

LOS RIOS COMMUNITY COLLEGE DISTRICT - COMPLIANCE CHECKLIST

Temporary Classified / Employment Service Agreements (ESAs) / Professional Expert Agreements (PEXs) / Student Help / Federal Work Study Employees

PRINT EMPLOYEE NAME:

LAST,

FIRST,

M.I.

Employee ID OR Last Four Digits of SSN

1. NEW EMPLOYEE TRAINING CHECKLIST – SUBMIT TO HUMAN RESOURCES

#7 listed on of the New Employee Training Checklist, is the specific "Job Safety Analysis". The Job Safety Analysis for your position available to download at the Los Rios website. It can be printed out by any Los Rios employee (i.e., your supervisor). Directions to print out a Job Safety Analysis form: 1) Go to www.losrios.edu website address. 2) Click on "Employees". 3) Click on "All other links are require secure login - click here to enter". 4) Click on "Human Resources". 5) Click on "Job Safety Analysis", then choose the job title of the position and print out the appropriate Job Safety Analysis.

2. NOTICE OF WORKER'S COMPENSATION PACKET – SUBMIT TO HUMAN RESOURCES

Notice to New Employees - Worker's Compensation; CA Worker's Compensation - What Every Worker Should Know; Designated Medical Facilities for Worker's Compensation Treatment; Optional "Predesignation of Personal Physician" form; and the pamphlet: Facts about Workers Compensation.

3. SSA-1945 FORM – SUBMIT TO HUMAN RESOURCES

I understand this form is only applicable if I am in a position which is NOT covered by Social Security. This applies to all Student Help/Federal Work Study/PEX employees AND to Temporary Classified employees who contribute into Public Agency Retirement Services (PARS) or to ESA employees who contribute to CalSTRS.

4. NOTICE OF EXCLUSION FROM CALPERS MEMBERSHIP – SUBMIT TO HUMAN RESOURCES

I have been given and completed the Notice of Exclusion from CalPERS Membership form. (Exception: If I am hired as a Temporary Classified employee and I am already a member with CalPERS, or if I am hired on an Employment Service Agreement (ESA), then this form is **NOT** applicable.)

5. EMPLOYEE FERPA AGREEMENT - SUBMIT TO HUMAN RESOURCES - I have been given and completed the Employee FERPA Agreement form.

6. HEPATITIS B VACCINATION ACCEPTANCE OR DECLINATION FORM – IF APPLICABLE, SUBMIT TO HUMAN RESOURCES

Hepatitis B Vaccination Acceptance or Declination form MUST be submitted to Human Resources AND Bloodborne Pathogens training MUST be completed, if required per job classification/position. See the reverse side of the Employee Copy of this checklist for a list of positions with occupational exposure to bloodborne pathogens, directions on how to print out the Hep B Vaccination Acceptance or Declination form, and instructions on how to complete the Bloodborne Pathogens training.

7. TITLE IX: MANDATORY TRAINING, SEXUAL HARASSMENT AND SEXUAL VIOLENCE, AND HOW TO REPORT IT ("NOT ANYMORE")

I received the Mandatory Title IX Training information packet and understand that I have 30 days to complete the online training through Employee Self-Service. This training is only required once, at the time of hire.

8. POLICIES & REGULATIONS, CONFLICT OF INTEREST RULES AND COMPUTER USE REGULATIONS – GIVEN TO EMPLOYEE

I understand that Los Rios Policies and Regulations are available on the Los Rios Website. To review go to: www.losrios.edu/legal, then click on "Policies & Regulations". The Conflict of Interest Rules are located under "Board Policy" area. Click on either the "8000" or "Business" series and review the policy numbered "8631" titled "Conflict of Interest Rules". The Computer Use Regulations are located under "Administrative Regulations" area. Click on either the "8000" or "Business" series and review all regulations under the "8800" series titled "Administrative Computer Use".

