporting procedures within the Policy.

Termination: Students may be terminated for any reason. Student employment is "at-will", with no job rights regarding continued employment from semester to semester or year to year. Student workers have no other agreements or promises of employment. The most common reasons for termination include: unsatisfactory performance, dishonesty, theft, unexcused absences/tardiness, and unsatisfactory conduct. If terminated, students will not be rehired by another department/division/office at the District. Supervisors must provide accurate information regarding a student's employment and termination. Withholding information or providing misinformation to the Work Study Specialist or the Director of Financial Aid about a student's termination will prevent assignment of a Work Study student worker in subsequent semesters. If a supervisor has been notified that their student worker has less than six (6) units and if the supervisor continues to work the student worker, the supervisor will be personally responsible for the student's wages, subsequent to notification.

Test Proctoring: Student workers may not proctor tests for other students. There is sufficient peer pressure among students that would create problems for student workers in a proctoring role.

Time Sheets: Supervisors must provide students with time sheets each month. Students shall record hours worked on a daily basis, upon their arrival and departure from the work site. Students shall sign the form at the beginning of each pay period. Supervisors shall verify the accuracy of the time sheet and endorse it at the end of the pay period. The supervisor is responsible for turning in the Work Study time sheet to the Work Study Specialist located in the SCCD Student Employment Office in the Sycamore Building, Room IM109, located on the Visalia Campus. District time sheets must be submitted to the SCCD Payroll Office. Time sheets must not be provided to students and employment may not begin until complete Payroll forms have been submitted. Students should round-off their work minutes, up or down, to the nearest quarter of the hour. The following example shows how to round off minutes on a time sheet:

Quitting Time	Round to the Nearest Quarter	List on Time Sheet
4:07 p.m.	4:00 p.m.	4:00 p.m.
4:08 p.m.	4:15 p.m.	4:15 p.m.

TIME SHEET INFORMATION AND GUIDELINES		
Type	Monthly Due Date	Deliver to:
District Time Sheet	15 th of the month	SCCD Payroll Department
Work Study Time Sheet	10 th of the month	SCCD Student Employment/Work Study
Note: It is the supervisor's responsibility to submit the student's time sheet.		
END OF FISCAL YEAR DEADLINES		
Type	Monthly Due Date	Deliver to:
District Time Sheet	June 15 th	SCCD Payroll Department
Work Study Time Sheet	June 10 th	SCCD Student Employment/Work Study
Note: Any Work Study Time Sheets submitted after June 10 will not be paid by SCCD Work Study Programs. Supervisors / Work sites will be responsible for paying Work Study time sheets turned in after June 10 th .		

Training: Students should be provided with training by their supervisors during the first week of work. Training should contain information specific to the work-site/office/division/department and should include the Student Employment Handbook as a reference/guide.

Volunteering: Students may not volunteer while working in the SCCD Work Study Program(s) or as District/General Fund student workers. All hours must be reported to SCCD Payroll and be compensated. Students may not volunteer, even if they are requested to do so by their work-site supervisors.

Work Areas: Work areas and/or workstations should always be kept clean and organized.

PAYROLL PROCEDURES AND GUIDELINES

Payroll Deductions/Benefits: Wages received by student workers are subject to federal and state income tax deductions. Social Security and Medicare are not withheld for students while they are enrolled as a student and employed as a student worker. Student workers are not eligible for unemployment benefits. Vacation pay and other fringe benefits are not available.

Paycheck Delay: The four (4) most common reasons for delays in student compensation:

1. No withholding form (W-4) or I-9 forms on file with the SCCD Payroll Department.
2. Payroll forms were submitted after the 10th of the month of hire.

3. Time sheets were not turned in or were turned in too late to process a paycheck.
4. Time sheets were not filled out properly.

Payroll Forms: In order for students to receive a paycheck, all payroll forms must be submitted to the SCCD Student Employment Office, Sycamore Building, Room IM109, by the 10th of the month of hire. Payroll forms submitted after the 10th of each month will not be processed for a paycheck until the following month.

Pay Rates: The rate of pay, for all SCCD student workers, is the current California minimum wage. Students are not eligible for pay increases unless mandated by law.

INJURY ON THE JOB

Students are eligible for Workers' Compensation. If a student is injured while working, the supervisor must refer the student to the SCCD Health Center for care and to the SCCD Payroll Department (737-4843) for proper paperwork/medical referral. Any injury must be reported as soon as possible. SCCD is required to report known injuries to the Workers' Compensation carrier within 24 hours.

GRIEVANCE PROCEDURES

1. If a student has a work-related grievance, s/he should meet with her/his immediate supervisor and make an earnest attempt to resolve the problem.
2. If the issue has not been resolved, the student should contact the Work Study Specialist, located in the SCCD Student Employment/Work Study Office, Sycamore Building, Room IM109, on the Visalia Campus.
3. If the issue has not been resolved, the student should then contact the Director of Financial Aid.

FINGERPRINT AND TUBERCULOSIS CLEARANCES

If an off-campus, non-profit organization would like SCCD to submit fingerprints to the Department of Justice, Federal Bureau of Investigation (FBI) and/or State Licensing for clearances on SCCD student workers, then the request must be written on the Work Study Job Description form or the request must be made in writing by the non-profit organization. SCCD refers students to local law enforcement agencies to submit fingerprint live scan applications, but only with a prior written request. If a written request has not been made by a work-site supervisor, the responsibility for fingerprint clearances through the Department of Justice, FBI and/or State Licensing will be the responsibility of the non-profit organization. Off-campus, non-profit organizations who have signed FCWS Agreements to accept Work Study students will not be obligated to pay fingerprinting costs directly to the Department of Justice. Fingerprinting costs for Work Study students will be paid from administrative costs, received through employer contributions. (See Appendix B & C, Employer Contributions).

On-Campus, work site supervisors may also request fingerprinting for student workers. Requests must be made in writing and sent to the SCCD Student Employment/Work Study

Office. On-campus work sites will be responsible to pay fingerprinting costs from their SCCD budgets.

If tuberculosis testing is required for a student worker, then a request for tuberculosis testing must also be written on the Work Study Job Description form or made in writing by the off-campus, non-profit organization.

SCCD SATISFACTORY ACADEMIC PROGRESS POLICY

The District will continue to monitor all student workers according to the following requirements:

1. Students, whose employment is funded through Federal Work Study, must be making Satisfactory Academic Progress (S.A.P.) and measurable academic progress towards a degree or eligible certificate program. Students must be approved for and by the Financial Aid Office.
2. Students must maintain a minimum cumulative grade point average of 2.0.
3. Students must have attempted no greater than 150% of the units required for their educational program.
4. Students must take the SCCD Placement Test (or other college-approved assessment) and have a counselor-approved Student Educational Plan (S.E.P.) on file with the District.
5. Students must have a cumulative 67% (percent) pace of unit completion.
6. Students must be enrolled in at least six (6) units at SCCD during the same semester of employment, spring or fall. If at any time during an enrollment period it is determined by the District that a student is not actively attending classes and/or does not have a reasonable probability of receiving passing grades in enrolled courses, then eligibility for financial aid and student employment will be forfeited.

