

# LOS RIOS COMMUNITY COLLEGE DISTRICT - COMPLIANCE CHECKLIST

Temporary Classified / Student Help / Federal Work Study Employees

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 Analyses”. The Job Safety Analyses 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 <https://losrios.edu> website address. 2) Click on “Employees”. 3) Click on “HR & Benefits”. 4) Click on “Human Resources”. 5) Click on “Job Descriptions and Safety Analyses”, then choose the job title of the position and print out the appropriate Job Safety Analyses, if applicable your hiring supervisor can assist.

## 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 employees AND to Temporary Classified employees who contribute into Public Agency Retirement Services (PARS). (Exception: If I am hired as a Temporary Classified employee and I am already a member of CalPERS, then this form is **NOT** applicable.)

## 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, 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. If further information is needed, please visit the web page at <https://employees.losrios.edu/lrccd/employee/doc/gs/forms/gs-178.pdf>

## 7. TITLE IX: MANDATORY TRAINING, SEXUAL HARASSMENT & SEXUAL VIOLENCE, AND HOW TO REPORT IT (“NOT ANYMORE”) - GIVEN TO EMPLOYEE

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. KEENAN SAFECOLLEGES ONLINE TRAINING - GIVEN TO EMPLOYEE

I received the Mandatory Sexual Harassment Prevention for Non-Managers (SB 1343) training directions packet, along with 6 additional highly recommended trainings to complete, and understand that I have **14 days from my start date** to complete this online training.

## 9. 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: <https://losrios.edu/about-us/board-of-trustees/policies-and-regulations> then click on “Board Policies”. Click on the “8000 - Business Policies” series and review the policy numbered “8631 - Conflict of Interest Rules”. The Computer Use Regulations are located under “Administrative Regulations” area. Click on the “8000 - Business Regulations” series and review all regulations under the “8800 - Administrative Computer Use”.

## 10. 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.

## 11. 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, etc.).

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

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

## 13. PUBLIC SERVICES LOAN FORGIVENESS (PSLF) PROGRAM MEMO (GIVEN TO EMPLOYEE) - I have been given this memo and understand I may be eligible to participate. I understand further information is available at: <https://employees.losrios.edu/lrccd/employee/doc/hr/pslf/pslf-memo.pdf>

## 14. PUBLIC AGENCY RETIREMENT SERVICES (PARS) INFORMATION - (PARS information applies to MOST Temporary Classified employees and does not apply to Student employees). I understand that if I am a Temporary Classified 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, Designation of Beneficiary Form and Orientation Flyer. These and other PARS related forms are available at the Los Rios website: [https://employees.losrios.edu/employee-groups/temporary-employees/public-agency-retirement-services-\(pars\)](https://employees.losrios.edu/employee-groups/temporary-employees/public-agency-retirement-services-(pars))

## 15. 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.

## 16. 403(b) or 457 TAX SHELTERED ANNUITY (TSA) PLAN FOR TEMPORARY CLASSIFIED EMPLOYEES ONLY - 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 interested, I will contact the Los Rios Benefits Department at (916) 568-3070.

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 Temporary Classified, Student Help, Federal Work Study questions, call (916) 568-3107.)

EMPLOYEE SIGNATURE

DATE

Revised: 9-2025

HUMAN RESOURCES COPY

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Temporary Classified / Student Help / Federal Work Study Employees

EMPLOYEE NAME:

LAST,	FIRST	M.I.	Employee ID OR Last Four Digits of SSN
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<b>7. TITLE IX: MANDATORY TRAINING, SEXUAL HARASSMENT &amp; SEXUAL VIOLENCE, AND HOW TO REPORT IT (“NOT ANYMORE”) - GIVEN TO EMPLOYEE</b> 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.			
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EMPLOYEE SIGNATURE

DATE

EMPLOYEE COPY

Revised: 9-2025

**Los Rios Community College District  
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: \_\_\_\_\_  
(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.):

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

\*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   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.  | Safety rules, both general and specific to job  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.1 | How, when and where to report injuries  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.  | Safety rule enforcement procedures  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.  | Required and/or recommended personal protective equipment (i.e., shoes, gloves, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5.  | Handling of materials related to position   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6.  | Importance of housekeeping  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.  | Special hazards of job (see the Job Safety Analysis form)                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.  | When and where to report unsafe conditions  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.  | Safe operation of vehicle   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | Asbestos Awareness  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | Other (List specifics) _____  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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**  
**(To be given to employee)**

**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](http://www.losrios.edu)”, click on “Employees”, click on “Employee Groups”, then click on "Job Descriptions and Safety Analyses" or click on [https://employees.losrios.edu/job-descriptions-and-safety-analyses/job-descriptions-and-safety-analyses](https://employees.losrios.edu/job-descriptions-and-safety-analyses/job-descriptions-and-safety-analyses/job-descriptions-and-safety-analyses), then select job 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.

## 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*

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## CALIFORNIA WORKERS' COMPENSATION WHAT EVERY WORKER SHOULD KNOW

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### What is workers' compensation?

If you get hurt on the job, your employer is required by law to provide workers' compensation benefits. You could get hurt by:

- One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries,  
-or-
- Repeated exposures at work. Examples: hurting your wrist from doing the same motion over and over, losing your hearing because of constant loud noise.

### What are the benefits? They can include:

**Medical Care.** The right to receive regular medical care, paid for by your employer, to help you recover from an injury or illness caused by work. In case of injury or illness, a list of employer Designated Medical Facilities and Hospitals are available to you at your Dean's, Director's and Vice President of Administration offices.

**Temporary Disability Benefits.** Payments if you lose wages because you can't do your usual job while recovering.

**Permanent Disability Benefits.** Payments if you don't recover completely and will always be somewhat limited in your ability to work.

**Death Benefits.** Payment to the spouse, children or other dependents of a worker who dies from a job injury or illness.

### Can I choose the Doctor that will treat me?

It depends. If you want to choose the doctor who will treat you for a job injury or illness, you must tell your employer the name and address of your personal physician before you are injured. You must do it in *writing*. This is called **predesignating your personal physician**.

- **If you predesignate:** you will be allowed to see your personal physician right after you are injured. You may switch doctors later, if necessary.
- **If you don't predesignate:** Your employer usually will have the right to choose the doctor who treats you during the first 30 days after your employer learns about your injury or illness. A list of employer Designated Medical Facility and Hospitals are available to you at your Dean's, Director's and Vice President of Administration offices. Under Section 4600 and 4601 of the California Labor Code, you have the right to request a change of treating physician if the original treating physician was selected by the employer. Thirty (30) days after reporting an injury you can be treated by a physician of your own choice. Upon selecting a physician thirty (30) days after reporting the injury, you should immediately notify the District's Workers' Compensation Administrator of the name and address of the physician you selected.

### How do I predesignate?

You can predestinate a doctor of medicine (**M.D.**), or a doctor of osteopathy (**D.O.**) who treated you in the past and has your medical records. Or you can predesignate the office, clinic, or hospital where the doctor treated you.

Notify your employer in *writing*. Predesignation of Personal Physical Forms are available at the District Office Human Resources Department and General Services Department.

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## CALIFORNIA WORKERS' COMPENSATION WHAT EVERY WORKER SHOULD KNOW

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### Did you Know?

- Medical care must be paid for by your employer if you get hurt on the job, whether or not you miss time from work.
- You may be eligible to receive benefits even if you are a temporary or part-time worker.
- You don't have to be a U.S. citizen to receive workers' compensation benefits.
- You receive benefits no matter who was at fault for your job injury.
- You can't sue your employer for a job injury (in most cases).
- Under Labor Code Section 132(a), it's illegal for your employer to punish or fire you for having a job injury or for requesting workers' compensation benefits when hurt on the job.

### Why is the choice of doctor important?

Your treating doctor will:

- Decide what type of medical care you will receive.
- Help identify the kinds of work you can do safely while recovering.
- Determine when you can return to work.
- Write medical reports that will affect the benefits you receive.

### What Should I do if I get hurt on the job?

- Report the injury to your employer

Tell your supervisor right away. If your injury or illness developed gradually (like tendonitis or hearing loss), report it as soon as you learn it was caused by your job. Reporting promptly helps prevent problems and delays in receiving your benefits, including necessary medical care. To be eligible for benefits, you have one year from the time that you know you have a work-related injury or illness to report the injury to your supervisor.

- Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Your supervisor may advise you where to go for treatment. Tell the health care provider who treats you that your injury or illness is job-related.

### How can I avoid getting hurt on the job?

It's best to *prevent* injuries before they happen. Employers are required to have an Injury and Illness Prevention Program. Learn about and participate in your employer's program. Report unsafe conditions to your supervisor.

### How can I find out more about workers' compensation?

- Talk to a supervisor or manager at work. Your employer is required to post information about workers' compensation and give you written materials.
- Contact a state Information and Assistance Officer. The Information and Assistance Officer can answer questions about workers' compensation. Call toll-free 1 (800) 736-7401, or you can get written information about workers' compensation by going to the Division of Workers' Compensation website at [www.dwc.ca.gov](http://www.dwc.ca.gov)



**Los Rios Community College – Occupational Medical Clinics**  
(We recommend you call first to verify that the services listed below have not changed since the last update-Rev. 12/2020).

**Kaiser Occupational/Folsom**

2155 Iron Point Rd.  
Folsom, CA 95630  
2nd Floor  
(916) 817-5667  
8:30 a.m. - 4:30 p.m. (M-F)

**Kaiser Occupational/Roseville**

1600 Eureka Rd.  
Roseville, CA 95661  
Bldg. 2C  
(916) 784-4000  
8:30 a.m. - 5:00 p.m. (M-F)

**Kaiser Occupational/South Sacramento**

6600 Bruceville Rd.  
Sacramento, CA 95823  
Medical Office Bldg. 3, 2nd Floor Rm. 235  
(916) 688-2005  
8:30 a.m. - 5:00 p.m. (M-F)

**Kaiser Occupational/Sacramento**

2025 Morse Ave.  
Sacramento, CA 95825  
Across from main hospital  
(916) 973-5499  
8:30 a.m. - 5:00 p.m. (M-F)

**Mercy Medical Group**

3000 Q Street 4th Floor  
Sacramento, CA 95816  
(916) 733-3390  
7:00 a.m.-5:00 p.m. (M-F)

**Urgent Care After Hours (1st Floor)**

(916) 733-3377  
5:00 p.m.-7:00 p.m. (M-F)  
8:00 a.m. - 4:00 p.m. (S&S/Holidays)

**Mercy Medical Group**

9394 Bighorn Blvd.  
Elk Grove, CA 95758  
(916) 691-8505  
8:00 a.m.-12:30 p.m. (M-F)  
1:30 p.m. - 5:00 p.m. (M-F)

**Mercy Medical Group**

1730 Prairie City Road  
Folsom, CA 95630  
(916) 351-4801  
8:00 a.m. - 4:30 p.m. (M-F)

**Designated Hospitals –  
Emergency and after hours:**

**Kaiser Hospitals:**

**Kaiser South Sacramento**

6600 Bruceville Road  
916-688-2535

**Kaiser Sacramento**

2025 Morse Ave  
916-973-6600

**Kaiser Roseville**

1600 Eureka Road  
916-784-5380

**Mercy Hospital**

**Mercy San Juan Hospital**

6501 Coyle Avenue – Carmichael  
(844) 335-6063

**Mercy Hospital of Folsom**

1650 Creekside Drive  
(855) 730-2811

**Mercy General Hospital**

4001 J Street  
Sacramento  
(844) 239-8383

**Marshall Hospital**

1100 Marshall Way Placerville  
530-622-1441

**LOS RIOS COMMUNITY COLLEGE DISTRICT**  
**OPTIONAL**  
**PRE-DESIGNATION OF PERSONAL PHYSICIAN**

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

- You have health care insurance for injuries/illnesses that are not work-related;
- The doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illness and injuries;
- Prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- Prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for work-related injury or illness, and (2) your personal doctor's name and business address.

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

**NOTICE OF PRE-DESIGNATION OF PERSONAL PHYSICIAN**  
**(Employee: Complete this section)**

**To: Los Rios Community College District (name of employer).**

**If I have a work-related injury or illness, I choose to be treated by:**

\_\_\_\_\_  
**(Name of Physician) (M.D., D.O., or medical group)**

\_\_\_\_\_  
**(Physician's street address, city, state, ZIP)**      /      \_\_\_\_\_  
**(Physician's telephone number)**

**Employee Name:** \_\_\_\_\_ **Employee ID#** \_\_\_\_\_  
(please print)

**Employee's Address:** \_\_\_\_\_

**Name of insurance company, plan or fund providing health coverage for non-occupational injuries or illnesses:**

**Employee's Signature:** \_\_\_\_\_ **Dept:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Status:** ☐ **Faculty** ☐ **Regular Classified** ☐ **Temporary Classified** ☐ **Student Help** ☐ **Manager**

**Note to Employee:** Unless an employee agrees, neither the employer nor the claims administrator shall contact your personal physician to confirm a pre-designation. If your physician does not sign the form, other documentation that they agreed to be pre-designated prior to the injury will be required. If you agree that after receiving this from your employer or claims administrator may contact your physician to confirm the pre-designation, sign below:

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

**Physician: I agree to this Pre-designation:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Physician or Designated Employee of the Physician Medical Group)**

The physician is not required to sign this form, however, if the physician or designated employee of the Physician or medical group does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1 (a)(3).