9. EMPLOYEE RIGHTS AND RESPONSIBILITIES PACKET; LABOR COMMISSIONER'S OFFICE: RIGHTS OF VICTIMS – GIVEN TO EMPLOYEE

Includes information on: Non Discrimination and Disability Accommodation; Sexual Harassment / Non Discrimination / Violence-Free Workplace / Drug and Alcohol Free Workplace; Workplace Bullying; Professional/Ethical Behavior; Clery Act; Administrative Computer Use and Regulations; Information Available Online; Bloodborne Pathogens and Local Counseling and Rehabilitation Programs. The Labor Commissioner's office Rights of Victims of domestic violence, sexual assault and stalking – rights to time off, reasonable accommodation, freedom from retaliation and discrimination.

10. EMPLOYEE SELF SERVICE INFORMATION – GIVEN TO EMPLOYEE

Form provides directions to access Employee Self Service internet pages including completing of my Federal and State tax withholding options. (i.e., access to update Emergency Contact, review Pay Warrants, sign up for Direct Deposit from a secure Los Rios Computer, etc.).

11. BENEFITS INFORMATION - GIVEN TO EMPLOYEE (a and b)

- a. **HEALTH INSURANCE MARKETPLACE NOTICE TO NEW HIRES** - Information on the Health Insurance Marketplace as part of the Affordable Care Act.
- b. **PAID SICK LEAVE** – Notification of sick leave per Labor Code section 245, Accrual of Paid Sick Leave, and Use of Paid Sick Leave.
- c. **VOLUNTARY BENEFIT PROGRAM (Medical Program)** - Go to: <https://www.keenanandirect.com> or call (855) 653-3626 or call (916) 568-3070 for a flyer.

12. PUBLIC AGENCY RETIREMENT SERVICES (PARS) INFORMATION-PEX Only

(PARS information applies to MOST Temporary Classified and all Professional Expert Agreement (PEX) employees). I understand that if I am a Temporary Classified and/or Professional Expert Agreement employee AND I am being hired for a position which I will contribute into PARS, then the following PARS ARS 457 forms will apply to me: Plan Information Sheet, Frequently Asked Questions and Designation of Beneficiary Form. These and other PARS related forms are available at the Los Rios website by following steps 1-4 in #2 above, then for step 5 click on "Public Agency Retirement Services (PARS) Information".

13. ADA & FEHA Information / EDD BOOKLET

The District is in compliance with Americans with Disabilities Act (ADA)/ Fair Employment and Housing Act (FEHA) and provides reasonable accommodations to individuals with disabilities. Information and questions can be located at: <https://losrios.edu/about-us/our-values/disability-accommodation>. The EDD Booklet entitled "For Your Benefit - California's Programs for the Unemployed". Further information about either of these items is available in Human Resources and/or the Vice President offices on campus.

14. 403(b) or 457 TAX SHELTERED ANNUITY (TSA) PLAN FOR TEMPORARY CLASSIFIED, ESA, AND PEX EMPLOYEES:

I understand that I may be eligible to participate in a Los Rios sponsored 403(b) and/or 457 Tax Sheltered Annuity (TSA) plan. If I am interested, I will contact the Los Rios Employment Benefits Department at (916) 568-3070.

15. VOLUNTARY BENEFIT PROGRAM (Medical Program) - Go to: www.KeenanDirect.com, call (855) 653-3626 or call (916) 568-3070 for a flyer.

I have received (when applicable), read and agree to comply with the material and information that I have been given as listed above which apply to the position for which I am being hired. If I have any questions regarding this material or information, I will contact a Human Resources representative. (For Student Help/Federal Work Study/Temporary Classified questions, call (916) 568-3107. For Employment Service Agreement/Professional Expert Agreement questions, call (916) 568-3179.)

EMPLOYEE SIGNATURE

DATE

Los Rios Community College District
Demographic Survey
(Confidential Use Only)

The Los Rios Community College District (LRCCD) requests your assistance in our efforts to comply with State and Federal reporting guidelines. These guidelines allow employees to select multiple ethnicities with which they identify to more accurately reflect the ethnic heritage of the LRCCD population. Please complete the survey below. A Q & A on this topic is printed on the back of this form for your reference, or you may call the Human Resources Department at (916) 568-3112 with any additional questions.