EMERGENCIES

In the event of an emergency, if your supervisor is unavailable, immediately contact 911. The 911 dispatcher will contact the SCCD Police to notify them of the emergency and request SCCD Police response. If the situation is not urgent, yet requires SCCD Police intervention, contact:

Sequoias Community College District Police
730-3999

Upon contacting 911, locate and advise your immediate supervisor. Your immediate supervisor will inform their area administrator of the situation. If your immediate supervisor is unavailable, contact the area administrator directly (Director, Dean, or Vice-President) and advise them of the situation.

WORK STUDY AND STUDENT EMPLOYMENT QUESTIONS

If you have questions regarding the Federal Work Study Program, CalWORKs Work Study Program and/or on-campus student employment, contact the Work Study Specialist in the SCCD Student Employment Office/Work Study, Sycamore Building, Room IM109, located on the Visalia Campus.

CONTACTS / ADDRESSES

Federal and CalWORKs Work Study paperwork, such as Federal College Work Study (FCWS) Agreements, time sheets and payroll forms, should be mailed to:

Sequoias Community College District
Attention: Student Employment/Work Study Office
915 S. Mooney Blvd
Visalia, CA 93277-2234

Employer-paid matching contributions of 25% (percent) will be billed by and should be mailed to:

Sequoias Community College District
Attention: Payroll Office
915 S. Mooney Blvd
Visalia, CA 93277-2234

RELEASING STUDENT WORKER

The termination of a student worker by the Sequoias Community College District is generally the result of a student's inability to attain the required level of performance on the job. Failure to comply with required policies and procedures or standards of professional behavior applicable to employment, or repeated failure to perform required duties may be cause for termination. The decision to terminate a student's employment is determined by the supervisor and/or the Work Study Specialist.

Student Employment Handbook: Developed by Student Services, Administrative Services, and Human Resource Services, Spring 2000 . Revised: June 2002, Revised: June 2004, Revised: Spring 2012, Revised 2015. Note: Student Employment Handbook files located in SCCD Student Employment/Work Study Office, Sycamore Building, Room IM109.

DISTRICT / GENERAL FUND STUDENT EMPLOYMENT

PROGRAM DESCRIPTION

Students may be hired through District/General funds if funds are provided through the District budgeting process. Application procedures, hiring and scheduling of hours are determined by each individual department/division/office.

ELIGIBILITY FOR EMPLOYMENT

In order for a student to be eligible for student employment, s/he must be enrolled in at least six (6) units at the Sequoias Community College District during the semester in which s/he will be employed. S/he must also be enrolled primarily for the purpose of pursuing a degree or certificate. Any student dropping below half-time [less than six (6) units] status will be terminated from his/her employment immediately. Students must also be U.S. Citizens or eligible non-citizens. Sequoias Community College District will only utilize a student's Social Security number for identification and employment purposes. The student seeking eligibility for Federal Work Study and/or CalWORKs Work Study must follow eligibility requirements established by the Financial Aid Office and the CalWORKs Office.

Summer and Fall Employment: The following guidelines must be followed if a student is to be employed by the District. Students must be enrolled in Minimum Unit Requirement before First Day of Work.

Enrollment Period	First Day of Work	Last Day of Work	Minimum Unit Requirement
Spring Semester	Beginning of Spring Semester	June 30th	Six (6) Units
Summer only, one (1) unit minimum	Beginning of Summer Session	Beginning of Fall Semester	One (1) Unit
Spring and Fall / not Summer	Beginning of Spring Semester	End of Fall Semester	Six (6) Units for Spring and Fall, enrolled by end of previous semester.
New SCCD Student	First Day of Work	Last Day of Work	Minimum Unit Requirement
Fall Semester	July 1 st	End of Fall Semester	Six (6) Units

APPLICATION AND HIRING PROCEDURES

1. Student will complete the SCCD Application for Student Employment. Applications are located in the SCCD Student Employment Office, Sycamore Building, Room IM109, on the Visalia Campus.
2. The application will be screened by the hiring supervisor to determine that minimum qualifications have been met.
3. A student meeting minimum requirements may be scheduled for an interview.
4. After an interview, reference checks may be completed.
5. A student will be informed of selection or non-selection.
6. A selected student will be required to show evidence of Tuberculosis test; and, if necessary, fingerprint clearance.

7. Prior to employment, the following forms must be completed and returned to the SCCD Student Employment/Work Study Office, Sycamore Building, Room IM109, on the Visalia Campus.
 - a. Application for Student Employment
 - b. Child Abuse Reporting
 - c. Confidentiality Acknowledgment
 - d. I-9 (copies of identification must be attached)
 - e. Notice of Exclusion from CalPERS
 - f. Oath of Office
 - g. Student Demographic Survey
 - h. Student Worker Agreement
 - i. W-4
 - j. Sick Leave Notice
8. Supervisors should review the Instruction Sheet for Completing Payroll Forms, Appendix D, and complete the aforementioned documents with the newly hired student worker.
9. Once the budget manager has signed the Student Demographic Survey form, the above-named documents are to be forwarded to the SCCD Student Employment/Work Study Office, Sycamore Building, Room IM109, located on the Visalia Campus.
10. All new student workers will be required to attend a training session with their individual supervisors.

WORK HOURS

Students may not work more than eight (8) hours per day. Off-campus and on-campus students may work no more than 19 hours per week during school sessions. During winter, spring and summer breaks, students may work no more than 40 hours a week and/or a total of no more than 130 hours in a month. No supervisor shall require a student to work when s/he is scheduled for classes or examinations. Students are not permitted to work more than five (5) consecutive calendar days without a day off.

Overtime: SCCD does not authorize overtime.

Weekly hours: We ask that off-campus supervisors schedule their student employee to work a minimum of 15 hours per week as this makes the program more worthwhile for students. Volunteer hours, performed by the student after their total allocation has been earned, are not permitted by the District.

FEDERAL WORK STUDY PROGRAM

PROGRAM DESCRIPTION

The purpose of the Federal Work Study Program is to assist students in meeting their unmet financial needs and to provide an orderly employment process through which students are hired. Federal Work Study offers government subsidized employment to help students with educational expenses and to obtain valuable work experience. Federal Work Study is a federally funded program in which 75% (percent) of a student's wages are subsidized (fringe benefits are not provided). The SCCD Student Employment/Work Study Office is responsible for assisting students with placement upon preliminary determination of eligibility by the Financial Aid Office.