**Note to Physician:** California workers' compensation medical services are subject to preauthorization of non-emergency services; utilization review; reporting requirements; and the California Official Medical Fee Schedule. The following optional information may assist communication and facilitate the authorization, reporting, recordkeeping and payment process:

**Office Manager/Billing Contact:** \_\_\_\_\_  
**Mailing Address (if different from street address):** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**EMPLOYEES: IF YOU CHOOSE TO COMPLETE THIS FORM, PLEASE RETURN THE COMPLETED FORM TO HUMAN RESOURCES AT THE DISTRICT OFFICE. REMEMBER: ALL work related injuries or illnesses must be reported to your Supervisor promptly.**

**Original:** Employee's Personnel File **Copy:** General Services Insurance file **Copy:** V.P. of Administration

# 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 employer's 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 predesignated. 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 predesignate 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 predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor. If you have not predesignated 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 predesignate 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.

### MPN Information

Harbor Health Systems MPN Contact  
(888) 626-1737  
[MPNcontact@harborsys.com](mailto:MPNcontact@harborsys.com)

### 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](http://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

### Keenan & Associates adjusting locations

**Keenan & Associates**  
**Claims Processing Unit**  
**PO Box 2707**  
**Torrance, CA 90509**

**Torrance**  
800-654-8102

**Pleasanton**  
925-225-0611

**Rancho Cordova**  
800-343-0694

**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]

# Folleto de información para los nuevos empleados

## Si sufre una lesión de trabajo

Las leyes de California garantizan ciertos beneficios a los empleados que resultan lesionados o se enferman a causa de su trabajo.

Cualquier lesión o enfermedad relacionada con el trabajo está cubierta. Entre los tipos de lesiones se incluyen, sin limitarse, torceduras, esguinces, cortaduras, traumas cumulativos o repetitivos, fracturas, enfermedades y agravamientos. Algunas lesiones de actividades voluntarias, fuera de turno, recreativas, sociales o atléticas puede que no estén cubiertas. Si tiene alguna pregunta consulte con su supervisor o con Keenan & Associates.

Todas las lesiones relacionadas con el trabajo deben ser reportadas a su supervisor inmediatamente. No espere, hay un límite de tiempo para reportarlas. Si espera demasiado, puede perder su derecho a recibir beneficios. Su empleador tiene la obligación de darle un formulario de reclamos dentro de un día laboral desde que se enteró de su lesión.

Es un delito menor que un empleador discrimine a trabajadores que se lesionaron en el trabajo o que testifiquen en el caso de otro empleado. Cualquier empleado en esas circunstancias puede tener derecho a una indemnización, restitución y reembolso por la pérdida de ingresos y beneficios.

## Los beneficios de compensación a los trabajadores incluyen

**Atención médica** – Todo tratamiento médico sin deducible ni cantidad límite. Para lesiones sufridas con fechas de o posteriores al 01/01/04 hay un límite de 24 visitas quiroprácticas, 24 visitas de terapia física y 24 visitas de terapia ocupacional.

Sin embargo, este límite no se aplica a los tratamientos post quirúrgicos. El costo es pagado directamente por Keenan & Associates, a través del programa de compensación de su empleador, de modo que usted nunca tendrá que ver una factura.

Si necesita tratamiento de emergencia vaya a la sala de emergencias más cercana, o llame al 911.

Keenan & Associates hará arreglos para el tratamiento médico con un especialista para la lesión correspondiente. Redes de proveedores preferenciales pueden ser utilizados por médicos como también centros de tratamiento médico.

Si usted tiene cobertura de seguro de salud, es elegible para recibir tratamiento con su médico personal o grupo médico si se lesiona en el trabajo. Si es elegible, deberá notificar a su empleador **por escrito antes de que cualquier lesión ocurra**, y deberá proporcionar a su empleador evidencia **por escrito** de su médico personal o grupo médico que indique que acepta esta designación anticipada. Su médico personal debe ser su médico de atención primaria regular que haya estado a cargo anteriormente de su tratamiento médico, y mantiene su historial y expedientes médicos. Solo puede predesignar a su médico de tratamiento primario si es un médico familiar, médico general, certificado o internista titulado, obstetra-ginecólogo o pediatra. Su médico personal puede ser un grupo médico multi-especial compuesto de médicos licenciados u osteópatas cuya práctica es predominantemente para lesiones y enfermedades no ocupacionales.

Es posible que su empleador use una Red de Proveedores Médicos (por sus siglas en inglés MPN), que es un grupo selecto de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el

trabajo. Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces puede recibir tratamiento de su médico previamente designado. Si no ha hecho una designación previa y su empleador está usando una MPN, usted puede escoger un proveedor apropiado de la lista de la MPN después de la primera visita médica dirigida por su empleador o por Keenan & Associates. Si está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, es posible que tenga que cambiar a un médico dentro de la MPN. Para más información, consulte la información de la Red de Proveedores Médicos en el reverso.

Si su empleador **no** participa en una Red de Proveedores Médicos, es posible que pueda cambiar su médico a su quiropráctico o acupunturista personal. Generalmente, su empleador o Keenan tienen el derecho a elegir al médico para su tratamiento durante los 30 días posteriores a la fecha en que su empleador supo de la lesión o enfermedad. Después de que su empleador o Keenan inicie su tratamiento, usted puede solicitar que dicho tratamiento sea transferido a su quiropráctico o acupunturista personal. Para que esto sea posible usted deberá notificar a su empleador, **por escrito, antes de la ocurrencia de cualquier lesión**. Sin embargo, un quiropráctico no puede ser su médico personal después de recibir 24 visitas quiroprácticas.

Su empleador le dará un formulario para que usted use como método optativo para predesignar a su médico personal.

Comuníquese con Keenan & Associates si piensa cambiar de médico en cualquier momento.



**Pago de ingresos perdidos** – Si usted resulta temporalmente incapacitado debido a una lesión o enfermedad relacionada con el trabajo, recibirá ingresos libres de impuestos hasta que su médico indique que puede volver a trabajar. Los pagos serán dos terceras de su pago semanal normal, hasta un máximo establecido por la ley estatal. No se paga por los primeros tres días a no ser que usted sea internado en el hospital o no pueda trabajar por más de 14 días.

Si la lesión o enfermedad resulta en una incapacidad permanente, se le harán pagos adicionales después de recuperarse. Si la lesión resulta en su fallecimiento, se le pagarán los beneficios a sus dependientes sobrevivientes elegibles.

**Rehabilitación – Para fechas de lesión del 01/01/04 y posteriores** – Podría tener derecho a un *Vale de desplazamiento de trabajo*, el cual le da derecho a un vale para recibir entrenamiento educativo.

### Información de MPN

Harbor Health Systems MPN Contact  
(888) 626-1737  
[MPNcontact@harborsys.com](mailto:MPNcontact@harborsys.com)

### Cómo obtener información adicional

Comuníquese con el representante de su empleador, o en caso de tener alguna pregunta acerca de sus beneficios de compensación a los trabajadores con Keenan & Associates. También puede comunicarse con un Funcionario de Información y Asistencia de la División Estatal de Compensación a los Trabajadores. Puede consultar con un abogado. La mayoría de los abogados ofrecen una primera consulta gratuita.

Si desea contratar a un abogado, los honorarios serán deducidos de algunos de los beneficios que le correspondan. Para obtener los nombres de abogados de compensación a los trabajadores, llame al State Bar of California al teléfono 415-538-2120.

### Oficinas de Información y Asistencia del Departamento de Compensación a los Trabajadores

Puede recibir información gratuita de un Funcionario de Información y Asistencia de la División de Compensación a los Trabajadores del estado. A continuación incluimos los números de teléfono. También puede escuchar información grabada llamando gratis al 800-736-7401 o visitando [www.dwc.ca.gov](http://www.dwc.ca.gov).

Anaheim	714-414-1801
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

### Oficinas de los ajustadores de Keenan & Associates

**Keenan & Associates**  
**Claims Processing Unit**  
**PO Box 2707**  
**Torrance, CA 90509**

**Torrance**  
800-654-8102

**Pleasanton**  
925-225-0611

**Rancho Cordova**  
800-343-0694

**Riverside**  
800-654-8347

**San Jose**  
800-334-6554

Cualquier persona que con conocimiento, presenta o ayuda en la presentación de una demanda falsa de compensación laboral puede ser multada con una suma de hasta \$150,000 y hasta 5 años en prisión.  
[Código de seguros sección 1871.4]

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

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

**Employee ID#:** \_\_\_\_\_

**Employer Name:** Los Rios Community College District  
\_\_\_\_\_

**Employer ID#:** 1-941576340  
\_\_\_\_\_

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit [www.ssa.gov](http://www.ssa.gov).

### For More Information

Social Security publications and additional information are available at [www.ssa.gov](http://www.ssa.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 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of my potential future Social Security Benefits.**

**Signature of Employee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

The Social Security Protection Act of 2004, Pub. L. No. 108-203, Section 419 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. Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers must use to meet the requirements of the law.

While the earlier version of the SSA-1945 discussed the effect of the Windfall Elimination Provision and/or Government Pension Offset on an employee's potential future benefits, the Social Security Fairness Act (SSFA) of 2023 enacted on January 5, 2025, eliminated the reduction of Social Security benefits under the Windfall Elimination Provision and/or Government Pension Offset for individuals entitled to certain pensions from work not covered by Social Security, starting January 2024. However, this did not remove the requirement for State and local government employers to provide a statement to employees hired January 1, 2005, or later in jobs not covered under Social Security. This version of SSA-1945 explains to an employee that non-covered earnings will not be used to determine eligibility to or calculate the amount of potential future benefits.

Employers must:

- Get the employee's signature on the form
- Give the signed statement and information page to the employee prior to the start of employment
- 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.

A fillable, downloadable version of the SSA-1945 is available online at the Social Security website, [www.ssa.gov/online/ssa-1945.pdf](http://www.ssa.gov/online/ssa-1945.pdf).

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## Notice of Exclusion from CalPERS Membership

### Public Agency and Schools

Your employer has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit which includes service retirement, death, and disability benefits.

### Section 1: Employee Information

Last Name	First	Middle	DOB	CID
				CID = CalPERS ID#, fill out only if you are already a member of CalPERS

### Section 2: Employer Information

Name of Department	Division	Position Title

Term of Appointment: ☐ Permanent ☒ Temporary

If Temporary, enter nearest number of whole months the appointment is expected to last: **Months** **Appointment Date**

Time Base: ☐ Full Time ☒ Intermittent

☐ Indeterminate ☐ Part Time if part time enter the fraction of full time:

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

1. Your full time seasonal or limited term appointment is limited to six 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) in a fiscal year (July 1-June 30).
4. Your position is excluded by law. Explain the exclusion that applies below:
5. You are an independent contractor.
6. You are employed to render professional legal service to a city. Exceptions include persons holding the office of city attorney, deputy city attorney, or assistant city attorney.
7. You are employed as a student assistant by a school district in a position established for students only while attending school in the same district. (This only applies to County Schools.)
8. You are a CalPERS retiree and have not reinstated from retirement.

**Note:** If you are a CalPERS member from previous employment and have not terminated membership (taken a refund of your contributions and service credit) exclusions 1, 2, and 3 do not apply to you. You should qualify for membership immediately in your current position. Please notify your employer to complete your enrollment and report your employment to CalPERS.

If you believe your employment does qualify you for CalPERS membership, ask your employer to provide you with an explanation. You can also contact CalPERS directly by sending a letter that provides the reasons why you feel you should be a member to the Employer Account Management Division, P.O. Box 942709, Sacramento, CA 94229-2709

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Signature of Certifying Officer

Title

Date

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Signature of Employee

Date

**Note:** Information regarding the benefits provided by CalPERS is available on the CalPERS website [www.calpers.ca.gov](http://www.calpers.ca.gov).

**The employer must retain this form in the employee's file for auditing purposes.**

# CalPERS Privacy Notice

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## Privacy Notice

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

## Information Purpose

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

Please do not include information that is not requested.

## Social Security Numbers

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

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

## Information Disclosure

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

## Your Rights

You have the right to review your membership files maintained by CalPERS. For questions about this notice, our Privacy Policy, or your rights, write to:

## CalPERS

CalPERS Privacy Officer  
400 Q Street  
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888-225-7377**).





**LOS RIOS**  
COMMUNITY  
COLLEGE DISTRICT



**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/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

## Los Rios Community College District

### Positions Requiring Hepatitis B Acceptance or Declination Form and Annual Bloodborne Pathogen Exposure Prevention Training

Below are positions which have been identified as having Occupational Exposure with blood or other potentially infectious materials. Occupational Safety and Health Administration (OSHA) requires that employees in these positions are to submit an Acceptance or Declination Form and complete an annual Bloodborne Pathogen Exposure Prevention Training with Los Rios Community College District. If you feel that your position should be on this list, please feel free to contact our Risk Management Office at (916) 568-3189.