Employee Name: (Please print) _____

Employee ID # or last 4 digits of Social Security Number: _____

Are you Hispanic or Latino? (Check one) **Yes** or **No**

What is your race/ethnicity? (Check one or more)

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Mexican, Mexican American, Chicano |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Central American | <input type="checkbox"/> South American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> White |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other Hispanic |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander |

Are you disabled? (Check one) **Yes** or **No**

The Los Rios Community District is committed to complying with the Americans with Disabilities Act. Should you need to request accommodations for a disability please contact the Human Resources office at (916) 568-3112 or visit this website for more information: <http://www.losrios.edu/legal/faq2.php>

What is your gender? (Check one) **Male** or **Female**

Employee Signature: _____ **Date:** _____

Demographic Survey - Questions and Answers

Q: Is this data secure?

A: The security and confidentiality of your personal information is of the highest importance to the District. All employee data is stored in a secured database; which is protected from unauthorized internet access by the network firewall, intrusion prevention servers, database security, and application security.

Q: What is the purpose of gathering this data?

A: The primary purpose for collecting this data is to report staff demographics to the California Community Colleges Chancellor's Office (CCCCO) as required. All survey information is confidential.

Q: Why am I being asked for this information in this format?

A: Beginning with the 2009-2010 reporting period, the US Department of Education has established new guidelines for educational institutions requiring the collection of race and ethnic data using a two-part question survey. The questions ask whether you are Hispanic or Latino and will allow you to identify with one or more race. This process allows for individuals to more accurately identify themselves and makes the data reported by educational institutions consistent with Census data and other national data sets. The following websites from the U.S. Department of Education provide additional information about the revised data collection and reporting standards:

<https://www2.ed.gov/policy/rschstat/guid/raceethnicity/questions.html>

Q: Why am I being asked about my disability status?

A: Title 5, Section 53025(a) requires Districts to provide reasonable accommodations to applicants and employees with disabilities consistent with state and federal law. In order to comply with this mandate, the District is required to collect data from employees with disabilities on a voluntary basis through a survey.

The Los Rios Community District is committed to complying with the Americans with Disabilities Act. Should you need to request accommodations for a disability; please contact the Human Resources office at (916) 568-3112 or visit this website for more information: <http://www.losrios.edu/legal/faq2.php>

Los Rios Community College District Emergency Information Form

Employee Information:

Name (Please Print): _____ EmpID: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Home Phone: _____ Cell Phone: _____

Home E-mail: _____

Other E-mail: _____

In case of emergency, please notify (#1):

Name (Please Print): _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Name of Employer: _____ Work Phone: _____

In the absence of the above person, please notify (#2):

Name (Please Print): _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____



EMPLOYEE FERPA AGREEMENT
(Family Education Rights and Privacy Act)

I understand that by virtue of my employment with Los Rios Community College District, I may have access to records that contain individually identifiable information about a student, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974 (FERPA).

Student records are highly confidential and all employees are expected to abide by FERPA as well as general confidentiality practices. In order to ensure that student record information is protected, you are asked to review the following and sign below:

- Access to student information is limited to employees with approved security access. Requests from others for a student’s phone number, address, or other protected information should be directed to a lead staff member or supervisor.
- Social security numbers are to be protected at all times. At no time should you provide someone with his/her social security number or a document with that number printed on it unless a valid photo ID is provided.
- All documents with any personal identification information must be destroyed properly (shredding bin or shredder).
- Access to student information is for the purpose of conducting the business of the Colleges and District. Information on a student may not be accessed for any other reason nor shared with anyone for any other purpose.
- No student information (including your own) may be altered without using standard procedures (completing forms, having a staff member enter the information in the system).
- No employee shall knowingly include or cause to be included in any student record or report a false, inaccurate or misleading entry.
- At no time should confidential student information be given out over the phone or faxed.
- Please ensure that confidential information is not left out in the open within view of students.