ELIGIBILITY FOR EMPLOYMENT

A student's preliminary eligibility is determined by the SCCD Financial Aid Office after submission of a *Free Application for Federal Student Aid (FAFSA)*. Students must have a high financial need to be eligible and must have submitted their FAFSA by the March 2nd priority deadline. Students meeting preliminary eligibility are then notified by mail of their status and can schedule an interview with the Work Study Specialist in the SCCD Student Employment/Work Study Office, Sycamore Building, Room IM109, for final Work Study approval and placement. In order for a student to be eligible for employment, s/he must be enrolled in at least six (6) units at Sequoias Community College District during the semester in which s/he will be employed. S/he must also be enrolled for the purpose of pursuing a degree or certificate. Any student dropping below half-time status [less than six (6) units] must terminate her/his employment immediately. Students participating in the Federal Work Study Program must adhere to the SCCD Financial Aid, Satisfactory Academic Progress (S.A.P.) Policy guidelines. Continuing students awarded Federal Work Study who were enrolled for the previous academic year and are pre-registered for the upcoming semester, will be given priority over new Federal Work Study students.

Enrollment Period	First Day of Work	Last Day of Work	Minimum Unit Requirement
Spring Semester	Beginning of Spring Semester	End of Spring Semester	Six (6) Units
Summer only, six (6) unit minimum	Beginning of Summer Session	Beginning of Fall Semester	Six (6) Units
Spring and Fall / not Summer	Beginning of Spring Semester	End of Fall Semester	Six (6) Units for Spring and Fall, enrolled by end of previous Semester.
New SCCD Student	First Day of Work	Last Day of Work	Minimum Unit Requirement
Fall Semester	July 1 st	End of Fall Semester	Six (6) Units

Federal Work Study Student Workers / Financial Aid Policy (Summer and Fall)

1. If a student, employed during the Spring Semester, is **not** enrolled in the subsequent Summer or Fall sessions, s/he must stop working on the last day of the Spring semester and turn in his/her time sheet by May 10th.

(The time worked between May 10th and the last day of the Spring Semester must be projected/estimated and submitted on the May 10th time sheet. Hours worked between May 10th and the last day of the Spring Semester will be paid in the June pay period.)

2. If a student is employed during the Spring Semester and is enrolled in six (6) units for any Summer Session(s) or six (6) units for the subsequent Fall Semester, s/he can continue working until June 30th. S/He must be enrolled in those six (6) units for the Fall Semester by the end of the Spring Semester, in order to establish eligibility. The time worked between May 10th and June 30th must be projected / estimated and submitted on the June 10th time sheet.
3. If a new student, not enrolled in the Spring Semester, has been determined eligible for Financial Aid for the next academic year, s/he may start working after July 1st. Enrollment in six (6) summer units or six (6) fall units is required.

APPLICATION AND HIRING PROCEDURES

1. Once the SCCD Financial Aid Office has determined a student's preliminary eligibility, a Federal Work Study-Application for Student Employment form will be mailed to the student.
2. The student should then make an appointment with the Work Study Specialist at the SCCD Student Employment/Work Study Office, Sycamore Building, Room IM109, located on the Visalia Campus.
3. The Work Study Specialist will interview the student, determine final eligibility, and assess skills and work experience for job referral.
4. Qualified students will be referred for a second interview with a work-site supervisor.
5. After a student is chosen by a work-site supervisor, that student must return to the SCCD Student Employment/Work Study Office, Sycamore Building, Room IM109, within three (3) business days to notify SCCD of placement and to pick up payroll paperwork. (Any required fingerprint and tuberculosis clearances will be performed and verified prior to the dispersal of payroll paperwork to students. Please see "Fingerprint and Tuberculosis Clearance" section.)
6. Prior to employment, the following payroll forms must be completed by the student and the work-site supervisor.
 - a. Application for Student Employment
 - b. Child Abuse Reporting
 - c. Confidentiality Acknowledgment
 - d. I-9 (copies of identification must be attached)
 - e. Notice of Exclusion from CalPERS
 - f. Oath of Office
 - g. Student Demographic Survey
 - h. Student Worker Agreement
 - i. W-4
 - j. Sick Leave Notice
7. Review the Instruction Sheet for Completing Payroll Forms, Appendix D.
8. The student must return the payroll paperwork to the SCCD Student Employment/Work Study Office, Sycamore Building, Room IM109, prior to the first day of employment. If paperwork is complete and employment has been approved, the student will be given time sheets and may begin working.
9. Students may not start working until Step 8 (above) has been completed.

WORK HOURS

Students may not work more than eight (8) hours per day. On-campus students may work no more than 19 hours per week during school sessions. Off-campus students may work no more than 30 hours per week. During winter, spring and summer breaks, students may work up to eight (8) hours per day and/or 40 hours per week (on-campus and off-campus). No supervisor shall require a student to work when s/he is scheduled for classes or examinations. Students are not permitted to work more than five (5) consecutive calendar days without a day off.

Overtime: SCCD does not authorize overtime for any student workers.

Weekly hours: We ask that off-campus supervisors schedule their student employee to work a minimum of 15 hours per week, since this makes the program more worthwhile for students. The number of hours a student works per week must be approved by the Work Study Specialist. Volunteer hours, performed by the student after their total allocation has been earned, are not permitted by the District.

EMPLOYER CONTRIBUTION

Non-profit employers are required to pay a twenty-five percent (25%) employer contribution to the Sequoias Community College District on a quarterly basis. The employer contribution is calculated off of the Federal Work Study student earnings. Contributions are utilized for administrative costs of the Work Study Programs. These administrative costs shall include fingerprinting, tuberculosis, salaries, and other approved expenses. Employers will be notified of a student's maximum earnings subsequent to the student's date of hire. The SCCD Payroll Office will send an invoice to the employer. (See address on Page 14.)

EMPLOYER RESTRICTIONS

Off-campus, non-profit employers are encouraged to hire Federal Work Study students in permanent positions within their organizations. However, should students be hired by a non-profit employer, either permanent or temporary, and placed on the employer's payroll, the students may not return to employment in Federal Work Study for the subsequent 12 months.

CALWORKS WORK STUDY PROGRAM

PROGRAM DESCRIPTION

The CalWORKs Work Study (CWWS) Program, also known as the welfare-to-work program, provides subsidized employment to Temporary Assistance for Needy Families (TANF) recipients who are required to meet specific work requirements by the Health and Human Services Agencies. Students who are interested in this program should first visit the SCCD CalWORKs Office, Sequoia Building, Room 112, located on the Visalia Campus, for eligibility to be established.

ELIGIBILITY FOR EMPLOYMENT

Students are assessed by the Tulare or Kings County Health and Human Services Agencies and referred to SCCD for available educational programs. The SCCD CalWORKs Office determines preliminary eligibility for CalWORKs Work Study. The students are given a CalWORKs Work Study-Application for Student Employment and referred to the Work Study Specialist, located in the SCCD Student Employment/Work Study Office for final approval and placement. Students are required to participate in a specific number of hours each week, in order to be in compliance with Welfare to Work. This can be achieved with a combination of activities, including CalWORKs Work Study and enrollment in classes at SCCD.