If your position is listed below you will need to: **FIRST- Print out and complete the Hepatitis B Acceptance or Declination Form:**

<https://employees.losrios.edu/lrccd/employee/doc/gs/forms/gs-178.pdf> submit to your supervisor (this form will be forwarded to Human Resources to be placed in employee's Personnel file). **SECOND** – follow the “Instructions for Accessing the Bloodborne Pathogen Exposure Prevention Training” at the bottom of this page and complete the training within 30 days of your hire date.

#### Position Titles

##### NON-FACULTY POSITIONS:

- Animal Health Instructional Technician
- Assistant Coach
- Assistant Sports Program Director
- Athletic Trainer
- Campus Patrol
- Chief of Police
- Child Development Center Associate Teacher
- Child Development Center Lead Teacher
- Child Development Center Supervisor
- Child Development Center Teacher
- Child Development Services Analyst
- Child Development Center Clerk
- College Nurse
- College Reserve Police Officer
- College Safety Officer
- Custodial Supervisor
- Custodial/Receiving Supervisor
- Custodian
- Employment Service Agreement (ESA) - *only required if specified by supervisor*
- Facilities Maintenance - Grounds Supervisor
- Grounds Irrigation Specialist/Groundskeeper
- Grounds Maintenance Technician
- Groundskeeper
- Head Custodian
- Head Groundskeeper
- Head Grounds Maintenance Technician
- Health Services Assistant
- Instructional Assistant - Adaptive Physical
- Instructional Assistant - Cosmetology
- Instructional Assistant - Early Childhood Education
- Instructional Assistant - Fundamentals of Nursing
- Instructional Assistant - Health & Education Simulation Lab

##### NON-FACULTY POSITIONS (continued):

- Instructional Assistant - Phlebotomy Laboratory
- Instructional Assistant - Physical Education - Athletics
- Lead Custodian
- Lead Plumber
- Lifeguard I
- Lifeguard II
- Maintenance Plumber
- Physical Education/Athletic Attendant
- Police Captain
- Police Detective
- Police Officer
- Police Officer Cadet
- Police Sergeant
- Professional Expert Agreements (PEX) - *only required if specified by supervisor*
- Specialty Coach
- Sports Instructor I
- Sports Instructor II
- Sports Program Director
- Stock Clerk
- Student Employee - *only required if specified by supervisor*
- Swimming Instructor I
- Swimming Instructor II

##### FACULTY POSITIONS:

- Professor - Adaptive Physical Education
- Professor - Allied Health
- Professor - Animal Science
- Professor - Cosmetology
- Professor - Dance
- Professor - Dental Assisting
- Professor - Dental Hygiene

##### FACULTY POSITIONS (continued):

- Professor - Early Childhood Ed. (Lab. Instruction Only)
- Professor - Emergency Medical Technology
- Professor - Fitness
- Professor - Funeral Services
- Professor - Medical Assisting
- Professor - Nursing
- Professor - Paramedics
- Professor - Personal Activities
- Professor - Physical Education
- Professor - Respiratory Care
- Professor - Sacramento Regional Public Safety Training Center:

##### Specifically Teaching Courses in:

- Adult Correction Officer Core
- Arrest, Search & Seizure
- Basic Academy - Module III
- Firearms Familiar - PC 832
- Firearms Instructor
- Firearms Instructor Update
- Force & Weaponry - Update
- Force & Weaponry - Basic
- Impact Weapons Instructor - Update
- Juvenile Corrections Officer Core Course
- PC 832 Arrest, Search & Seizure
- Probation Officer Core Course
- Rifle Instructor - Update
- Weaponless Defense Instructor (WDI)
- Weaponless Defense Inst. - Adv (Groundfighting)
- Weaponless Defense Instructor - Update
- Professor - Sports
- Professor - Veterinary Technology
- Professor - Vocational Nursing

### Instructions for Accessing the Bloodborne Pathogen Exposure Prevention Training

**From your work or offsite computer:**

Go to Keenan SafeColleges Training website: [losriosccd-keenana.safecolleges.com/login](https://losriosccd-keenana.safecolleges.com/login)

#### **1. Log In**

You will see the login screen once you have followed the above step. You will **not** need to register. Log in to the training site with your username. Your username is your Los Rios seven (7) digit employee ID number. Please include all leading zeros and **DO NOT** use a "W" as part of your username, e.g. 0000001. Click on the blue "LOG IN" button. You will come to the Welcome page, leave the password blank and click the "Log In" button.

#### **2. Find the Course**

You will see a listing of active courses for the Los Rios Community College District. The required Bloodborne Pathogen Exposure Prevention (Full Course) is located under the "Staff Having Occupational Exposure with Blood or Other Potentially Infectious Materials – Required Training" category.

#### **3. Take the Course**

Select and start the Bloodborne Pathogen Exposure Prevention (Full Course) course. Read the information provided about the course. You must complete each module listed in order to successfully complete the course. When you have completed the full course, you will have an option to print a certificate for your records.

**Title IX: Mandatory Training, Sexual Harassment and Sexual Violence, and How to Report It**

Members of the Los Rios Community College District (LRCCD) Community:

LRCCD requires that every new employee complete Title IX and Sexual Harassment Prevention training within 30 days of their initial hire date.

To complete this training, go to <https://losriosccd-keenana.safecolleges.com/login>, then login to the training site with your username. Your username is your Los Rios 7 digit employee ID number. DO NOT use a "W" as part of your username. Log in. Once logged in, find and click on the "Title IX and Sexual Harassment Prevention for Employees" training and start the course. This course takes 28 minutes to complete all the training modules. After completion, you will have the option to print a certificate. Human Resources is also automatically notified of your completion.

Each year we must distribute to all enrolled students an Annual Notice of Consumer Information that covers a wide range of topics. The four Los Rios colleges collect this information on their websites. Visit [losrios.edu/consumer-information](https://losrios.edu/consumer-information) to find links to each college's consumer information. This memo is to inform you of new developments and information regarding one of these topics: required information on sexual assault prevention, education and response.

The US Department of Education mandates that colleges and universities take the necessary and appropriate steps to ensure a positive learning and working environment for students on campus, free from unlawful discrimination and sexual harassment. It is important to note that sexual assault – including sexual violence, relationship violence, and stalking – is a violation of Title IX and a form of sexual harassment or discrimination.

We invite you to familiarize yourself with the resources we have compiled online at [losrios.edu/title-ix](https://losrios.edu/title-ix), so you can refer students as needed. Those resources include the following:

- District interim Title IX policies (<https://losrios.edu/shared/doc/board/regulations/r-2423-5.pdf>)
- Sexual Assault: Reporting and Resources Guide ([losrios.edu/docs/lrccd/title-ix/reporting-resources-guide.pdf](https://losrios.edu/docs/lrccd/title-ix/reporting-resources-guide.pdf))
- Sexual Assault: Education and Prevention Program ([losrios.edu/docs/lrccd/title-ix/education-prevention-program.pdf](https://losrios.edu/docs/lrccd/title-ix/education-prevention-program.pdf))
- Contact information for the WEAVE Confidential Advocate ([losrios.edu/weave](https://losrios.edu/weave))
- Title IX: Education and Prevention (<https://losrios.edu/sexual-violence-education-and-prevention/sexual-violence-education-and-prevention/sexual-violence-education-and-prevention>)

This memo further explains what employees must do if they receive a report of sexual harassment or assault. It incorporates existing practices and provides a common understanding of how the District and/or colleges will respond to complaints of sexual harassment or assault.

If you have any questions about any of this information, then contact your District or college's Title IX Officer. The Title IX Officers are responsible for the coordination and administration of the District's non-discrimination and harassment policies and the Title IX grievance process. The current list of officers can be found at [losrios.edu/compliance-officers](https://losrios.edu/compliance-officers).

## A Person Reports Sexual Harassment or Violence (Reporting Party)

A complaint of sexual harassment or violence generally must come to the attention of the District or college in one of two ways. The person who has experienced sexual violence (reporting party) or a third party close to them may report it to the:

- A. Los Rios Police Department (LRPD); or
- B. Title IX Officer (or any other employee of the District); or
- C. WEAVE Confidential Advocate, who is not an employee of the District or college and will not disclose the crime to the District/college or LRPD without permission.

### **A. THE LRPD'S INVOLVEMENT**

WHO	<b>Los Rios Police Department (LRPD)</b> On-campus police who provide police services at all Los Rios locations. Staffed with sworn armed police officers.
WHAT	<ul style="list-style-type: none"><li>• Provide safety</li><li>• Discuss confidentiality</li><li>• Report to Title IX Officer</li><li>• May report to local law enforcement, who may take over the investigation</li><li>• Provide info about on- and off-campus resources</li><li>• Refer matter to district attorney's office for prosecution</li></ul>
CONTACT	Any LRPD Police Officer  (916) 558-2221 or 911

#### **A1. If Sexual Harassment or Violence is Reported to the LRPD**

A Reporting Party may report the matter to the LRPD. The LRPD should provide for the safety of the reporting party, discuss confidentiality and provide information about on- and off-campus resources. As an arm of the justice system, the LRPD investigates and reports its findings to the District Attorney's Office. The LRPD's investigation is independent of and takes primacy over the Title IX Officer's investigation, but must be coordinated with that investigation. The LRPD will notify the college's Student Discipline Officer as necessary.

#### **A2. Investigation**

Based on the District's Memoranda of Understanding with the local police and sheriff's departments, the LRPD's investigation is often transferred to those agencies for further investigation.

#### **A3. Criminal Process**

The District Attorney decides, based on the investigation report it receives from the LRPD or local law enforcement agency, whether criminal charges will be filed, and how the criminal case is resolved.

## B. THE DISTRICT/COLLEGE TITLE IX OFFICER'S INVOLVEMENT

WHO	<div>Title IX Officer</div> <p>The employee charged with addressing claims of sexual assault.</p>
WHAT	<ul style="list-style-type: none"><li>• Provide safety</li><li>• If you ask, connect you to police</li><li>• Discuss confidentiality</li><li>• Investigate</li><li>• Take action to end any harassment or violence</li><li>• Provide notice of outcome</li><li>• Provide info about on- and off-campus resources</li></ul>
CONTACT	<p>Title IX Officer</p> <p>Online directory: <a href="https://tinyurl.com/grrjyzh">tinyurl.com/grrjyzh</a></p>

### B1. If Sexual Harassment or Violence is Reported to the Title IX Officer (or Any Other Employee of the District)

A reporting party may report the matter to the college's Title IX Officer or any responsible employee. If a reporting party reports sexual violence to a District/college faculty member, staff member or administrator, the person receiving the complaint should:

- Immediately report the matter to the District/college's Title IX Officer and LRPD if there is sexual violence; and
- Refer the reporting party to the Title IX Officer and LRPD.

Upon receipt of a report, the Title IX Officer should ensure the reporting party is safe and confirm the matter has also been reported to the LRPD, if the reporting party has requested it. The Title IX Officer should discuss confidentiality with the reporting party.

### B2. Investigation and Grievance Process

Upon the receipt of a complaint of sexual harassment and/or violence, the District/college must:

- Provide interim measures to both parties;
- Determine if the complaint falls within Title IX (federal law) or title 5 (state law);
- Investigate to determine if sexual harassment or violence has occurred;
- If Title IX, follow the District's Title IX grievance process regarding evidence, a live hearing, and appeals;
- If sexual harassment or violence has occurred, take remedial action to halt it immediately;
- Provide appropriate notices to both parties pursuant to Title IX grievance process.

These obligations are the District/college's and exist independent of the LRPD function.

In the case of sexual violence, the District/college's investigation will take place after the LRPD investigation, to not interfere with the investigation. However, the District/college's investigation cannot be indefinitely delayed.

### **B3. Investigation Report Conclusions**

Upon the conclusion of the investigation, the Title IX Officer will issue a report confirming or denying that sexual violence occurred based upon the preponderance of evidence standard.

If sexual violence occurred: the matter is referred to Student Discipline or Human Resources.

If sexual violence did not occur: the reporting party has three appeal choices: a) to the Board of Trustees; b) to outside agencies; or c) to the state Chancellor's Office.

### **B4. Discipline**

If the report concludes that sexual violence has occurred, either Human Resources (for employees) or Student Discipline (for students) will take the next steps in assessing what remedy to impose against the responding party. Depending on the misconduct, for students, the sanctions can range from counseling, to a reprimand, to suspension, to permanent expulsion. For employees, the sanctions can range from counseling, to a reprimand, to suspension, to termination.

Both the Student Discipline Process and the Human Resources Process are independent of the criminal process. Due process must be afforded to both the reporting party and the responding party, which typically means notice of the charges and the right to be heard. Responding parties who are employees have the added right to confront the reporting party.

*Human Resources Process:* This process starts with a notice of intent to discipline. If the discipline is more than a letter of reprimand, the District's Policies and Collective Bargaining Agreements allow the employee to appeal the findings and discipline by way of a hearing before an arbitrator. This hearing is very similar to a court hearing and the employee has the right to notice of the charges, to present evidence, to call witnesses and to cross-examine witnesses. At the hearing, the District must prove those charges to be true by a preponderance of the evidence. Upon the conclusion of the hearing, the hearing officer provides a recommendation to the Board of Trustees, which imposes the ultimate action.

*Student Discipline Process:* The Student Discipline Officer provides a notice of discipline to the student. The student against whom the charges are made has the right to appeal the matter to a student/faculty panel. That hearing is also similar to a court hearing; however, it is less formal. All questioning is done through the faculty/student panel. There is no right to confront, challenge or cross-examine. Students can appear by television or other means, if appropriate, to avoid further trauma to the reporting party.