While your supervisor can assist you in understanding these laws and LRCCD’s policies, you should become familiar with them, particularly those regarding required consent to release information, the list of information which can be released for currently enrolled students without consent, and how information is designated when the student has indicated that it cannot be released. A short information sheet is located here: <http://www.losrios.edu/legal/resources/FERPATips.pdf>

When a student has chosen to indicate information about them is not to be released, the requestor should be advised “that we are unable to release any information” and be given no indication of whether or not you may have any information on the person. You are advised to refer any questions or requests for information that you are unsure of to your supervisor.

I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person violates federal law, state law and Los Rios Community College District’s policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed. I have retained in my possession a copy of the document for future reference.

Last Name, First Name (Please Print or Type)

Employee ID# OR Last 4 digits of SSN

Employee Signature

Date

REPORT OF ARRESTS WHICH LED TO CONVICTIONS FOR CRIME

NAME:

(Please Print)

Last

First

Middle

ADDRESS:

Street

City

State

Zip

PHONE:

Explanation:

All employment offers are subject to a background clearance which includes, at a minimum, a careful evaluation of criminal history information to ensure prospective employees are clear of any criminal history that would indicate a risk to the safety or security of the campus community. The District will not deny employment to any applicant solely because the person has been convicted of a crime, however, applicants with convictions for any felony, any drug crimes and sex-related crimes identified in Education Code 87010, 87011, and 88022 are not eligible for employment with the District. Failing to list a conviction at the time the application is submitted may also be grounds for exclusion from employment. For all other crimes, the District will consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position. All applicants who are offered employment will be provided with a LiveScan Request Form and be required to submit fingerprints electronically at a California Department of Justice LiveScan location.

- Have you ever been convicted (including a plea of guilty or no contest which resulted in a criminal conviction) of a crime? (Exclude misdemeanor convictions for marijuana-related offenses more than two years old; notwithstanding any of the preceding, you should not disclose convictions that are over two years old as of the date that you complete this application for violation of health and safety code sections 11357, 11360, 11365, or 11550, as those statutes relate to marijuana prior to January 1, 1976 or a statutory predecessor to those statutes.)
 - YES** If YES, complete #2 and #3 below.
 - NO** If NO, complete #3 below.

CONVICTIONS YOU MUST INCLUDE:

- You must include a conviction even if you have received a release per section 1203.4 of the Penal Code.
- You must include a conviction for a Vehicle Code violation if it resulted in a misdemeanor or felony conviction (i.e. driving under the influence, hit and run, reckless driving).

CONVICTIONS YOU DO NOT NEED TO INCLUDE:

- You do not need to include a conviction for a Vehicle Code violation classified as an infraction or a parking violation (i.e. speeding, running a stop sign, or a parking violation).
- You do not need to include a conviction for an offense committed as a juvenile if the record has been sealed in accordance with section 1203.45 of the Penal Code.
- You do not need to include a conviction for a marijuana offense if the offense occurred more than two years ago and the record has been expunged or is eligible to be expunged pursuant to section 11361.5 of the Health and Safety Code.

- List details of each conviction including offense date, arresting agency, code type and section violated, type of offense, and date probation ends or ended.

Offense Date	Arresting Agency (include City and State, i.e., Sacramento Police Department, Sacramento CA)	Code Type and Section Violated [include Code Type, i.e., P (Penal), VC (Vehicle Code, H&S (Health & Safety), etc., AND section of the code]	Type of Offense (i.e., Infraction, Misdemeanor or Felony)	Date Probation Ends or Ended

- By signing below, I certify that I have listed all of my criminal convictions except for those exempted by law, as noted in #1. I understand that if I provide false information about a conviction or fail to disclose a conviction, I will be disqualified for employment. I further understand that if a substantive error or omission of a conviction is revealed after employment begins, I will be subject to immediate dismissal for cause.