Total Required Hours = 32 hours per week for a single parent household

Total Required Hours = 35 hours per week for a two parent household

In order for a student to be eligible for employment, s/he must be enrolled in at least six (6) units at the Sequoias Community College District during the semester in which s/he will be employed (spring or fall). A one (1) unit enrollment is required during the summer session. S/He must also be enrolled primarily for the purpose of pursuing vocational training. Any student dropping below half-time [less than six (6) units] status during the fall or spring semester must terminate his/her employment immediately. Students participating in the CalWORKs Work Study Program must adhere to the SCCD Financial Aid, Satisfactory Academic Progress (S.A.P.) Policy guidelines. Continuing students, who are awarded CalWORKs Work Study, who were enrolled for the previous academic year and are pre-registered for the upcoming semester, will be given priority in job placement over new CalWORKs Work Study students.

Students who have completed their vocational education program or are no longer receiving TANF cash aid from Health & Human Services Agencies, are no longer eligible to participate in the CalWORKs Work Study Program. Completion of a student's vocational education program and job assignment is usually simultaneous.

PAYROLL FORMS INSTRUCTION SHEET

All payroll packets must be completed and submitted to the SCCD Student Employment Office/Work Study, Sycamore Building – IM109, prior to a student's initial day of work. Packet information must be received by the 10th, in order for a student to be paid at the end of the same month.

DIRECTIONS: Check off each step as completed and return Instruction Sheet with forms.
Supervisor must provide copy of Student Employment Handbook (Version 5) to student worker. Available on-line at the SCCD Student Employment/Work Study website:

<http://www.cos.edu/StudentServices/StudentSupportServices/WorkStudy/Pages/default.aspx>

Student	Supervisor
Student Demographic Survey	
<input type="checkbox"/> Complete the top portion of the form	<input type="checkbox"/> Fill out the bottom section titled: "Supervisor"
W-4 Form – Employee Withholding Allowance Certificate	
<input type="checkbox"/> Complete Line 1-6	
<input type="checkbox"/> Sign and date lines "Employees signature" and "Date", below line 7.	
I-9 Form - Employment Eligibility Verification	
<input type="checkbox"/> Complete Section I.	<input type="checkbox"/> *Complete Section II.
<input type="checkbox"/> Sign and date lines "Signature" and "Date" at the bottom of Section 1	<input type="checkbox"/> Sign line titled "Signature of Employer or Authorized Representative" and list title
Business Organization is: College of the Sequoias, 915 S. Mooney Blvd., Visalia, CA 93277-2234	
Note: *Identification from either List A or from List B and List C must be written under the corresponding List. For details regarding proper identification from Lists A, B and C, turn to the back page of the I-9.	
<ol style="list-style-type: none"> 1. Attach copies of identification corresponding to Lists A, B, or C on I-9. 2. Required by Payroll: An attached copy of the Social Security Card. Student's name in the Banner system must match name on Social Security Card; otherwise, student must submit Name Change Form to Admissions Office. 	
Oath of Office	
<input type="checkbox"/> Print name at the top	<input type="checkbox"/> Fill out bottom portion of the page with date, name and title.
<input type="checkbox"/> Position: Student Worker District Name: Tulare County Schools	
<input type="checkbox"/> Print name in the oath paragraph	
<input type="checkbox"/> Sign line "Employee's Signature".	
Notice of Exclusion from CalPERS Membership – [PERS-AESD-139 (9/99)]	
<input type="checkbox"/> Complete 1 and 2.	<input type="checkbox"/> Sign line, "Signature of Certifying Officer" with title and date at the bottom of the page
<input type="checkbox"/> Sign line, "Signature of Employee"	
Student Worker Agreement	
<input type="checkbox"/> Complete "Students" portion	<input type="checkbox"/> Complete Supervisor section in center of page
	<input type="checkbox"/> Optional: List wage information in "Optional Budget Information" section
New Hire Pamphlet from Workers' Compensation	
<input type="checkbox"/> Read and keep for future reference.	
Student Employment Application	
<input type="checkbox"/> Complete and sign.	<input type="checkbox"/> Review for completeness.
Student Employee Acknowledgment of Responsibility for Security and Confidentiality of Student Records	
<input type="checkbox"/> Sign line, "Employee Signature"	<input type="checkbox"/> Sign line, "Supervisor's Signature".
Notice to Employee Labor Code section 2810.5 – Paid Sick Leave	
<input type="checkbox"/> Print name "Print Name of Employee"	<input type="checkbox"/> Print name "Print Name of Employer Representative"
<input type="checkbox"/> Sign and date lines "Signature of Employee" and "Date", below signature.	
	<input type="checkbox"/> Sign and date lines "Signature of Employer Representative" and "Date", below signature.
Child Abuse Reporting Form	
<input type="checkbox"/> Read and sign	
*Keep Administrative Procedures and California Penal Code for future reference.	

PAYROLL FORMS INSTRUCTION SHEET

FOR

RETURNING STUDENTS

All payroll packets must be completed and submitted to the SCCD Student Employment Office/Work Study, Sycamore Building – IM109, prior to a student’s initial day of work. Packet information must be received by the 10th, in order for a student to be paid at the end of the same month.

DIRECTIONS: Check off each step as completed and return Instruction Sheet with forms.

Supervisor must provide copy of Student Employment Handbook (Version 5) to student worker. Available on-line at the SCCD Student Employment/Work Study website:

<http://www.cos.edu/StudentServices/StudentSupportServices/WorkStudy/Pages/default.aspx>

Student	Supervisor
Student Demographic Survey	
<input type="checkbox"/> Complete the top portion of the form	<input type="checkbox"/> Complete: “Supervisor” and “Budget Manager” <input type="checkbox"/> Review “Student” portion for completeness
Student Worker Agreement	
<input type="checkbox"/> Complete “Students” portion	<input type="checkbox"/> Complete Supervisor section in center of page <input type="checkbox"/> Optional: List wage information in “Optional Budget Information” section
Notice to Employee <i>Labor Code section 2810.5 – Paid Sick Leave</i>	
<input type="checkbox"/> Print name “Print Name of Employee” <input type="checkbox"/> Sign and date lines “Signature of Employee” and “Date”, below signature.	<input type="checkbox"/> Print name “Print Name of Employer Representative” <input type="checkbox"/> Sign and date lines “Signature of Employer Representative” and “Date”, below signature.



Application for Student Employment Sequoias Community College District

Even if you have been previously placed or are returning to a previous campus job, you must complete and return this form for record-keeping purposes.

Return form to

Name						
Social Security No.						
Address						
City		State		Zip Code		
Home Phone		Cell Phone		Message Phone		
Major						
Planned date of program completion (semester & year)						

Use X to mark out hours when you have classes or will be unable to work for any other reason.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After 6:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check the types of work in which you have previous experience and/or skills.