## C. WEAVE'S INVOLVEMENT

WHO	<b>WEAVE Confidential Advocate</b>  Person designated to receive a confidential report of sexual assault and to provide access to confidential assistance.
WHAT	<ul style="list-style-type: none"><li>• Provide support services (advocacy, resources and information)</li><li>• If you ask, connect you to police or college</li></ul> <i>*A report to WEAVE is not a report to the college and the college will take no further action on those reports</i>
CONTACT	WEAVE Confidential Advocate  (916) 568-3011  WEAVEConfidentialAdvocate@losrios.edu

### C1. If Sexual Violence is Reported to WEAVE Confidential Advocate

WEAVE Confidential Advocates provide reporting parties with the opportunity to report sexual harassment or violence confidentially and obtain care and services they need.

- The WEAVE Confidential Advocate will provide support services and materials to the reporting party and inform them about the processes and resources available at the District/college, in the legal system and in the community.
- The WEAVE Confidential Advocate must also provide anonymous information regarding the circumstances of the sexual violence to the Title IX Officer in writing.
- The Title IX Officer must provide this information to the LRPD in writing for inclusion in the annual Clery statistics.
- The WEAVE Confidential Advocate should ask the reporting party if he or she wishes to report to the Title IX Officer, to the LRPD, or to the local law enforcement agency, and/or participate in the process.

### C2. Advocacy Function

If requested by the reporting party, the WEAVE Confidential Advocate will assist him or her in obtaining medical care, legal assistance and assistance at the District/college, as well as act as a support and advocate for him or her in the hospital, in the legal system and at the District/college.



Human Resources  
P. 916.568.3112  
F. 916.568.3061

DATE: January 2024

TO: All New Student and Temporary (non-faculty) Employees

FROM: Carrie Bray, Vice Chancellor, Human Resources

RE: Keenan SafeColleges Online Training

Welcome to the Los Rios Community College District! You are joining a team of dedicated professionals committed to serving students and providing the very best learning environment possible.

To ensure an appropriate and professional environment for our students, faculty and staff, all new Student and Temporary (non-adjunct) employees have **14 days** (from first date of work) to complete the **two (2) Mandatory Trainings**: “Sexual Harassment Prevention for Non-Managers (SB 1343)” (60 min) training AND the “Title IX and Sexual Harassment Prevention for Employees (Full)” (33 min). It is your responsibility to complete this online training. This training is to be completed during your work hours.

There are an **additional six (6) additional trainings that are highly recommended** for you to consider completing.

The following four (4) online trainings are located under “Student and Temporary (non-adjunct) Employees – Suggested Trainings” area:

- “Workplace Violence: Awareness and Prevention” (20 min);
- “Workplace Bullying: Awareness and Prevention” (20 min);
- “Discrimination Awareness in the Workplace” (22 min), and;
- “New Hire Orientation” (27 min).

The following two (2) online trainings are located under “All Employees – Suggested Trainings” are:

- “FERPA: Confidentiality of Records” (17 min); and
- “Mandated Reporter: Child Abuse and Neglect” (51 min).

These additional trainings are not required and can be taken on a voluntary basis or during your work hours with the approval of your supervisor.

We sincerely appreciate you completing these trainings and your efforts in creating a professional, safe and harassment-free environment for our students, faculty and staff. **Please note that completion of the sexual harassment training for non-managers (SB 1343) will be required annually, which must be completed with each new rehire assignment (one training required per fiscal year) or when you receive notice from the Human Resources department that you are due for renewal.**

From your work or home computer, please log on to the Keenan SafeColleges website <https://losriosccd-keenansafecolleges.com/login>. If you have any problems logging on or completing the trainings within fourteen days of your employment, please contact the Human Resources Department Specialist 916-568-3107.

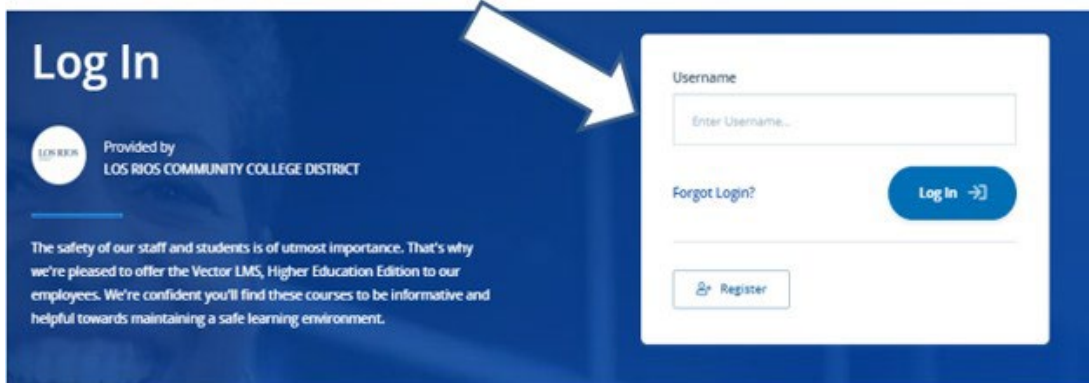
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Attachment

## Instructions for Student and Temporary (non-adjunct) Employees Training

### *From your work or offsite computer*

- Go to Keenan SafeColleges Training website: <https://losriosccd-keenansafecolleges.com/login>.
- Login to the training site with your username. **Your username is your Los Rios 7 digit employee/student ID number. Please include all leading zeroes and DO NOT use a “W” as part of your username, example: 0000001.** Click on the blue “LOG IN” button.



WELCOME, EXAMPLE EMPLOYEE!

Position: Los Rios Community College District Location: Los Rios Community College District

This isn't me.

LOG ME IN!

- Click on the “LOG ME IN!” button.
- Under Student and Temporary (non-adjunct) Employees – Mandatory Training, select the “Sexual Harassment Prevention for Non-Managers (SB 1343)” (Full Course) (California) (60 minutes) course.
- Read the disclaimer and click "Accept". Then on the next screen click on “Start Course”.



A viewing window will open and the training will begin. You must complete each module for successful completion of the training. When you complete a module, the status will update to “Completed”, proceed to the next module.

The screenshot displays a course interface. On the left, under 'Course Sections', there is a progress bar at the top showing '1 / 9 COMPLETE' with a green dot. Below it, three sections are listed: 'Introduction' (About 7 Minutes, Required, Completed), 'Defining Sexual Harassment' (About 10 Minutes, Required), and 'Anti-Harassment Policies and Procedures' (About 4 Minutes, Required). On the right, under 'Course Requirements', there is a box for 'Assessment Requirement' (80%). Below that, under 'Course Details', there is a box for 'Total Course Duration' (60 Minutes).

When you have completed the full course, you will have an option to print a certificate. You may print the certificate for your records; Human Resources will automatically have a record of your completion.

**The Sexual Harassment Prevention for Non-Managers (SB 1343) – Full Course training is required with each new hire or rehire assignment (one training required per fiscal year) or when you receive notice from the Human Resources department that you are due for renewal.**




Access the next required course in the same way as above; however, this time select the “Title IX and Sexual Harassment Prevention for Employees (Full)” (33 minutes) training and click on "Start". When you have completed the full course, you will have an option to print a certificate. You may print the certificate for your records; Human Resources will automatically have a record of your completion.

The screenshot shows a course card for 'Title IX and Sexual Harassment' (Full Course (California)). It includes a 33-minute duration and a 'Start' button with a right arrow. A large black arrow points to the 'Start' button. The card also features a small image of a man and a brief description: 'Title IX applies to a variety of topics and can be confusing to some. Although most employees don't need to be leg...'.

Again, when you have completed the full course, you will have an option to print a certificate. You may print the certificate for your records; Human Resources will automatically have a record of your completion.



The following four additional courses are suggested for Student and Temporary (non-adjunct) employees to complete. Access the courses in the same manner as the Sexual Harassment Prevention training. These trainings can be completed on a voluntary basis or during work hours with the approval of your supervisor.

- Discrimination Awareness in the Workplace – Full Course (22 minutes)
- New Hire Orientation – Full Course (27 minutes)
- Workplace Violence – Full Course (Employee) (20 minutes)
- Workplace Bullying: Awareness and Prevention - Full Course (20 minutes)

	<b>Discrimination Awareness in the Workplace</b> Full Course Although we've long understood that discrimination and harassment are unlawful in the workplace, it's clear from...	22 Minutes	<a href="#">Start →</a>
	<b>New Hire Orientation</b> Full Course (California) This course introduces new employees to a variety of workplace safety concepts and practices, including injur...	27 Minutes	<a href="#">Start →</a>
	<b>Workplace Bullying: Awareness and Prevention</b> Full Course Workplace bullying encompasses degrading and hurtful communication and behavior aimed at one or more...	20 Minutes	<a href="#">Start →</a>
	<b>Workplace Violence: Awareness and Prevention</b> Full Course (Employee) The goal of this course is to provide employees and supervisors with basic information about awareness and...	22 Minutes	<a href="#">Start →</a>

The following two additional courses are suggested for Student and Temporary (non-faculty) employees to complete. Access the courses in the same manner as the Sexual Harassment Prevention training. These trainings can be completed on a voluntary basis or during work hours with the approval of your supervisor.

- FERPA: Confidentiality of Records – Full Course (17 minutes)
- Mandated Reporter: Child Abuse and Neglect – Full Course (51 minutes)

	<b>FERPA: Confidentiality of Records</b> Full Course This course addresses training needs relating to student education records. This course covers important legal...	17 Minutes	<a href="#">Start →</a>
	<b>Mandated Reporter: Child Abuse and Neglect</b> Full Course (California) This course provides staff with an overview of law regarding the mandated reporting of child abuse,...	51 Minutes	<a href="#">Start →</a>

## 1.0 Definitions

### 1.1 “Conflict of Interest”

1.1.1 A “conflict of interest” exists when a Los Rios Community College District employee, in their role as a District/College employee, participates in a decision or transaction or provides services where the employee personally benefits from the decision, transaction, or services.

1.1.2 A “conflict of interest” also exists when a Los Rios Community College District employee, in their role as a District/College employee, participates in a decision or transaction or provides services where a member of the employee’s immediate family personally benefits from the decision, transaction, or services.

1.1.3 A benefit may either be financial or non-financial.

1.1.3.1 A financial benefit exists when an employee or a member of his or her immediate family receives a monetary benefit or his or her existing financial interests are materially affected by the decision, transaction, or services.

1.1.3.2 A non-financial benefit exists when an employee or a member of his or her immediate family receives a non-monetary benefit (for example, the employee or family member receives a grade, a service, an enrollment, priority enrollment, or special treatment) by the decision, transaction, or services.

1.1.4 Where the benefit received in the transaction is indirect and immaterial, a conflict of interest does not exist.

1.2 The immediate family of an employee is defined as: mother, father, grandparent, or grandchild of the employee or of the employee’s spouse or domestic partner; step-mother, step-father, spouse, domestic partner, son, mother-in-law, father-in law, son-in-law, step-son, daughter, daughter-in-law, step-daughter; brother, brother-in-law, sister, sister-in-law, aunt, or uncle of the employee; child of a domestic partner, sibling of a domestic partner; wife or husband of a domestic partner’s child; or any person living in the immediate household of the employee.

1.3 A District/College employee “participates in a decision” when the employee, in his or her role as a District/College employee, makes or participates in the making of a decision. A District/College employee “participates in a transaction” or “provides services” when the employee, in his or her role as a District/College employee, participates in, executes, processes, reviews, or approves a transaction or services.

1.4 “Financial interest” means a District/College employee’s investment in or position with business entities, interests in real property, sources of income, sources of gifts,

the personal finances of the employee, or the personal finances of a member of the immediate family of the employee.

## 2.0 Conflict of Interest Prohibited

2.1 A District/College employee shall not participate in a decision or transaction or provide services when they have a conflict of interest.

2.1.1 If it is unclear whether a conflict of interest exists, the determination shall be made by the General Counsel.

## 3.0 Purchasing Transactions

3.1 A District/College employee shall not participate in the preparation of specifications for the purchase of equipment or material, the selection of a vendor, or the selection of a contractor if such participation constitutes a conflict of interest.

3.2 A District/College employee who participates in the selection of a vendor shall sign the following conflict of interest disclaimer statement:

“This is to certify that the undersigned employee has no economic interests which may foreseeably be materially affected by having participated in the development of the specifications for equipment and/or material represented by this requisition.”

3.3 No purchase or lease of goods or contract for services shall be made from any District/College employee or a member of the immediate family of an employee unless there has been a specific determination in writing by the Director of General Services that the goods or services are not available from any other source.

## 4.0 Specific Employee and Immediate Family Transactions

4.1 A District/College employee shall not participate in a decision or transaction or provide services that will benefit the employee or a member of the immediate family of the employee in the following areas:

4.1.1 Student record transactions: Examples include, but are not limited to, grade changes, course enrollments, and providing permission numbers.

4.1.2 Financial transactions: Examples include, but are not limited to, payroll, fee payments, retail purchases (bookstore, cafeteria, etc.), and box office transactions.