Date: _____

Signed: _____

NEW EMPLOYEE TRAINING CHECK LIST

This form is to be completed during the processing as a new employee or new job assignment if the assignment falls in a new JOB SAFETY ANALYSIS area. This form will be kept in your personnel file. **Each area must be completed.**

Name: _____ Emplid or last four of SSN: _____

Print Name Clearly

Work Location: ARC / CRC / DO / ETHAN / FLC / FM / SCC

Dept/Division Area: _____

Area Dean/Supervisor: _____

Type of Work: Employment Service Agreement
(Student Help-SH, College Work Study-CWS, Temp Clerical, or PT Inst., Job Title-if Regular Position)

Date Employed: _____ New Hire: OR New Assignment:

If Applicable, previous Work Area (This applies to those already employed by Los Rios who have made a complete change. For example: A Custodian moving to College Police.): _____

- A. Was a Medical Questionnaire form completed? Yes No
(If applicable to position for which hired)
- B. Has Employee taken pre-employment physical? Yes No
(If applicable to position for which hired)
- C. Can you perform the essential functions of this position? Yes No
(Please contact HR at (916) 568-3112 if you require reasonable accommodation.)

If answer to C is **no**, please explain:

Please read the attached information and then answer the following:

I HAVE BEEN INFORMED OF THE FOLLOWING:

- 1. District Safety Policies and Programs Yes No
- 2. Safety rules, both general and specific to job Yes No
 - 2.1 How, when and where to report injuries Yes No
- 3. Safety rule enforcement procedures Yes No
- 4. Required and/or recommended personal protective equipment (i.e., shoes, gloves, etc.) Yes No
- 5. Handling of materials related to position Yes No
- 6. Importance of housekeeping Yes No
- 7. Special hazards of job (see the Job Safety Analysis form) Yes No
- 8. When and where to report unsafe conditions Yes No
- 9. Safe operation of vehicle Yes No
- 10. Asbestos Awareness Yes No
- 11. Other (List specifics) _____ Yes No

Employee Signature: _____ Date: _____

Hiring Representative Signature: _____ Date: _____

Note: Hiring Representative is to ensure that letters A-C are answered, numbers 1-10 are answered "yes", and #11 is answered.

Los Rios Community College District - New Employee Training Information

1. HEALTH AND SAFETY POLICY

The personal health and safety of each employee is a primary concern of Los Rios Community College District and shall always be a part of and equal to any function of work performed. The objective of the Health and Safety Program is to minimize the number of disabling injuries and illnesses that occur during any school year. A complete copy of the program is maintained in the office of **Vice President of Administration/Director**, and is available for your review.

Safety is the responsibility of all managers/supervisors at all levels and all managers/supervisors will be held accountable for loss prevention.

The Health and Safety Program shall conform with the practices of the California Occupational Safety and Health Act of 1973 and California Code of Regulations, Title 8, and shall include:

- a. Developing and enforcing specific safety and health rules.
- b. Training all employees in good health and safety practices.
- c. Conducting a program of health and safety inspections to identify and eliminate unsafe working conditions or practices, to control health and safety hazards, and to discover and report non-compliance with established health and safety standards.
- d. Providing physical security of the College's people and property.
- e. Investigating, promptly and thoroughly, every accident to find out what caused it in an attempt to prevent its recurrence.
- f. Complying with all applicable laws and regulations.

2. SAFETY RULES

General Safety Rules

For the protection and safety of all employees, **Los Rios Community College District** has established the following rules designed to prevent accidents and injuries. Compliance with these rules will be mandatory. Documentation will be made when the rules are distributed to new employees.

1. **All accidents and injuries must be reported to the supervisor at the time of occurrence.**
2. Machines or equipment shall not be operated until you have received proper instructions on their operation.
3. Horseplay, throwing things, running in aisles and stairways, distracting employees at work, and unnecessary shouting are forbidden.
4. All spilled oil, grease, water and other liquids must be immediately reported to your supervisor or appropriately cleaned up.
5. Areas in which overhead maintenance is being performed will be blocked off and posted to prevent possible injury from falling objects. A barricaded or posted area will not be entered, except by the workers performing the work.
6. Any defective tool or equipment must not be used and immediately reported to your supervisor.
7. Failure by an employee to comply with the safety rules will be grounds for corrective discipline.
8. Specific Departmental Safety Rules, when applicable, will be posted in appropriate work areas.