<p>Computer Use</p> <input type="checkbox"/> Word Processing <input type="checkbox"/> Windows <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Programming <input type="checkbox"/> Other	<p>Office</p> <input type="checkbox"/> Filing <input type="checkbox"/> Phones (messages) <input type="checkbox"/> Bookkeeping <input type="checkbox"/> 10-key Adding Machine <input type="checkbox"/> Copy Machine <input type="checkbox"/> Other	<p>Secretarial</p> <input type="checkbox"/> Typing (speed) _____ <input type="checkbox"/> Address envelopes <input type="checkbox"/> Numeric typing <input type="checkbox"/> Tables (numbers)	<p>Technical</p> <input type="checkbox"/> Lettering/design <input type="checkbox"/> Drafting <input type="checkbox"/> Electrical / Shop <input type="checkbox"/> Painting <input type="checkbox"/> Other
<p>Tutoring</p> <input type="checkbox"/> Math <input type="checkbox"/> English <input type="checkbox"/> Computers <input type="checkbox"/> Other	<p>Library</p> <input type="checkbox"/> (please list)	<p>Laboratory</p> <input type="checkbox"/> Physical Sciences <input type="checkbox"/> Biological Sciences <input type="checkbox"/> Other	<p>Labor</p> <input type="checkbox"/> Shelving/Inventory <input type="checkbox"/> Deliveries <input type="checkbox"/> Grounds Keeping <input type="checkbox"/> Janitorial
<p>Sales</p> <input type="checkbox"/> Cash Register <input type="checkbox"/> Other	<p>Food Services</p> <input type="checkbox"/> Kitchen <input type="checkbox"/> Bus person <input type="checkbox"/> Clean-up	<p>Recreation</p> <input type="checkbox"/> (please list)	<p>Other</p> <input type="checkbox"/> (please list)

Check the classes you have completed. Check only those classes in which you have received a letter grade, not classes in which you are currently enrolled.

<input type="checkbox"/> English 360	<input type="checkbox"/> English 1	<input type="checkbox"/> Math 360	<input type="checkbox"/> Math 230	<input type="checkbox"/> Math 200	<input type="checkbox"/> Math 80
<input type="checkbox"/> English 251	<input type="checkbox"/> English 2	<input type="checkbox"/> Math 235	<input type="checkbox"/> Math 220	<input type="checkbox"/> Math 154	<input type="checkbox"/> Math 75
List business classes completed			List computer classes completed		

Work History List in order, beginning with the most recent position you have held. Include any previous work study, other paid jobs, work done to assist parents or teachers, and volunteer or committee work. Include positions held at SCCD.

Name/Address of Employer	Position	Dates		Duties (brief description)
		To	From	

References

Name		Position	
Relationship		Telephone	()
Address		City / State / Zip	
Name		Position	
Relationship		Telephone	()
Address		City / State / Zip	

Education

High School Name		Graduated?	<input type="checkbox"/> = Yes <input type="checkbox"/> = No	GPA	
Previous College		Graduated?	<input type="checkbox"/> = Yes <input type="checkbox"/> = No	GPA	

Languages (List languages spoken other than English)

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Check Yes or No when answering Questions 1 through 15.				Yes	No
1. Do you have reliable transportation?				<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a citizen / natural / permanent resident of the United States:				<input type="checkbox"/>	<input type="checkbox"/>
3. Are you over 18 years of age?				<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently working for SCCD? If yes, ↓				<input type="checkbox"/>	<input type="checkbox"/>
Department		Supervisor			
5. Have you ever worked for SCCD before? If yes, ↓				<input type="checkbox"/>	<input type="checkbox"/>
Department		Supervisor			
6. Have you ever been dismissed from employment or resigned in lieu of being dismissed for inefficiency, delinquency or misconduct? (A "yes" answer will not automatically preclude you from employment consideration.) If yes, explain →				<input type="checkbox"/>	<input type="checkbox"/>
7. Have you met with the Work Study Specialist for Federal or CalWORKs Work Study?				<input type="checkbox"/>	<input type="checkbox"/>
8. Have you been convicted of a crime? (A background check may be completed/required.)				<input type="checkbox"/>	<input type="checkbox"/>
9. Are you currently receiving TANF cash aid?				<input type="checkbox"/>	<input type="checkbox"/>
10. SCCD is hereby authorized to contact my present employer.				<input type="checkbox"/>	<input type="checkbox"/>
11. SCCD is hereby authorized to contact my past employers.				<input type="checkbox"/>	<input type="checkbox"/>
12. SCCD is hereby authorized to contact all applicable SCCD Departments for reference checking.				<input type="checkbox"/>	<input type="checkbox"/>
13. Does SCCD employ a relative of yours? If yes, give name and relationship →				<input type="checkbox"/>	<input type="checkbox"/>
14. Have you been fingerprinted at Sequoias Community College District? By which department →				<input type="checkbox"/>	<input type="checkbox"/>
15. Have you had a Tuberculosis test at SCCD? Date of TB test →				<input type="checkbox"/>	<input type="checkbox"/>

Emergency Contact			
Name		Phone	
Relationship			

I certify under penalty of perjury that the above information is true and correct. I authorize Sequoias Community College District to discuss and share all of my confidential academic and work-related information (including, but not limited to, GPA, courses completed, current enrollment, work history, financial aid, criminal history) with any potential and/or designated work-site supervisor(s).			
Signature		Date	

Office Use Only			
GPA		Units	Completed Units



office of human resources

915 S. Mooney Blvd., Room 410 • Visalia, CA 93277
OFFICE (559) 730.3776 / (559) 737.6165 • FAX (559) 730.3997

To: New Employee
From: John Bratsch, Dean, Human Resources/Legal Affairs
Re: Child Abuse Reporting

By signing this document, you hereby acknowledge you have:

- Been informed that in your capacity as a SCCD employee, you are a mandated reporter and are, thus, legally obligated to report to an appropriate agency when you have a reasonable suspicion that an abuse or neglect of a child may have occurred.
 - Your reporting obligations are outlined within California Penal Code Section 11166 and SCCD Administrative Procedure 3518.
 - Your identity as a mandated reporter will remain confidential pursuant to the provisions within California Penal Code Section 11167.
- Received SCCD Administrative Procedure 3518 which outlines Child Abuse Reporting Procedures at SCCCD.
- Received copies of California Penal Code Sections 11165.7; 11166 and 11167.

Print Student Worker Name

Signature of Student Worker

Date



**SEQUOIAS COMMUNITY COLLEGE DISTRICT
STUDENT WORKER ACKNOWLEDGMENT
OF RESPONSIBILITY
FOR SECURITY AND CONFIDENTIALITY
OF STUDENT RECORDS**

The security and confidentiality of student records are a legal responsibility of the institution and its employees by virtue of state and federal law. Access to records by employees of the District, the student, parents and third parties are governed by laws and District policies and procedures, and as such, should be of utmost concern to all employees, including student employees. As a student employee you may have access to student records in the performance of your campus job. It is imperative that your conduct, both at work and when away from your employment, not threaten the security and confidentiality of these student records. As a student employee you are expected to adhere to the following:

1. I will not permit or allow access or unauthorized use of any information collected, maintained, stored or processed by any office on the campus, individual employees of the District, students or other non-student parties.
2. I will not seek personal benefit or allow others to benefit personally by knowledge of any information regarding District records which I have gained through my work assignment.
3. I will not divulge the contents of any District records except in the appropriate and authorized conduct of my work assignment.
4. I will not make photocopies of student records to issue to the student or others.
5. I will not knowingly include or cause to be included in any records a false, inaccurate or misleading entry. I will not knowingly delete or cause to be deleted any records or data entry.
6. I will not remove any official records or reports, or copy thereof, from the office where it is maintained except in the appropriate and authorized performance of my work assignment.
7. I will not aid, abet or act in conspiracy with another individual(s) to violate any part of this document.
8. I will refer any requests for the release of information in the event of an emergency to my supervisor.
9. Prior to release of directory information (see back) or personally identifiable information available to me, I will: (a) determine that the student in question has not denied release of directory information; and (b) prior to releasing information to a student or other party authorized in writing by the student, picture identification will be requested and examined to determine the identity of the individual and the appropriateness of releasing the requested information.
10. I will refer students or others who request records to the Admissions and Records office.
11. I understand that state and federal law, and District policy and procedures prohibit the release of a student records verbally, in writing or by any other means, without the written consent of the student, a court order or a lawfully issued subpoena (*Family Educational Rights and Privacy Act, PL93-380; California Education Code section 76200 et seq; Title 5 California Code of Regulations section 54600 et seq.*).

By my signature below, I acknowledge that I have received a copy, have read, understand and will comply with the **Sequoias Community College District, Employee Acknowledgment of Responsibility for Security and Confidentiality of Student Records**. I agree to protect the security and confidentiality of all student records, and to prevent unauthorized or inappropriate disclosure and/or release of such records. I understand that violation of this statement may lead to disciplinary action up to and including termination of my employment, and may subject me to criminal and civil penalties as imposed by law.

Employee Signature	Print Employee Name	Banner ID#	Date
Supervisor's Signature	Department		Date

Directory information (as defined by the Family Educational Rights and Privacy Act) that can be disclosed without the student's written permission, unless the student has denied access to directory information, includes the following personally identifiable information.

- Student's name;
- Telephone number;
- Major field of study;
- Degrees and awards received;
- Weight and height of members of athletic teams;
- Participation in officially recognized activities and sports;
- The most recent educational institution attend by the student;
- Address;
- Date and place of birth;
- Dates of attendance; and
- e-mail address.

Directory information does not include:

- Gender;
- Social Security number or College issued identification number; and
- Class rosters or class schedules.



COLLEGE OF THE SEQUIOIAS - DISTRICT

Name:		Banner ID:	
Dept:		Check One:	<input type="checkbox"/> Classified <input type="checkbox"/> Incidental <input type="checkbox"/> Student <input type="checkbox"/> Certificated

Please fill-in and print. Confirm hours. Sign and date time sheet.

Calendar Month Ending on the 15th day of:

20

Date:	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
In Out In Out In Out																
Daily Total																
Payroll use only:																
Job Description																

Date:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
In Out In Out In Out															
Daily Total															
Payroll use only:															
Job Description															

FOAPL:		Percent		%		Total of hours	Rate	Total Amount		

I hereby certify that the above is a true statement of the hours worked, and I am currently enrolled in 6.0 or more units.

Employee: _____

Date: _____

I hereby certify that the above is a true statement of the hours worked by the employee listed, and that he/she has performed their assigned job in a satisfactory manner.

Approved: _____

Signature of Supervisor: _____

Date

Date



Employment Eligibility Verification

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

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

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

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)						
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		Telephone Number	

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

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

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

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

1. Alien Registration Number/USCIS Number: _____

OR

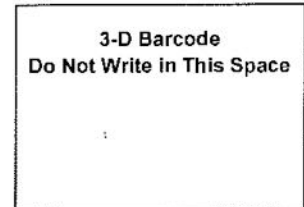
2. Form I-94 Admission Number: _____

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

Foreign Passport Number: _____

Country of Issuance: _____

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



Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

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

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

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

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

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

All documents must be UNEXPIRED

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

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

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

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

new hire pamphlet

If a work injury occurs

California law guarantees certain benefits to employees who are injured or become ill because of their jobs.

Any job related injury or illness is covered.

Types of injuries include, but may not be limited to, strains, sprains, cuts, cumulative or repetitive traumas, fractures, illnesses and aggravations. Some injuries from voluntary, off duty,

recreational, social or athletic activity may not be covered. Check with your supervisor or Keenan & Associates if you have any questions.

All work related injuries must be reported to your supervisor immediately. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury.

It is a misdemeanor for an employer to discriminate against workers who are injured on the job or who testify in another employee's case. Any such employee may be entitled to compensation, reinstatement and reimbursement for lost wages and benefits.

Workers' compensation benefits include

Medical Care – All medical treatment, without a deductible or dollar limit. For dates of injury on or after 1/1/04 there is a limit of 24

chiropractic, 24 physical therapy and 24 occupational therapy visits. However this limit does not apply for post surgical treatments. Costs are paid directly by Keenan & Associates, through your employers workers' compensation program, so you should never see a bill.

If emergency treatment is required go to the nearest emergency room or contact 911.

Keenan & Associates will arrange medical treatment, often by a specialist for the particular injury. Preferred Provider Networks may be utilized for physicians as well as medical care centers.

If you have health care coverage you are eligible to treatment with your personal physician or medical group should you become injured on the job. If you are eligible, **before you are injured**, you must notify your employer **in writing** and provide your employer **written** documentation from your personal physician or medical group that they agree to be pre-designated. Your personal physician must be your regular primary care physician who previously directed your medical treatment, who retains your medical history and records. You may only pre-designate your primary care physician if they are a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist, or pediatrician. Your personal physician may be a multispecialty medical group composed of licensed doctors or osteopathy providing medical services predominantly for non-occupational illness and injuries.

Your employer may be using a Medical Provider Network (MPN), which is a selected group of health care providers to provide treatment to

workers injured on the job. If you have pre-designated a personal physician prior to your work injury, then you may receive treatment from your pre-designated doctor. If you have not pre-designated and your employer is using and MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer or Keenan & Associates. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information on reverse side.

If your employer **does not** participate in a Medical Provider Network (MPN) you may be able to change your treating physician to your personal chiropractor or acupuncturist. Generally your employer, or Keenan, has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your employer, or Keenan, initiates treatment you may, upon request, have your treatment transferred to your personal chiropractor or acupuncturist. To be eligible you must notify your employer **in writing prior to being injured**. However, a chiropractor cannot be your treating physician after receiving 24 chiropractic office visit.

Your employer will provide you with a form to use an optional method to pre-designate your personal physician.

Contact Keenan & Associates if you plan to change physicians at any time.

Payment for Lost Wages - If you're temporarily disabled by a job injury or illness, you'll receive tax-free income until your doctor says you are able to return to work. Payments are two-thirds of your average weekly pay, up to

a maximum set by state law. Payments aren't made for the first three days unless you are hospitalized in an inpatient basis or unable to work more than 14 days.

If the injury or illness results in permanent disability, additional payments will be made after recovery. If the injury results in death, benefits will be paid to surviving, eligible dependents.

Rehabilitation – **For dates of injury on or after 1/1/04** - you may be entitled to a **Supplemental Job Displacement Voucher**, which entitles you to a voucher for educational training.