4.1.3 Human resource transactions: Examples include, but are not limited to, hiring, discipline, termination, employee record changes, and absence report or timesheet processing.

- 4.1.4 Financial aid transactions: Examples include, but are not limited to, application, approval and disbursement for grants, loans, fee waivers, and scholarships.
- 4.1.5 Student services: Examples include, but are not limited to, counseling, CalWORKs, DSPS, EOP&S, and Child Development Centers.

## 5.0 Incompatible Activities

5.1 A District/College employee shall not engage in any employment, activity, or enterprise which is clearly inconsistent, incompatible, in conflict with, contrary to, or inimical to his or her duties as a District/College employee. Prohibited activities include, but are not limited to, the following:

- 5.1.1 Using the prestige or influence of the District/College(s) for the employee's private gain or advantage or the private gain or advantage of another.
- 5.1.2 Using District/College(s) time, facilities, equipment, or supplies for the employee's private gain or advantage or the private gain or advantage of another.
- 5.1.3 Using, or having access to, confidential information available by virtue of District/College(s) employment for private gain or advantage or providing confidential information to persons to whom issuance of this information has not been authorized.
- 5.1.4 Receiving or accepting money or any other consideration for the performance of his or her duties as a District/College employee from anyone other than the District.
- 5.1.5 Performance of an act in other than his or her capacity as a District/College employee knowing that the act may later be subject, directly or indirectly, to the control, inspection, review, audit, or enforcement by the same employee.
- 5.1.6 Receiving or accepting, directly or indirectly, any gift, including money, or any service, gratuity, favor, entertainment, hospitality, loan, or any other thing of value from anyone who is doing or is seeking to do business of any kind with the District/College(s) or whose activities are regulated or controlled by the District/College(s) under circumstances from which it reasonably could be substantiated that the gift was intended to influence the employee in his or her official duties or was intended as a reward for any official actions performed by the District/College employee.
- 5.1.7 Subject to any other laws, rules, or regulations as pertain thereto, not devoting his or her full time, attention, and efforts to the



District/College(s) during his or her hours of duty as a District/College employee.

## 6.0 Student Loans [Higher Ed. Opportunity Act, Pub. Law No 110-315, § 493]

6.1 As it relates to student loans, the following prohibitions also apply to the District/College and its employees:

- 6.1.1 A District/College employee is prohibited from steering students to use one particular student loan lender over another or delaying the processing of a loan with one student loan lender over another lender. Students must select the student loan lender of their choice.
- 6.1.2 A District/College employee shall not make the offer of private student loans to a student contingent upon a specific number of Title IV loans being offered to a student loan lender.
- 6.1.3 A District/College employee shall not request or accept from any lender any assistance in calling students or working in the financial aid offices of the Colleges. Notwithstanding this prohibition, student loan lenders may provide professional development training and educational counseling materials as long as the materials identify the lender that assisted in preparing the materials and student loan lenders may provide staffing services on a short-term, non-recurring basis during emergencies or disasters.

## 7.0 Exceptions

- 7.1 Employees shall make every effort to avoid conflicts of interest or perceived or potential conflicts of interest. In the event an employee believes they may have a conflict of interest, they shall discuss that matter with their immediate supervisor. As appropriate, the immediate supervisor shall inform the Vice Presidents of Administration for College employees or a Director of Accounting Services for District Office employees.
- 7.2 There are certain decisions, transactions or services that may benefit an employee or a member of the immediate family of the employee where employees are required to participate due to their position in the District or due to the resources available. In those instances, prior to participating in the decision or transaction or rendering the services, the employees shall disclose any interest they have that may be benefited from the decision, transaction, or services in writing to the Vice President of Administrative Services for College employees or a Director of Accounting Services for District Office employees, and obtain their written approval. Additional controls, such as periodic review, shall be undertaken to prevent or detect irregularities.
- 7.3 The selection of educational materials by faculty in the context of a course they teach is not covered under this District Policy.

## 8.0 Additional Provisions for National Science Foundation (NSF) Grants

8.1 Prior to submitting any NSF grant application and annually during the term of any NSF grant, each “investigator” shall disclose to the Director of Accounting Services all significant financial interests of the investigator (including those of the investigator’s spouse and dependent children):

- 8.1.1 that would reasonably appear to be affected by the research or educational activities funded or proposed for funding by NSF; or
- 8.1.2 in entities whose financial interests would reasonably appear to be affected by such activities.

This disclosure must be updated as reportable significant financial interests are obtained.

8.2 The term “investigator” means the principal investigator, co-principal investigators/co-project directors, and any other person at the District/College who is responsible for the design, conduct, or reporting of research or educational activities funded or proposed for funding by NSF.

8.3 The term “significant financial interest” means anything of monetary value, including, but not limited to: salary or other payments for services (e.g., consulting fees or honoraria); equity interest (e.g., stocks, stock options, or other ownership interests); and intellectual property rights (e.g., patents, copyrights, and royalties from such rights).

8.3.1 The term “significant financial interests” does not include:

8.3.1.1 salary, royalties, or other remuneration from the Los Rios Community College District;

8.3.1.2 income from seminars, lectures, or teaching engagements sponsored by public or non-profit entities;

8.3.1.3 income from service on advisory committees or review panels for public or nonprofit entities;

8.3.1.4 an equity interest that, when aggregated for the investigator and the investigator’s spouse and dependent children, meets both of the following tests: does not exceed \$10,000 in value as determined through reference to public prices or other reasonable measures of fair market value, and does not represent more than a 5% ownership interest in any single entity; or

8.3.1.5 salary, royalties, or other payments that, when aggregated for the investigator and the investigator’s spouse and dependent children, are not expected to exceed \$10,000 during the twelve-month period.

- 8.4 Annually, The Director of Accounting Services shall review financial disclosures, determine whether a conflict of interest exists, and determine what conditions or restrictions, if any, should be imposed by the District to manage, reduce or eliminate such conflict of interest. A conflict of interest exists when the reviewer(s) reasonably determines that a significant financial interest could directly and significantly affect the design, conduct, or reporting of NSF-funded research or educational activities. The Director of Accounting Services shall keep NSF's Office of the General Counsel appropriately informed if the District finds that it is unable to satisfactorily manage a conflict of interest.
- 8.5 Examples of conditions or restrictions that might be imposed to manage, reduce or eliminate conflicts of interest include, but are not limited to:
- 8.5.1 public disclosure of significant financial interests;
  - 8.5.2 monitoring of research by independent reviewers;
  - 8.5.3 modification of the research plan;
  - 8.5.4 disqualification from participation in the portion of the NSF-funded research that would be affected by significant financial interests;
  - 8.5.5 divestiture of significant financial interests; or
  - 8.5.6 severance of relationships that create conflicts.
- 8.6 If the Director of Accounting Services determines that imposing conditions or restrictions would be either ineffective or inequitable, and that the potential negative impacts that may arise from a significant financial interest are outweighed by interests of scientific progress, technology transfer, or the public health and welfare, then the Director of Accounting Services may allow the research to go forward without imposing such conditions or restrictions.
- 8.7 The District shall maintain records of all financial disclosures and of all actions taken to resolve conflicts of interest for at least three years beyond the termination or completion of the grant to which they relate, or until the resolution of any NSF action involving those records, whichever is longer.

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Policy Adopted: 6/12/13  
Policy Revised: 11/12/14  
Policy Reviewed: 11/12/14  
Adm. Regulation: [R-8323](#)

## 1.0 Definitions

- 1.1 For the purpose of these Los Rios Community College District Policies and Administrative Regulations, terms shall be defined as follows:
  - 1.1.1 “Access” means to gain entry to, instruct, or communicate with the logical, arithmetical, or memo function resources of a computer, computer system, or computer network.
  - 1.1.2 “Administrative Computing” means all computer equipment, software, services, policies, and procedures which are in place to support all computing except direct instructional use (classroom, video, Internet, or other methods). Administrative Computing includes, but is not limited to systems which serve the following functions, internal Business/Accounting, Human Resources/Personnel, Student Administration/Records, electronic-mail/calendaring, general Internet/intranet use, Desktop office systems, file sharing/printing, and all other general productivity systems. Participation in Administrative Computing systems is applicable to Los Rios Management, Faculty, Classified Staff, Students, Contractors, and Consultants.
  - 1.1.3 “Administrator” means a District employee, or a contractor or vendor authorized by a District employee to provide access to the Systems.
  - 1.1.4 “Computer contaminant” means any set of computer instructions that are designed to modify, damage, destroy, record, or transmit information within a computer, computer system, or computer network without the intent or permission of the owner of the information. They include, but are not limited to, a group of computer instructions commonly called viruses or worms, which are self-replicating or self-propagating and are designed to contaminate other computer programs or computer data, consume computer resources, bypass security programs, modify, destroy, record, or transmit data, or in some other fashion alter the normal operation of the computer, computer system, or computer network.
  - 1.1.5 “Computer network” means any system which provides communications between one or more computer systems and input/output devices including, but not limited to, personal computers, servers, display terminals and printers.
  - 1.1.6 “Computer program or software” means a set of instructions or statements, and related data, that when executed in actual or modified form, cause a computer, computer system or computer network to perform specified functions.
  - 1.1.7 “Computer services” includes, but is not limited to, computer time, data processing, or storage functions, or other uses of a computer, computer system, or computer network.

- 1.1.8 “Computer system” or “System” means any computers, network, and/or associated facilities which includes hardware, software, data stored or accessible electronically, and documents and manuals available to support the usage and/or operation and maintenance of the System leased or owned by the District and associated facilities, including those located on the college campuses, outreach centers, the District Office, Facilities Management, and other offsite facilities whether wholly or partly operated by the District, as a computer system designed, intended or used for administrative purposes.
- 1.1.9 “Data” means a representation of information, knowledge, facts, concepts, computer software, computer programs or instructions. Data may be in any form, in storage media, or as stored in the memory of the computer or in transit, or presented on a display device.
- 1.1.10 “Injury” means any unauthorized alteration, deletion, damage or destruction of a computer system, computer network, computer program, or data caused by the access.
- 1.1.11 “Supporting documentation” includes, but is not limited to, all information, in any form, pertaining to the design, construction, classification, implementation, use, or modification of a computer, computer system, computer network, computer program, or computer software, which information is not generally available to the public and is necessary for the operation of a computer, computer system, computer network, computer program, or computer software.
- 1.1.12 “User” includes any District employee, student, contractor, vendor or other person who uses the Systems.
- 1.1.13 “Victim expenditure” means any expenditure reasonably and necessarily incurred by the owner/lessee to verify that a computer system, computer network, computer program, or data was or was not altered, deleted, damaged, or destroyed by the access.

## 1.0 Statement of Responsibilities

- 1.1 This regulation shall apply to all users of the Los Rios Community College District Systems.
- 1.2 Users must not share their account with others. With a few exceptions, accounts shall be issued to individuals for specific purposes and are not to be shared, unless otherwise approved by an Administrator.
- 1.3 Users must use computing facilities and services only for District business.
  - 1.3.1 Accounts must not be used for private consulting or sold to other individuals.
  - 1.3.2 Computing and/or networking resources must not be used for direct personal financial gain (except for appropriate contract and external accounts) or to provide free resources for unauthorized purposes.
- 1.4 Users must not attempt to interfere with the normal operation of the system.
- 1.5 Users must not attempt to encroach on others' use of computing and/or networking facilities or to deprive them of resources.
- 1.6 Users must not attempt to subvert the restrictions associated with their computer accounts.
- 1.7 Users must not attempt unauthorized access of computer installations outside the District computers or networking facilities.
- 1.8 Use of the Systems is a privilege that shall not be abused. Users shall be held to a high standard of professional behavior by complying with all Policies and Administrative Regulations relating to the Systems' use. The following are examples of unethical and inappropriate use.
  - 1.8.1 Transmitting unsolicited information which contains obscene, indecent, lewd or lascivious material or other material which explicitly or implicitly refers to sexual conduct;
  - 1.8.2 Transmitting unsolicited information which contains profane language or panders to bigotry, sexism, or other forms of discrimination;
  - 1.8.3 Communicating any information concerning any password, identifying code, personal identification number or other confidential information without the permission of its owner or the controlling authority of the computer facility to which it belongs;
  - 1.8.4 Creating, modifying, executing or retransmitting any computer program or instructions intended to gain unauthorized access to, or make unauthorized use of a computer facility;

- 1.8.5 Creating, modifying, executing or retransmitting any computer program instructions intended to obscure the true identity of the sender of electronic mail or electronic messages, collectively referred to as "messages" including, but not limited to, forgery of messages and/or alteration of system and/or user data used to identify the sender of messages;
- 1.8.6 Accessing or intentionally destroying software or licensed software in a computer facility without the permission of the owner of such software or licensed software or the authority of the facility;
- 1.8.7 Making unauthorized copies of licensed software;
- 1.8.8 Communicating any credit card number or other financial account number without the written permission of its owner;
- 1.8.9 Violating any laws or participating in the commission or furtherance of any crime or other unlawful or improper purpose;
- 1.8.10 Using the computer facilities in a manner inconsistent with the District's contractual obligations to suppliers of computer facilities or with any published District policy.
- 1.8.11 Using the Internet to gain unauthorized access to any computer;
- 1.8.12 Using computer facilities for work done on behalf of a commercial firm;
- 1.8.13 Copying a file from another computer user's account or any recording media without permission;
- 1.8.14 Copying copyrighted computer software for use on another computer without permission;
- 1.8.15 Unplugging or reconfiguring computer equipment to make it unusable or difficult to use;
- 1.8.16 Engaging in personal attacks: writing bullying, intimidating, threatening or harassing entries;
- 1.8.17 Making threats (directed towards others or yourself) without expecting the recipients of those threats, the college, and the police to consider them real; and
- 1.8.18 Displaying sexually explicit or sexually harassing images or text in a public computer facility or location that can potentially be in view of other individuals.