Chemicals

1. Chemicals meeting the definition of "Hazardous Material", as defined by the OSHA Safety and Health Regulations, will not be purchased and/or brought into a site for usage without:
 - a. MATERIAL SAFETY DATA SHEET, Form OSHA-20, or equivalent information on file and
 - b. Express consent or approval of the designated college Safety Coordinator.
2. No chemicals meeting the definition of a "Hazardous Material", as defined by the OSHA Safety and Health Regulations, will be used without strict adherence to the data, precautions and procedures for handling, storage, disposal and usage contained on the appropriate MATERIAL SAFETY DATA SHEET (Form OSHA-20).
3. All containers will be labeled as to their contents -- to include hazardous wastes.

Compressed Air

1. Compressed air will not be used to clean floors.
2. When blowing chips from a hole, the hole must be covered with a shop towel.
3. Flow from an air hose will not be directed toward another person or toward the operator of the air hose.
4. Compressed air will not be used to clean clothes, hands, or other parts of the body.
5. Where danger of flying particles is present, safety glasses with side shields will be worn by employees working with compressed air hoses.
6. The working pressure of a nozzle will not exceed 30 psi.
7. Altering or tampering with safety air nozzle is forbidden.

Machine Operating

1. Use of a machine or piece of equipment will be restricted to that which employee has been trained, qualified and authorized to operate.
2. Immediate notification must be given to supervisor for any unsafe equipment that is missing protective guards or has improperly positioned protective guards.
3. Power machinery will be kept free of unnecessary tools, rags, and scrap while in operation.
4. Machinery will be turned off when not in use.
5. Brush, chip nook, or rake will be used to remove chips.
6. Work pieces and cutters will be secured before setting machine in motion.
7. Correct speed and feed will be used when operating equipment.
8. Rings, jewelry, watches, gloves, neckties, long sleeves or loose clothing will not be worn when near or when operating machinery.
9. Tampering with or removal of safety guards is prohibited.

Fire Emergency

1. All fires must be reported immediately. Fire emergency number will be called and location of fire given.
2. All employees must know the location of fire extinguisher(s), fire blanket(s) and stretchers.
3. Tampering with fire extinguisher(s) is forbidden.
4. Fire extinguisher(s), sprinklers, fire exits, or risers will not be blocked by supplies, stock or parts at any time.
5. Smoking or open flame is prohibited in areas where flammable materials are used or stored.
6. All employees will comply with posted "No Smoking" areas.
7. Person who is reporting fire must stay on telephone line until released by fire department personnel.

Medical Emergency

All medical emergencies will be reported immediately. Medical emergency number must be called and location of emergency given.

3. SAFETY RULE ENFORCEMENT PROCEDURE

All employees are required to follow safe working practices and to comply with the general safety rules of the district. For specific procedures refer to your collective bargaining agreement.

4. PROTECTIVE EQUIPMENT

1. Safety glasses will be worn when eye protection is required, i.e., where posted. Photogray or sunglasses will not be allowed in shop areas.
2. Safe shoes may be required in some positions. Shoes with exposed heels, toes or archways will not be permitted in a shop area. Shoes constructed from materials other than leather or synthetic leather will be explicitly prohibited from shop areas.
3. Where there is a danger of hair (4" from the scalp in length) entangling in moving machinery or equipment, a hair enclosure (cap or hat) must be worn. (Hairnet not accepted by OSHA).

5. MATERIALS HANDLING

1. Lifting: Attempting to lift or push an object that is too heavy must be avoided. You must contact the supervisor when help is needed to move a heavy object.
2. Hand trucks will be pulled when in transit except when going down an incline or placing a load in position.
3. Hand trucks will be loaded in such a manner as to eliminate the possibility of spilling.
4. When carrying material, caution will be exercised in observance of obstructions, loose material, etc.
5. Protruding nails in boxes, skids, or other containers will be removed or made flush.
6. All material will be stacked and stored in proper areas.
7. Material will not be stored in aisles. Aisles must be kept clear at all times.