How to obtain additional information

Contact your employer representative or Keenan & Associates if you have questions about workers' compensation benefits. You may also contact an Information and Assistance Officer at the State Division of Workers' Compensation. You can consult an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at 415-538-2120.

Department of Workers' Compensation Information and Assistance Offices

You can get free information from a state Division of Workers' Compensation Information & Assistance Officer. The phone numbers are listed below. Hear recorded information by calling toll-free 800-736-7401 or visit www.dwc.ca.gov.

Anaheim	714-414-1804
Bakersfield	661-395-2514
Eureka	707-441-5723
Fresno	559-445-5355
Goleta	805-968-4158
Long Beach	562-590-5001
Los Angeles	213-576-7389
Marina Del Rey	310-482-3858
Oakland	510-622-2861
Oxnard	805-485-3528
Pomona	909-623-8568
Redding	530-225-2047
Riverside	951-782-4347
Sacramento	916-928-3158
Salinas	831-443-3058
San Bernardino	909-383-4522
San Diego	619-767-2082
San Francisco	415-703-5020
San Jose	408-277-1292
San Luis Obispo	805-596-4159
Santa Ana	714-558-4597
Santa Rosa	707-576-2452
Stockton	209-948-7980
Van Nuys	818-901-5367

Rancho Cordova
800-343-0694

Redwood City
650-306-0616

Riverside
800-654-8347

San Jose
800-334-6554

Anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to \$150,000 and sent to prison for up to five years.
[Insurance Code Section 1871.4]

Keenan & Associates adjusting locations

Torrance
800-654-8102

Eureka
707-268-1616

Pleasanton
925-225-0611



NOTICE OF EXCLUSION FROM CalPERS MEMBERSHIP

1. SOCIAL SECURITY NUMBER		Your employer has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit package which includes service retirement, death, and disability benefits.	
2. CURRENT NAME (LAST)		(FIRST)	(MIDDLE)
3. NAME OF PUBLIC AGENCY College of the Sequoias		4. DEPARTMENT OR SCHOOL DISTRICT College of the Sequoias	5. JOB OR POSITION TITLE Student Worker
6. TERM OF APPOINTMENT <input type="checkbox"/> PERMANENT <input checked="" type="checkbox"/> TEMPORARY		7. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST. MONTHS	8. APPOINTMENT DATE MM DD YYYY
9. TIME BASE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> INDETERMINATE <input checked="" type="checkbox"/> PART-TIME IF PART TIME, ENTER THE FRACTION OF FULL TIME:			

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

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

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

If you believe that your employment does qualify you for CalPERS membership, ask your employer for an explanation. If you still have doubts, you may appeal directly to CalPERS by sending a letter to the Actuarial & Employer Services Branch, Membership Analysis & Design Unit, P.O. Box 942709, Sacramento, CA 94229-2709, stating the reasons why you feel you should be a member.

SIGNATURE OF CERTIFYING OFFICER	TITLE	DATE
SIGNATURE OF EMPLOYEE		DATE

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

Please Print

Name (Last) First Middle

College of the Sequoias

Name of School District

OATH OF OFFICE

For School District Employees

(State Constitution, Art. XX, Sec. 3 as amended)

STATE of CALIFORNIA

COUNTY of TULARE

For the office of Student Worker / Tulare County Schools
Position and Name of School District

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.

Employee's Signature

Subscribed and sworn to before me this
Day of _____, 20

Name

Title

Sequoias Community College District / Student Demographic Survey and Authorization (Confidential)

As an affirmative action/equal opportunity employer, we are required to compile summary data on student employees. We are requesting your assistance in providing the information below. Please return this form with your application. The form will be kept confidential and separate from all hiring documents and will not be forwarded to the colleges/departments making employment decisions.

Name					Date:		
	Last	First	Middle				
Mailing/Street Address							
City				State			Zip
Phone Number				Social Security Number:	- -		
Personal	<input type="checkbox"/> Male	<input type="checkbox"/> Female		Date of Birth			
Signature of Student Applicant →							

Heritage:	<input type="checkbox"/> Asian excluding Filipino: All persons having origins in any of the original people of the Far East or Southeast Asia (Chinese, Japanese, Korean, Laotian, Cambodian, Vietnamese, Asian Indian, Other Asian).
	<input type="checkbox"/> Black/African-American: (not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.
	<input type="checkbox"/> Filipino: All persons having origins in any of the original people of the Philippine Islands
	<input type="checkbox"/> Hispanic (Chicano/Latino/Mexican-American): All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
	<input type="checkbox"/> Native American: All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.
	<input type="checkbox"/> Pacific Islander: All persons having origins in Guamanian, Hawaiian, Samoan or other Pacific Islander group.
	<input type="checkbox"/> White/Caucasian (not of Hispanic origin): All persons having origins in any of the original people in Europe, the Indian Subcontinent, or the Middle East.
	<input type="checkbox"/> Other foreign national (please specify):
	<input type="checkbox"/> Decline to state

Citizen Type	Marital Status
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Single
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Married
<input type="checkbox"/> Temporary Resident	<input type="checkbox"/> Divorced
<input type="checkbox"/> Refugee	<input type="checkbox"/> Separated
<input type="checkbox"/> Student VISA	<input type="checkbox"/> Widowed
<input type="checkbox"/> Other Status	<input type="checkbox"/> Declined to State
<input type="checkbox"/> Unknown	

SUPERVISOR – COMPLETE ALL INFORMATION BELOW LINE								
District Budget to be Charged						Percent	100	
Budget to be Charged						Percent	100	
Budget to be Charged						Percent	100	
Department				Start Date:			End Date	6/30/2016
Rate of Pay	\$9.00	Earnings Limit			Semester	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Worksite/Location								
Job Description	<input type="checkbox"/> S1	Student Work / District						
	<input type="checkbox"/> S2	Student Tutor						
	<input type="checkbox"/> S3	Student CalWorks Study		<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus				
	<input type="checkbox"/> S4	Student Federal Work Study		<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus				
Supervisor's Signature						Date		
Budget Manager's Signature						Date		
Student is Currently Enrolled in			Units.					



**Student Performance Evaluation
Sequoias Community College District**

Supervisors may evaluate their student's work performance at the end of each pay period using the standard Student Performance Evaluation.