Adm. Regulation Revised: 9/27/10

Adm. Regulation Reviewed:

Board Policy: [P-8831](#)

Employee's  
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## 1.0 Programs and Files

- 1.1 Generally, the Los Rios Community College District will not examine electronic mail or material except in the following circumstances:
  - 1.1.1 Investigating a potential violation of the law or District Policies, Administrative Regulations or guidelines;
  - 1.1.2 Disc capacities are exceeded, and user's mail storage is a contributing factor;
  - 1.1.3 Performing any necessary maintenance of the System;
  - 1.1.4 Forwarding a misdelivered message;
  - 1.1.5 Closing an account which contains unread mail;
  - 1.1.6 The Chancellor determines that examination is necessary.
- 1.2 Absent reasonable cause, users shall be notified that electronic mail was examined by a system administrator.
- 1.3 The District reserves the right to access all information stored on District computers. When performing maintenance, every effort will be made to insure the privacy of user's files. However, if violations are discovered, they will be reported immediately to the appropriate District/College official(s).

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LRCCD

Adm. Regulation Adopted: 1/24/00  
Adm. Regulation Revised: 9/27/10; 1/25/16  
Adm. Regulation Reviewed: 1/25/16  
Board Policy: [P-8851](#)

## 1.0 This Administrative Regulation is intended to guarantee, to the extent possible, the security and integrity of the Systems

- 1.1 The Systems are owned by the Los Rios Community College District and are to be used for District-related activities only. If faculty, staff or students bring personally-owned equipment into the District environment, they will be required to adhere to existing District and College policy as use of their equipment may affect the work of others.
- 1.2 Informational access to resources connected to local, national and/or international networks may be permitted, as a courtesy to others on the network, as long as their use does not adversely affect campus use and such access provides benefit to the District.
- 1.3 Users shall recognize their responsibility in the process of maintaining security of District computing and networking resources.

## 2.0 District Information Security Officer

- 2.1 The District's Vice Chancellor, Education and Technology shall be the District's Information Security Officer (ISO). The District ISO, in conjunction with the District Office Information Technology Department (District IT Department), is responsible for implementing the Information Security Policy and Regulation. The District ISO with the assistance of the District's Internal Auditors shall:
  - 2.1.1 Ensure the Information Security District Policy and Administrative Regulation is updated on a regular basis and published as appropriate.
  - 2.1.2 Ensure appropriate training is provided to data owners, data custodians, network and system administrators, and users.
    - 2.1.2.1 Data owners are the person or persons responsible for creating data that is resident on the Systems;
    - 2.1.2.2 Data custodians are the persons responsible for administering the infrastructure to store and transmit data on the Systems;
    - 2.1.2.3 Data users include any District employee, student, contractor, vendor or other person who uses the Systems;
    - 2.1.2.4 The terms *system* and *network* administrator as used in this Administrative Regulation are generic and pertain to any person who performs those duties, not just those with that title or primary job duty.
  - 2.1.3 Ensure each College and the District Office appoints a person responsible for security implementation, incident response, periodic user access reviews, and distribution of information security policies and education, (e.g. information about virus infection risks).

- 2.1.4 Respond to internal and external complaints and/or queries about real or perceived non-compliance with the District's Information Security Policy and Administrative Regulation.
- 2.2 Each manager is responsible for establishing procedures to implement the provisions of this District Policy and Administrative Regulation within their areas of responsibility, and for monitoring compliance.

### 3.0 Data Classification Policy

- 3.1 It is essential that all District data be protected. Different categories of data require different levels of security. All data should be reviewed on a periodic basis and classified according to its use, sensitivity, and importance. There are three primary categories of data in the District's Systems:
  - 3.1.1 High Risk Data – High Risk data is information for which the law prohibits unauthorized disclosure and requires notification of the affected parties if unauthorized disclosure occurs. Data covered by federal and state identity theft prevention laws, such as the Information Practices Act of 1977 (Civ. Code, § 1798, et seq.), Health Insurance Portability and Accountability Act (10 U.S.C., § 1320d-2), the Financial Information Privacy Act, (Fin. Code, §§ 4050, et seq.), or other laws are in this category. Any electronic record of a Social Security number, driver license number, or California Identification Card number, medical information, health insurance account number, or bank/credit account number (with any required access password) when associated with other data that in any way identifies a person falls in this category. A user name or email address, in combination with a password or security question and answer that would permit access to a District online account also falls in this category. Data in this category requires the highest degree of care to safeguard it from unauthorized use and/or disclosure.
    - 3.1.1.1 Other data may need to be treated as High Risk because it would cause severe damage to the District if disclosed or modified. The data owner should make this determination. It is the data owner's responsibility to implement the necessary security requirements.
  - 3.1.2 Confidential Data – Confidential data is information not meeting the criteria of High Risk Data, but subject to other legal privacy requirements, such as FERPA (20 U.S.C., § 1232g), the privacy clause of the California Constitution (Cal. Const., Art. 1, § 1), the California Student Records Act (Ed. Code, §§ 76200, et seq.), and the attorney-client or other legally recognized privilege. Confidential data can also include data that would not expose the District to financial or other liability if disclosed without authorization, but that the data owner feels should be protected to prevent unauthorized disclosure. It is the data owner's responsibility to implement the necessary security requirements for this type of data.

3.1.3 Unrestricted Data – Unrestricted data is information that may be released or shared on an as needed basis. Examples of this data would be schedules of classes, or other publicly available information.

3.2 All District data shall be categorized in one of the three categories set forth in section 3.1 and protected according to the requirements set for each category. The data category and its corresponding level of protection should be consistent when the data is replicated and as it flows through the District

3.2.1 Managers must ensure that all data collected or stored by persons in their operating unit is properly classified. Data owners must determine the data classification and must ensure that the data custodian is protecting the data in a manner appropriate to its classification.

3.2.2 No District-owned system or network subnet can have a connection to the Internet without the means to protect the information on those systems consistent with its confidentiality classification. (All District computers are connected to the internet unless specific effort has been taken to eliminate such connections.)

3.2.3 Data custodians are responsible for creating data repositories and data transfer procedures which protect data in the manner appropriate to its classification.

3.2.4 High Risk data must be encrypted during transmission over insecure channels (all network connections should be considered insecure unless the District IT Department has provided specific guidance otherwise).

3.2.5 High Risk data, when stored on portable computers or storage devices, shall be encrypted on the disk to prevent access without knowledge of a password.

3.2.6 Confidential data should be encrypted during transmission over insecure channels.

3.2.7 All data necessary for the efficient operation of the District should be backed up, and the backups tested periodically, as part of a documented, regular process.

3.2.8 Backups of data must be handled with the same security precautions as the data itself. When Systems are disposed of, or repurposed, data must be certified deleted or disks destroyed consistent with industry best practices for the security level of the data.

## 4.0 Required Information Security Practices

4.1 The following information security practices are mandatory:

- 4.1.1 The District shall use a layered approach of overlapping controls, monitoring and authentication to ensure overall security of the District's data, network and system resources.
- 4.1.2 Security reviews of servers, firewalls, routers and monitoring platforms shall be conducted on a regular basis. These reviews shall include user and access privileges, monitoring access logs and results of intrusion detection software, where it has been installed.
- 4.1.3 All collection and use of High Risk data is forbidden except when required in performance of assigned duties. Collection, storage and use of High Risk data must be approved by management. No High Risk data shall be transported off site without proper authorization. Where reasonable alternatives exist or can be created in lieu of the use or creation of High Risk data, those alternatives shall be used.
- 4.1.4 All workstations shall be configured such that after a few minutes of inactivity (not to exceed 30) they shall automatically enter screen saver mode and require a password to resume work.
- 4.1.5 Servers, desktop computers, or portable computers storing data including Social Security numbers, driver license numbers, credit card numbers, or other financial account information linked to names must be reported to the District IT Department. At least two times each year, vulnerability scans shall be run against these identified machines.
- 4.1.6 Computers storing High Risk Data shall require a password for access and shall be configured to go into password protected screensaver mode within a reasonable time of non-operation. Encryption is required for High Risk data stored on portable computers and portable storage devices (e.g. USB flash storage or external drives.)
- 4.1.7 Application development that is intended to store, manipulate, or transfer High Risk data must occur in a secure development environment, and to the extent any development or testing occurs outside the secure development environment must use data with all High Risk elements removed or fictionalized during the development and testing process.
- 4.1.8 An employee, data owner, data custodian, network and system administrator or user shall immediately notify the District ISO if that person becomes aware that High Risk or Confidential data has been lost, stolen, compromised, or disclosed to an unauthorized person.
- 4.1.9 When outsourcing application support for applications that store High Risk or Confidential data, asset protection and escrow arrangements in the event of third party failure should be included in the contractual language. Asset protection refers to a process where the agencies agree upon ownership and the classification of information, and documents the process for safeguarding each asset to protect against data loss, data theft, or unauthorized access to data. Escrow arrangements provide for access

and use of the application source code in the event the vendor goes out of business or otherwise is unable to continue to support the application.

- 4.1.10 Critical technology (i.e. remote access technologies, wireless technologies, removable electronic media, laptops, tablets, PDAs, email, and internet usage) with access to credit card processing devices/networks, must have the following usage policies established:

- 4.1.10.1 Explicit approval by management.
- 4.1.10.2 Authentication for use of the technology.
- 4.1.10.3 Log of all devices and personnel with access.
- 4.1.10.4 Acceptable uses of technologies defined and documented.
- 4.1.10.5 Acceptable network locations for the technologies defined and documented.
- 4.1.10.6 Automatic disconnect of sessions for remote-access technologies after a specific period of inactivity.
- 4.1.10.7 Activation of remote access technologies for vendors and business partners only when needed and immediate deactivation after use.

## 5.0 Recommended Information Security Practices

- 5.1 The following information security practices are strongly recommended, but not required:

- 5.1.1 Vulnerability and risk assessment tests of external network connections should be conducted on a regular basis. A regular basis, at a minimum, includes testing annually, but the sensitivity of the information secured may require that these tests be done more often.
- 5.1.2 Education should be provided to District faculty and staff to ensure that users understand data sensitivity issues, levels of confidentiality, and the mechanisms to protect the data. This should be tailored to the role of the individual, network administrator, system administrator, data custodian, and users.
- 5.1.3 Use of existing data stores is preferred over development of new data stores containing High Risk or Confidential data. Creation of any computer file or database that contains High Risk or Confidential data must be approved in advance by a College or District manager. Such approved data stores will be identified and communicated to District IT Department in order that the computer(s) storing such data may be monitored to assure proper configuration to reduce the chance of intrusion by unauthorized users. Sufficient information about the data to be collected and stored and the proposed use of the data must be

communicated to District IT Department to support analysis of possible use of existing data stores to meet the work requirements.

## 6.0 Access Control Policy

- 6.1 Data shall be captured and stored in a manner that supports employees accessing the data necessary to the job function without permitting access to sensitive or confidential data unnecessary to the job function. There is a delicate balance between protecting the data and permitting access to those who need to use the data for authorized purposes. This balance should be recognized and maintained.
- 6.2 More than one person shall have full administrative rights to any District owned server storing or transmitting data necessary to the ongoing operation of the district. Data owners or custodians may enact more restrictive policies for end-user access to their data.
- 6.3 Access to the network and servers and Systems shall be achieved by individual and unique logins, and shall require authentication. Authentication includes the use of passwords, smart cards, biometrics, or other recognized forms of authentication. Access to the administrative network must be achieved by individual and unique logins and must require authentication. Account sharing on the administrative network is prohibited. Access to the WiFi Public network may be granted with shared logins for guests of the District attending a training, meeting, conference, or other management approved activity. Shared accounts shall not be activated for more than the duration of the event.
- 6.4 Users shall not share usernames and passwords with anyone. Users shall not write down or record their passwords in unencrypted electronic files or documents. When limited access to District-related documents or files is required specifically and solely for the proper operation of District operating units and where available technical alternatives are not feasible, exceptions are allowed under an articulated operating unit policy that is available to all affected operating unit personnel. Each such policy must be reviewed by the operating unit executive officer and submitted to the Dean of the department responsible for Information Technology or the District IT Department for approval. All users must secure their username or account, password, and system access from unauthorized use.
- 6.5 All users of Systems that contain High Risk or Confidential data must have a strong password - the definition of which will be established and documented by the District IT Department after consultation with the College community. These passwords must be changed at regularly consistent intervals with guidelines developed by the District IT Department.
- 6.6 Passwords for empowered accounts, such as administrator, root or supervisor accounts, must be changed frequently, consistent with guidelines established by the District IT Department.
- 6.7 Passwords must not be placed in emails unless they have been encrypted.