6. IMPORTANCE OF HOUSEKEEPING

The foundation for a safe, healthful, and pleasant place to work is good housekeeping.

1. Materials and equipment will be kept out of aisles.
2. Materials will not be stored against doors or exits, fire ladders, or fire extinguisher stations.
3. Tools and other equipment will be returned to their proper storage area after use.
4. Tools will be kept dry; spilling of liquids will be avoided; all spills will be wiped-up immediately.
5. Trash and scrap will be thrown in proper waste containers.
6. Good housekeeping practices will be exercised within each employee's work area.
7. Spitting of tobacco, shells, or throwing of cigarette butts, etc., on the floor is prohibited.
8. Proper/safe lifting techniques are to be used when lifting or moving any object.

7. SPECIAL HAZARDS OF JOB

(Refer to your **Job Safety Analysis Form** – these forms are available on-line at “www.losrios.edu”, click on “Employees”, click on “All other links are only available from a Los Rios Computer - click here to enter”, click on “Human Resources”, click on “Job Safety Analysis”, then choose the appropriate position.)

8. WHEN AND WHERE TO REPORT UNSAFE CONDITION

Report any unsafe condition to your supervisor immediately. An Employee Safety Information Form is available from your supervisor or Vice President of Administration.

9. SAFE OPERATION OF VEHICLE

If your position requires driving as a regular activity, recommended actions and procedures for safe operation of vehicle will be provided on the Job Safety Analysis Form. Employees that use their privately owned vehicles on district business or use district vehicles on a non-routine basis should obtain approval from their supervisor and be aware of district driving policies and regulations prior to driving.

10. ASBESTOS

Although many buildings throughout the district do not contain asbestos, some buildings do. This information will help you learn more about asbestos in the buildings.

Asbestos is a term given to a group of fibrous minerals commonly used in buildings because of their strength, durability and resistance to heat. Like many other buildings of its era, many buildings were constructed with some material, which contains asbestos. Asbestos is only hazardous if the material is damaged and capable of releasing small asbestos fibers. Very small fibers may cause lung cancer and asbestosis if inhaled in sufficient quantity over an extended period.

An independent asbestos consultant has conducted a survey of the district's buildings. It was found that there is asbestos present in the pipe insulation, some floor tiles and ceiling tiles. All reports about these materials are on file in the Vice President of Administration Office. The only asbestos at the district office is in some floor tiles in the custodial closets.

According to the United States Environmental Protection Agency (E.P.A.), the presence of asbestos in a building does not mean that the health of the building's occupants is endangered. Asbestos presents a potential health hazard only when it becomes airborne and inhaled.

Asbestos-containing materials should be handled only by trained personnel and not be disturbed in any way by the building occupants. For this reason the asbestos containing materials should not be scraped, punctured, or otherwise disturbed. If it is necessary to disturb, or if a disturbance occurs by accident (including by earthquake or water leak), please notify the Vice President of Administration's office or in case of emergency hours, please contact the Boiler Room.

If you have any questions about asbestos, please feel free to contact the Vice President of Administration office, Facility Management, or General Services.

Social Security Administration

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ Employee ID# _____

Employer Name _____ Employer ID# _____

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

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

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

For More Information

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

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

Signature of Employee _____ Date _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

Los Rios Community College District

Statement of Mandated Reporter

Child Abuse and Neglect Reporting Law (Penal Code, § 11166.5) Definitions: The following situations involving minors (minors are individuals under 18 years of age) are reportable child abuse and neglect conditions (report if the abuse/condition took place when the individual was under 18 years of age, even if the individual is no longer under 18 years of age):

- 1) Physical abuse
- 2) Sexual abuse
- 3) Child exploitation, child pornography and child prostitution
- 4) Severe or general neglect
- 5) Extreme corporal punishment resulting in injury
- 6) Willful cruelty or unjustifiable punishment
- 7) Abuse or neglect in out-of-home care

Who must Report: Any employee/volunteer whose duties/tasks bring them into contact with minors on a regular basis or any supervisor of such an employee is a mandated reporter effective January 1, 2013. This includes nearly all Los Rios employees, including all Coaches and Assistant Coaches.