Rating Key	Does Not Meet Standards 1	Meets Minimal Standards – Needs Improvement 2	Meets Standards 3	Exceeds Standards 4	Exceptional 5
1. General appearance (well groomed, appropriately dressed)					
2. Work attendance (dependable, not late)					
3. Neatness and completeness of work					
4. Industriousness, enthusiasm, and initiative					
5. Accepts direction and criticism in a positive manner					
6. Works well with other employees/public					
7. Oral communication skills					
8. Written communication abilities					

Supervisor's Comments: _____

Signature of Supervisor		Date	
Supervisor's Title			
Signature of Student Worker		Date	
Supervisor's Title			
Supervisor's Title			



Student Worker Agreement

Sequoias Community College District
 915 S. Mooney Blvd.
 Visalia, CA 93277

Student's Name:				Social Security No.:	
Temporary Employment Period	Beginning Date:			Ending Date:	
Hourly Rate (Minimum Wage):	9.00	Supervisor (Worksite):			
Job Description (Be Specific):					
Job Title:	Student Worker	Address:			Phone:
<p>I agree to adhere to the plan as developed for me with the employer and supervisor shown above. I further agree to adhere to all employer rules and regulations relative to the training provided. I have read the SCCD Student Employment Handbook and understand all established policies. I will allow College of the Sequoias to discuss, share, and release all of my confidential academic, financial aid and work related information (GPA, financial aid status, work history, etc.) with my work-site supervisors. I am currently enrolled in 6.0+ units at Sequoias Community College District. I understand that if I drop below 6.0 units during the semester in which I am employed, I will no longer be able to work as a student worker at the District and my hours shall be considered volunteer hours with no financial aid/work study compensation.</p> <p>I further understand that I am being hired as a student worker with no job rights regarding continued employment from semester to semester or year to year. I could be terminated at-will by Sequoias Community College District and no other agreements or promises have been made. If terminated, I may not be rehired within another department at Sequoias Community College District. All projected hours listed below are contingent upon my job performance and do not signify permanent employment status. I am not and will not be eligible to receive fringe benefits from Sequoias Community College District.</p>					
Student's Signature:				Date:	

Supervisor's Name:				Title:	
<p>I agree to adhere to the policies and regulations established by Sequoias Community College District, along with all Federal and State laws regulating employment. I have read the SCCD Student Employment Handbook and understand all requirements.</p>					
Supervisor's Signature:				Date:	

Optional Budget Information								
<i>(Projected Hours Pending Job Performance and Student Eligibility)</i>								
	Hours Per Week	Hourly	Total	FWS	CWWS	EOPSWWS	District	Total
Hours During School								
Fall		9.00	\$					\$
Spring		9.00	\$					\$
Hours During Breaks								
Summer		9.00	\$					\$
Christmas		9.00	\$					\$
Spring		9.00	\$					\$
Total Projected Wages & Fixed Award			\$					\$



Termination of Student Employment

Employee Information

Name: _____ Banner ID: _____
 Department: _____ Last Working Date: _____
 Position/Duties: _____

Reason for Termination

- Voluntary Resignation
- Accepted another job
 - Relocated
 - Transferred/Graduating
 - Job Dissatisfaction
 - Disability
 - Course Load too Heavy
 - Other (Explain)

- Involuntary Termination
- Attendance/Punctuality
 - Misconduct/Attitude
 - Poor Job Performance
 - Insubordination
 - Lack of Available Work
 - Earned Award/Lack of Funds
 - Mutual Agreement
 - Failed to Report to Work
 - Less than 6.0 Units
 - Drug/Alcohol Use
 - Other (Explain)

Explain: _____

Two-Week's Notice

Did student give two-week's notice? (circle one) Yes No

Did student quit without contacting your department? (circle one) Yes No

Rehire Status

Would you rehire student? (circle one) Yes No

Please give explanation:

Supervisor's Signature

Print Name

Date

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2015</h1>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

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

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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

Work Study Student Earnings Roster

Student Worker's Name _____

Fiscal Year: _____

Month	Gross Monthly Wages	F.W.S. Award: \$ C.W.W.S. Award: \$ District Award: \$ Total of Award: \$
	Starting Balance	\$
July	\$	\$
August	\$	\$
September	\$	\$
October	\$	\$
November	\$	\$
December	\$	\$ Remaining Fall Award + \$ Spring Award = \$ _____ Fall & Spring Award
January	\$	\$
February	\$	\$
March	\$	\$
April	\$	\$
May	\$	\$
June	\$	\$

Note: Students can earn only ½ of their Work Study award(s) in the fall. The remaining award can be earned and carried over for spring.

Award Overages will be charged to the Organization (off-campus)/Department/Division/Office. To calculate the total number of hours the student can work, based on his/her award, use the following formula. Award amount divided by \$9.00 per hour equals the total number of hours. Divide the total number of hours by the number of weeks the student is needed at the work site, in order to determine how many hours per week the student can work.

Example \$2,000 ÷ \$9.00 = 222 hours ÷ 18 weeks = 12.34 or 12 hours per week

\$ _____ Award ÷ \$9.00 = _____ Total Hours ÷ _____ Weeks = _____ Hrs per week



SEQUOIAS COMMUNITY COLLEGE DISTRICT-Workstudy Student Timesheet

Due in the SCCD Student Employment/Work Study Office, Sycamore Building, Room IM109 on the 10th of each month.

Name:		Banner ID:	
Dept:		Check One:	<input type="checkbox"/> On-Campus <input type="checkbox"/> Off-Campus

Please fill-in and print. Confirm hours. Sign and date time sheet. Estimate/Project hours from the 10th to the 15th.

Calendar Month Ending on the 15th day of:

20

Date:	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
In Out In Out In Out																
Daily Total																
Payroll use only:																
Job Description																

Date:	1	2	3	4	5	6	7	8	9	Estimate Hours						10	11	12	13	14	15
In Out In Out In Out																					
Daily Total																					
Payroll use only:																					
Job Description																					

FOAPL:	FWS	-003350-23090-6470	Percent		%		Total of hours	Rate	Total Amount
	CWWS	-004350-23090-6490			%				
	Dist				%				
	Dist				%				

I hereby certify that the above is a true statement of the hours worked, and I am currently enrolled in 6.0 or more units. The hours listed from the 10th to the 15th are projected/estimated and will be worked by payday.

Employee's Signature: _____

Date: _____

I hereby certify that the above is a true statement of the hours worked by the employee listed, and that (s)he has performed their assigned job in a satisfactory manner. The hours listed from the 10th to the 15th are projected/estimated and will be worked by payday.

Budget Manager's Signature: _____

Supervisor's Signature: _____

Date: _____

Date: _____

NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: _____

Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: _____

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? Yes No

Other Names Hiring Employer is "doing business as" (if applicable):

Physical Address of Hiring Employer's Main Office:

Hiring Employer's Mailing Address (if different than above):

Hiring Employer's Telephone Number: _____

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: _____

Physical Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

WAGE INFORMATION

Rate(s) of Pay: _____ Overtime Rate(s) of Pay: _____

Rate by (check box): Hour Shift Day Week Salary Piece rate Commission

Other (provide specifics): _____

Does a written agreement exist providing the rate(s) of pay? (check box) Yes No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? Yes No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: _____

WORKERS' COMPENSATION

Insurance Carrier's Name: _____
Address: _____
Telephone Number: _____
Policy No.: _____
 Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 1. requesting or using accrued sick days;
 2. attempting to exercise the right to use accrued paid sick days;
 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: *(Check one box)*

- 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____

ACKNOWLEDGEMENT OF RECEIPT

(Optional)

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer Representative)

(SIGNATURE of Employee)

(Date)

(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.



COLLEGE of the SEQUOIAS

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