- 6.8 Default passwords on all Systems must be changed after installation. All administrator or root accounts must be given a password that conforms to the strong password selection criteria when a system is installed, rebuilt, or reconfigured.
- 6.9 Logins and passwords should not be coded into programs or queries unless they are encrypted or otherwise secure.
- 6.10 Users are responsible for safe handling and storage of all District authentication devices. Authentication tokens (such as a SecureID card) should not be stored with a computer that will be used to access the District's network or system resources. If an authentication device is lost or stolen, the loss must be immediately reported to the appropriate individual in the issuing unit so that the device can be disabled.
- 6.11 Human Resources shall be responsible for reporting terminated employees to the District IT Department upon their termination or transfer. Access for those terminated employees shall be reviewed and adjusted as found necessary. Normally, terminated employees should have their accounts disabled immediately upon termination. Because there could be delays in reporting changes in user responsibilities, periodic user access reviews should be conducted by the operating unit security person.
- 6.12 Transferred employee access shall be reviewed and adjusted as necessary by the new supervisor.
- 6.13 Monitoring shall be implemented on all Systems including recording logon attempts and failures, successful logons and date and time of logon and logoff. There shall be a documented procedure for reviewing system logs.
- 6.14 Activities performed as administrator or superuser must be logged where it is feasible to do so.
- 6.15 Personnel who have administrative system access shall use other less powerful accounts for performing non-administrative tasks.
- 6.16 Users who are authorized to have remote access to the network, servers, and Systems must review and adhere to the Los Rios Information Technology Remote Access Procedures.

## 7.0 All individuals employed by the District are held responsible for adhering to District procedures for system access, use and security

- 7.1 Computer and network accounts must not be made available to others or used for any purpose for which they are not authorized. Unsponsored research accounts must not be used for sponsored research or private consulting. Unauthorized attempts to modify system facilities and/or subvert the restrictions associated with computer accounts are a violation of State law.



- 7.2 Violators of the Administrative Computer Use policies are subject to the termination of their access, referral to the appropriate administrator, sanctions, disciplinary action and/or criminal prosecution depending on the severity of the violation.

## 8.0 The District is charged with maintaining overall security on the Systems and is responsible for the development and maintenance of appropriate awareness program guidelines, and procedures to assure a secure environment for the District community

- 8.1 The District's academic and administrative departments who wish to operate their own systems shall comply with these Administrative Regulations.
- 8.2 Programs and files are confidential unless they are explicitly made available to other authorized individuals. When performing system maintenance, every effort is made to insure the privacy of a user's files. However, support personnel may access files when required for the maintenance of District computing Systems and networks. All such access will be recorded and reported at an appropriate time to the District. If in doing so, violations of policy and/or procedure are discovered, they will be immediately reported to the Administrator.

## 9.0 Exceptions to Policy

- 9.1 In certain cases, compliance with specific Policy requirements may not be immediately possible. Reasons include, but are not limited to, the following:
- 9.1.1 Required commercial or other software in use is not currently able to support the required features;
- 9.1.2 Legacy systems in use do not comply, but near-term future systems will, and are planned for;
- 9.1.3 Costs for reasonable compliance are disproportionate relative to the potential damage.
- 9.2 In such cases, operating units must develop a written explanation of the compliance issue and a plan for coming into compliance with the District's Information Security Policy in a reasonable amount of time. Explanations and plans must be submitted to the Dean of the department responsible for Information Technology at the College or the equivalent officer(s).

August 28, 2025

TO: All Los Rios Community College District Employees

FROM: Carrie Bray, Vice Chancellor, Human Resources

RE: Fall 2025 Rights and Responsibilities

List of Topics: **NON-DISCRIMINATION AND DISABILITY ACCOMMODATION**  
**Sexual Harassment / Non-Discrimination / Violence-Free Workplace**  
**DRUG AND ALCOHOL-FREE WORKPLACE**  
**PROFESSIONAL/ETHICAL BEHAVIOR & CONFLICT OF INTEREST POLICIES**  
**WEAVE CONFIDENTIAL ADVOCATE PROGRAM**  
**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**  
**CALIFORNIA MANDATED REPORTING**  
**ADMINISTRATIVE COMPUTER USE AND REGULATIONS**  
**INCIDENTS INVOLVING WORKPLACE MISCONDUCT/HOTLINE**  
**INCIDENTS INVOLVING UNSAFE OR HAZARDOUS CONDITIONS/HOTLINE**  
**CLERY ACT**  
**INFORMATION AVAILABLE ONLINE**  
**BLOODBORNE PATHOGENS**  
**PUBLIC SERVICE LOAN FORGIVENESS (PSLF)**  
**EMPLOYEE SELF-SERVICE – AVAILABLE ONLINE**  
**PUBLIC RECORDS ACT**  
**REMINDER OF RIGHTS AND RESPONSIBILITY**

The following serves as a reminder of your rights and responsibilities as a Los Rios Community College District employee.

Our policies are rooted in established state and federal laws and support a working and learning safe environment for students, staff, and the community. Additionally, many of our collective bargaining agreements also address these issues. In an effort to reduce paper, we are referencing the official employee related [policies and regulations](#).

#### **NON-DISCRIMINATION AND DISABILITY ACCOMMODATION**

The Los Rios Board of Trustees has established policies to support learning and working environments that are free from discrimination based upon ethnic group identification, race, color, sex, gender, gender identity, gender expression, pregnancy or childbirth-related condition, sexual orientation, sexual identity, religion or religious creed, age (over forty), national origin, ancestry, immigration status, physical or mental disability, medical condition, political affiliation or belief, military and veteran status, marital status, sexual harassment or any other protected class or characteristic under state or federal law; as well as providing for college premises that are drug and alcohol free. Further, the District is committed to engaging in the interactive process with qualified persons with disabilities to determine if the employees can perform the essential functions of their jobs with or without reasonable

accommodations. During the interactive process, the District and its colleges seek to find reasonable accommodations that will allow employees to perform the essential functions of their jobs. There is an ADA officer at the District and at each college to support any individual who wishes to engage in the ADA interactive process and request a reasonable accommodation.

For students with disabilities, the Colleges are committed to providing the appropriate academic adjustments that do not affect the fundamental nature of the educational programs through our DSPS Offices. Where the DSPS offices have created an accommodation, our faculty and staff must honor those accommodations and should treat them as confidential. If a faculty or staff member has a concern about the accommodations provided, an appeal process is available and the faculty or staff member should contact the DSPS office at their campus (See [Regulation 2731](#), Section 2.3). While the appeal is pending, the faculty or staff member must follow the accommodation(s) provided by the DSPS offices.

It is further the policy of the District to ensure that an individual with a verifiable disability, visual or not, who needs a Service Animal may participate in and benefit from District and College services, programs, and activities with their Service Animals on District/College property in accordance with the District Policies and Regulations on that subject.

Students, staff and faculty are asked to contact a faculty member or an academic division office staff member to report problems with doors that bar access to a program or service. Faculty will report this to the Division Office and campus Operations will work to have the door repaired. During repairs, or before the repairs start, the College will ensure that students, faculty and staff have access to the programs and services in that building.

Each college and the District Office have appointed specific individuals ([Compliance Officers](#)) responsible for receiving complaints and conducting investigations.

#### **Sexual Harassment / Non-Discrimination / Violence-Free Workplace**

Sexual harassment, non-discrimination and violence-free workplace [policies and regulations](#) can be found in the following sections of the online policies:

Students	P/R-2113, P-2115, P/R-2423, P-2424, R-2426, P/R-2441, P/R-2442, P/R-2731
Certificated Personnel	P-5111, P-5112, P/R-5172, P-5173, P-5174, P-5175, P/R-5177, R-5178
Classified Personnel	P-6111, P-6112, P-6161, P/R-6163, P/R-6164, P/R-6166, P/R-6167, P-6912, P/R-6913, P/R-6914, P-6915
Management and Confidential Personnel	P-9111, P-9112, P/R-9152, P-9153, P-9155, P-9153, P-9155, P/R-9156, P/R-9158, P-9159, P/R-9413

All other college employees – including faculty, staff or administrators – who receive reports of sexual assault are required to notify the college’s Title IX Officer of the report. The college procedures include informing a reporting party about his/her right to file criminal charges as well as written notification about resources such as counseling, health, mental health, advocacy, legal assistance, visa and immigration assistance, and other services on and/or off campus.

Sexual harassment and [sexual violence](#) are prohibited by federal and state law and by the colleges of the Los Rios Community College District. These laws and policies apply to all employees and students. Each college and the District office have appointed specific individuals ([Compliance Officers](#)) responsible for receiving complaints and conducting investigations.

The District provides online education programs to inform students and employees of the applicable laws related to sexual harassment and sexual violence, the definitions of relevant terms related to these topics and the process to follow to report prohibited actions or behaviors. The following trainings provide more information about these topics:

1. **Sexual Harassment Prevention for Non-Managers (SB 1343)** – This training is focused on harassment in the workplace and is available online at the [Keenan Safe Colleges online portal](#). To access online training, log into the [Keenan SafeColleges website](#) and input your employee ID number (minus the W), click “Log In,” then “Log Me In.” If you don’t see your course listed, scroll to the bottom of the page, click “View Library,” click on “Human Resources” then select your course from the two listed: either “Sexual Harassment Prevention for Non-Managers) SB 1343” 60-minute training (for faculty, classified, and temporary employees) or “Sexual Harassment: Policy and Prevention (California AB1825 Full)” 120-minute training (for managers and supervisors).
2. **Title IX and Sexual Harassment** – This training is focused on harassment in the workplace and is available online at the [Keenan Safe Colleges online portal](#). To access online training, log into the [Keenan SafeColleges website](#) and input your employee ID number (minus the W), click “Log In,” then “Log Me In.” If you don’t see your course listed, scroll to the bottom of the page, click “View Library,” click on “Human Resources” then select your course from the list: “Title IX and Sexual Harassment.” This introductory course is designed to provide postsecondary staff members with information about the importance and implications of Title IX and sexual harassment, including sexual assault. Topics covered include the definition of sexual harassment, Title IX’s regulations and obligations, and the elements of effective policies. To access the online training, log into the [Keenan SafeColleges website](#) and input your employee ID number (minus the W), click “Log In,” then “Log Me In,” click “Human Resources” and in the courses listed for your employee classification, select “Title IX and Sexual Harassment.”

## DRUG AND ALCOHOL-FREE WORKPLACE

This policy is based upon the federal and state laws that require the District to notify students and employees that the unlawful manufacturing, distribution, dispensing, possession or use of illicit drugs and alcohol is prohibited in the workplace and on college premises. Attached are Local Counseling and Rehabilitation Program references and information for employees. Students, faculty, and staff who violate this policy may be subject to discipline up to and including termination and may also face civil and/or criminal penalties. The abuse of alcohol and drugs can have serious health consequences. Further information about these items can be seen in the appendix to the below policies.

[Drug and Alcohol-Free Workplace policies](#) can be found in the following sections of the online policies:

Students	P-2443
Certificated Personnel	P-5621
Classified Personnel	P-6821
Management and Confidential Personnel	P-9154

## PROFESSIONAL/ETHICAL BEHAVIOR & CONFLICT OF INTEREST POLICIES

The Los Rios Board of Trustees has established a policy that provides a model of behavior for itself and all District employees. All employees are encouraged to review Board Policy 3114 and their own colleges’ statements on ethical and professional behavior. It is the policy of the District that an employee shall not participate in a decision or transaction or provide a service if they have a [conflict of interest](#). A conflict of interest exists when an employee, in their role as an employee, participates in a decision or transaction or provides a service, where the employee or their immediate family personally benefits from the decision, transaction or service. The benefit received may either be financial or non-financial. If it is unclear whether a conflict of interest exists, you should contact your supervisor.

## WEAVE CONFIDENTIAL ADVOCATE PROGRAM

The Los Rios Community College District and our four colleges are committed to creating a safe environment to learn and work. The WEAVE confidential advocate is a person available to confidentially support or provide information to students or employees who have experienced domestic violence, sexual assault, or sexual harassment. The confidential advocate is not an employee of Los Rios Community College District. The confidential advocate is provided

through [WEAVE](#), Sacramento County's primary provider of crisis intervention services for survivors of domestic violence and sexual assault. The confidential advocate is someone you can share your story with confidentially and will not report anything to the police or Title IX officer unless you ask her to. The confidential advocate can:

- Provide emotional support
- Provide information or referrals to on-campus or off-campus resources
- Accompany you to investigations, discipline processes, or hearings

To reach the Confidential Advocate, email [weave@losrios.edu](mailto:weave@losrios.edu) or call (916) 568-3011.

The District has created a [guide](#) for students or staff who wish to understand their options in the case that they, or someone they know, has been a victim.

Some additional resources:

- [WEAVE \(Women Escaping a Violent Environment\) Advocate](#)
- [Sexual Violence and Title IX Protections](#)
- [Sexual Assault and Harassment Prevention](#)

### **FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**

The Family Educational Rights and Privacy Act (FERPA), the State Student Records Act (Education Code, § 76200), and our Board Policies and Regulations (P/R 2265) make records that refer to students and are maintained by the college confidential unless there is an exception.