When to Report: Employees/Volunteers must make a telephone report immediately when the employee/volunteer observes a minor in his/her professional capacity or within the scope of his/her employment/volunteerism and has knowledge of, or has reasonable suspicion that the minor has been abused. The employee/volunteer must submit a written report, on a standard form, within 36 hours after the telephone report has been made. This includes if the abuse/condition took place when the individual was under 18 years of age, even if the individual is no longer under 18 years of age

To Whom Do You Report: Employees/Volunteers should report to the Los Rios Police Department at (916) 558-2221. Alternatively, employees/volunteers may report to the local Police, Sheriff, the Probation Department, or any Child Welfare Agency.

Reporting: Mandated reporters are required to give their names. Child protective agencies are required to keep the mandated reporter's name confidential, unless a court orders the information disclosed.

Immunity: Any legally mandated reporter has immunity when making a report. In the event a civil suit is filed against the reporter, the state will reimburse attorneys fees incurred up to \$50,000 (Penal Code, § 11172). In addition, the Los Rios Community College District will pay for any mandated reporters' attorneys fees or judgment arising out of any report made in good faith in the course and scope of employment. No individual can be dismissed, disciplined or harassed for making a good faith report of suspected child abuse.

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

Notification Regarding Abuse: You are not legally required to notify the parents that you are making a report.

Information: Additional information and training is available through the California Department of Social Services at: <http://mandatedreporter.ca.com/training/training.htm> with the training under "School Personnel Training" which is School Personnel 90-180 minutes (please note this is optional training, it is not mandatory). Further information is also available at the Los Rios CCD website at http://wserver.losrios.edu/hr/hr_exthome.htm, under the "Employee Resources" area. For questions regarding this form or assistance needs to access any of these trainings, please contact the Human Resources Office at 916-568-3112.

Employee: I understand as an Employee that I am a legally mandated reporter. I have reviewed the information above about my obligations to report Child Abuse and Neglect under Penal Code 11166 and will comply with those requirements.

Check Appropriate Employee Type:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Adjunct Faculty | <input type="checkbox"/> Full-Time Faculty | <input type="checkbox"/> Employment Service Agreement | <input type="checkbox"/> Professional Expert Agreement |
| <input type="checkbox"/> Regular Classified | <input type="checkbox"/> Student Employee | <input type="checkbox"/> Management | <input type="checkbox"/> Temporary Classified |

Volunteer: I understand as a Volunteer that although I may not be legally obligated to report abuse/neglect, that the District and the College strongly encourages me to do so. Volunteer

Employee's Name (Print) *Signature* *Employee/Student ID (if known)* *Date*

Supervisor/Witness Name (Print) *Signature* *Date*

EMPLOYEE DISTRIBUTION: Original is forwarded to District Office, Human Resources. Provide a copy to employee upon their request.
VOLUNTEER DISTRIBUTION: Original is forwarded to the College Vice President of Administration Office. Provide a copy to volunteer upon their request.

NOTICE TO NEW EMPLOYEES

WORKERS' COMPENSATION

This form complies with Division 4, Chapter 2, Article 4, Section 3550 and 3551 of the California Labor Code.

If a work related injury or illness occurs, you are automatically entitled to Workers' Compensation benefits.

In the event of a work related injury or illness, you must notify your supervisor immediately!

You have a right to receive medical care at any of the facilities listed on the attached information sheet, and to receive temporary disability indemnity, permanent disability indemnity, vocational rehabilitation services, and death benefits (as appropriate). You may use a designated personal physician if you file the "Predesignation of Personal Physician" form prior to any injury.

The District is self-insured, and work related injuries are administered by York Insurance Services, P.O. Box 619058, Roseville, CA 95661-9058; telephone number (916) 960-0928.

Name of Employee: _____

Employee ID: _____

Signature: _____

Date: _____

Date of Hire: _____

Signature of Interviewer: _____

Original: Employee's Personnel File