**What is FERPA?** The Family Educational Rights and Privacy Act (FERPA), also known as the Buckley Amendment, is designed to protect the privacy of students' education records maintained by the District. This federal law spells out the rights of students and the responsibilities of educational institutions. The law asserts that the institution may not release student records to third parties without the student's written permission and also grants the student certain rights to correct their Educational Records. There are many exceptions when student permission is not required. This permission must be signed and dated, specify the records to be disclosed, state the purpose of the disclosure, and identify the party or parties to whom the disclosure may be made.

**What are education records?** An education record is any record that is directly related to a student and maintained by the college. A student has the right of access to these records. Education records include any records in whatever medium (handwritten, e-mail, print, magnetic tape, film, diskette, etc.) that are in the possession of any school official. This includes transcripts or other records obtained from a school in which a student was previously enrolled.

What happens if non-compliance occurs? The student has the right to file a complaint with the U.S. Department of Education in Washington, D.C. This complaint may result in the loss of federal funding for financial aid and educational grants for the Los Rios Community College District and the filing of civil litigation. Action to terminate funding is generally taken only if compliance cannot be secured by voluntary means. Please see the [General Counsel website](#) following for further details.

### **CALIFORNIA MANDATED REPORTING**

Effective January 1, 2013, California Penal Codes 11164-11174.3 make it mandatory for any California community college employee whose duties bring them into contact with children on a regular basis or any supervisor of such an employee to report suspected child (under 18 years of age) abuse and neglect. This includes nearly all Los Rios employees, including all Coaches and Assistant Coaches.

You may access the California Mandated Reporting information [from a Los Rios computer](#) under the Training section or [from any off-campus computer](#). Also, attached is a one-page flyer with information on California Mandated Reporting.

#### **ADMINISTRATIVE COMPUTER USE AND REGULATIONS**

Employees who use District computers are reminded that the equipment and transmission lines are the property of Los Rios Community College District and, as such, must be used in accordance with established District regulations. All employees are encouraged to review [Board Policies and Regulations](#) 8811, 8831, 8851 and 8871.

#### **INCIDENTS INVOLVING WORKPLACE MISCONDUCT/HOTLINE**

Call (916) 286-3600 to report non-emergency crimes, workplace harassment, discrimination, bullying, or misconduct. You can leave your name, or you can report anonymously. This is a confidential hotline and messages are reviewed daily. For concerns about employment, or questions about hiring, do not use the hotline, but contact Human Resources at (916) 568-3112.

#### **INCIDENTS INVOLVING UNSAFE OR HAZARDOUS CONDITIONS/HOTLINE**

If you observe an unsafe or hazardous condition, call (916) 286-3621 and submit an [Employee Safety Information Form GS-35](#) to your supervisor. You may leave your name or report anonymously by writing anonymous as your name on the safety information form.

#### **CLERY ACT**

The “Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act” is a federal law that requires institutions of higher education in the United States to disclose campus security information including crime statistics for the campus and surrounding areas. In compliance with the [Clery Act](#) requirements, our college campuses publish the information in college catalogs, schedules, etc.

#### **INFORMATION AVAILABLE ONLINE**

In addition to the above, you are encouraged to visit the LRCCD Website, [www.losrios.edu](http://www.losrios.edu) and click on “Employees”. Just a few of the many helpful resources listed below can be accessed from this page.

- Employee Groups: Classified, Academic, Management, Confidential, Temporary and ESA/PEX, Retirees and Collective Bargaining
- HR & Benefits: Employee Benefits, Human Resources, Hiring New Employees, Employee Resource Groups and Job Resources for Prospective Employees
- Forms & Services: Forms, Instructional Accessibility Support, ID and Password Management, PeopleSoft Financial Reports, Crystal Reports and Branding Toolkit
- Our Organization: Calendar and Events, Employee Directory, Departments, Offices, Organizational Charts, Committees, Institutional Research and Covid-19 Information
- Training: Compliance and Safety, Emergency Procedures, and Professional Development
- Technical Support: Service Central, Information Security, Okta Login Support, System Access Requests

#### **BLOODBORNE PATHOGENS**

Per our District Exposure Control Plan for Bloodborne Pathogens, there is a list of job classifications that potentially have occupational exposure to Bloodborne Pathogens. If you are an individual in one of the classifications listed below, and have not already done so, please complete the [Hepatitis B Vaccination form](#) and return it to Human Resources. If you have not already completed the Hepatitis B vaccination series, we highly recommend that you complete the vaccination series. Due to individual medical needs, please ask your personal physician for the vaccination.

The following is a list of job classifications in LRCCD in which all employees have occupational exposure (this list is not all inclusive).



## Position Titles

NON-FACULTY POSITIONS	FACULTY POSITIONS
Animal Health Instructional Technician Assistant Athletic Trainer Assistant Coach Assistant Sports Program Director Athletic Trainer Campus Patrol Chief of Police Child Development Center Associate Teacher Child Development Center Clerk Child Development Center Lead Teacher Child Development Center Supervisor Child Development Center Teacher College Nurse College Reserve Police Officer College Safety Officer Custodial Supervisor Custodial/Receiving Supervisor Custodian Employment Service Agreement (ESA) – <i>only required if specified by Supervisor</i> Head Custodian Health Services Assistant Instructional Assistant – Adaptive Physical Education Instructional Assistant – Cosmetology Instructional Assistant – Early Childhood Education Instructional Assistant – Health Occupations Instructional Assistant – Health & Education Simulation Lab Instructional Assistant – Phlebotomy Laboratory Instructional Assistant – Physical Education – Athletics Lead Custodian Lead Maintenance Plumber Lifeguard I Lifeguard II Maintenance Plumber Physical Education/Athletic Attendant Police Cadet to Officer Police Captain Police Detective Police Sergeant Professional Expert Agreement (PEX) – <i>only required if specified by Supervisor</i> Specialty Coach Sports Instructor I Sports Instructor II Sports Program Director Stock Clerk Student Employee – <i>only required if specified by Supervisor</i> Swimming Instructor I Swimming Instructor II	Professor – Adaptive Physical Education Professor – Allied Health Professor – Animal Science Professor – Cosmetology Professor – Dance Professor – Dental Assisting Professor – Dental Hygiene Professor – Early Childhood Education (Laboratory Instruction Only) Professor – Emergency Medical Technology Professor – Fitness Professor – Funeral Services Professor – Medical Assisting Professor – Nursing Professor – Paramedics Professor – Personal Activities Professor – Physical Education Professor – Sacramento Regional Public Safety Training Center: Specifically Teaching Courses in -Adult Correction Officer Core -Arrest, Search & Seizure -Basic Academy – Module III -Firearms Familiar – PC 832 -Firearms Instructor -Firearms Instructor – Update -Force & Weaponry – Update -Force & Weaponry – Basic -Impact Weapons Instructor – Update -Juvenile Corrections Officer Core Course -PC 832 Arrest, Search & Seizure -Probational Officer Core Course -Rifle Instructor – Update -Weaponless Defense Instructor (WDI) -Weaponless Defense Instructor – Advanced Ground fighting -Weaponless Defense Instructor – Update Professor – Sports Professor – Veterinary Technology Professor – Vocational Nursing

If you have any questions, contact Human Resources at (916) 568-3112. The District's [Bloodborne Pathogens - Exposure Control Plan](#) is available on-line.

## **PUBLIC SERVICE LOAN FORGIVENESS (PSLF)**

As an employee with the Los Rios Community College District, you may qualify for the Public Service Loan Forgiveness (PSLF) federal program. The information found [here](#) (scroll to the bottom of the page) provides links to you to become further educated about the PSLF program and determine whether you may qualify for its benefits.

## **EMPLOYEE SELF-SERVICE – AVAILABLE ONLINE**

There are a number of services available at the “Employee Self-Service” on-line pages, including viewing/printing of your Paycheck(s) and W-2 form(s), maintaining your Emergency Alert and Emergency Contacts information, and setting up or revising Federal and State withholdings.

The LRCCD Emergency Alert system, in the event of a work-related emergency, allows the District to communicate with employees via e-mail, voice, and text messages to cellular phones. The District maintains employees’ Emergency Contacts, which provides the District with whom to contact in case of a personal emergency.

To assist the District in ensuring your safety with up-to-date information, we request that you review your contact information on an annual basis by logging onto the Los Rios Employee Self-Service page from work or home. From the [employee home page](#), use the drop down arrow next to “EMPLOYEE LOGIN” choose “Employee Self-Service” and log in to Employee Self-Service. To complete/update your information, click on the “Employee Information” box. On the left side of the screen, click “Emergency Alert Information”, and verify or update your current information.

## **PUBLIC RECORDS ACT**

The [California Public Records Act Requests \(CPRA\)](#) defines a public record as any writing containing information relating to the conduct of the public's business, prepared, owned, used, or retained by the public agency. An individual making a CPRA request is not required to identify themselves. A public agency is required to respond to a CPRA request within ten days. The General Counsel's Office will review the request, coordinate gathering any responsive documents, and determine whether or not any statutory exemptions apply to the disclosure of the responsive documents.

## **REMINDER OF RIGHTS AND RESPONSIBILITY**

You are encouraged to review the materials noted in all the sections above. Employees should have received a copy of each upon their initial employment processing. Should you not have computer access, please contact Human Resources at (916) 568-3112 for copies to be mailed to you immediately.

Attachments: Local Counseling & Rehabilitation Programs  
Employee Assistance Program  
Supportline Employee Assistance  
California Mandated Reporting Easy Steps  
Labor Commissioner’s Office Victims of Domestic Violence, Sexual Assault and Stalking Notice Rights of Victims  
Equal Opportunity is the Law (English)  
Equal Opportunity is the Law (Spanish)

CB:cs

cc: Jacob Hughins, President LRCEA  
Jason Newman, President, LRCFT  
Michael Henderson, LRCFT  
Mohammad “Mo” Kashmiri, SEIU  
Chris Elliott, President, SEIU  
Jana Perry, President, LRSA  
Christopher Raines, President, LRMA



## LOCAL COUNSELING & REHABILITATION PROGRAMS

### District Health Plans for Employees

#### **Kaiser Permanente (KP)**

Kaiser Permanente provides services for detoxification or treatment of medical complications when medically necessary and subject to applicable exclusions. When appropriate, Kaiser Permanente provides treatment for Substance-Use-Disorder, which may include individual counseling, education, and group therapy. More information on the Substance-Use-Disorder services can be found at <https://healthy.kaiserpermanente.org/northern-california/health-wellness/addiction-and-recovery/drug-and-alcohol-treatment>. Members can self-refer to outpatient behavioral health services by telephoning for an appointment. Trained clinicians are available to interview members and make referrals to the appropriate intake and treatment services. Follow the link <https://healthy.kaiserpermanente.org/northern-california/health-wellness/mental-health> and click "find mental health support near you" or call 1-800-390-3503, Monday through Friday, from 8 a.m. to 5 p.m. Substance-Use-Disorder treatment is covered through Kaiser Permanente and is subject to co-payments and limitations. You can also access mental health services through many of Kaiser Permanente's Health Education Classes. The online path is [www.kp.org/classes](http://www.kp.org/classes) to learn about classes, support groups and programs. Members may be subject to a fee such as a copayment per class. Please visit [www.kp.org/mentalhealth](http://www.kp.org/mentalhealth) for more information and refer to your Evidence of Coverage available through the Employee Benefits Department for complete plan information. In addition, Member Services can be reached at 1-800-464-4000.

#### **Sutter Health Plan (SHP)**

SHP contracts with US Behavioral Health Plan, California (USBHPC) to administer mental health, behavioral health and substance use disorder (MH/SUD) treatment services defined in the Evidence of Coverage (EOC) as Covered Services. If you need MH/SUD treatment services, or have questions about these benefits, call USBHPC's Member Services at 1-855-202-0984, visit USBHPC's website at [www.liveandworkwell.com](http://www.liveandworkwell.com), or contact SHP Member Services at 1-855-315-5800 (TTY users call 1-855-830-3500). Mental Health, Behavioral Health and Substance Use Disorder Services are those services provided or arranged by USBHPC for the medically necessary treatment of mental disorders, including but not limited to treatment for the severe mental illness of an adult or child and/or the serious emotional disturbance of a child, and/or alcohol and drug problems, also known as chemical dependency, substance use disorder or substance abuse. Please refer to your Disclosure Form and Evidence of Coverage for complete plan information.

#### **Western Health Advantage (WHA)**

WHA has contracted with U.S. Behavioral Health Plan of California (USBHPC), an affiliate of OptumHealth Behavioral Solutions, to administer all mental health and alcohol and drug abuse benefits under the plan. Members are entitled to receive inpatient and outpatient services with prior authorization by USBHPC, subject to the Copayment listed on the Copayment summary. To find a mental health provider, contact Optum at 800-765-6820 or search Optum's provider directory [www.mywha.org/directo\\_ry](http://www.mywha.org/directo_ry). You do not have to register to begin your search. Please refer to the plan's Evidence of Coverage (EOC) booklet for a more complete description of mental disorder or chemical dependency services and supplies including those that require prior authorization by **USBHPC**.

*Community resources for rehabilitative or ancillary non-medical support services are also available on the reverse side. The above plans do not cover the cost of such services.*

## Employee Assistance Program (EAP)

Your Employee Assistance Program (EAP) is a free, confidential service to help address the personal issues you or members of your household are facing. This program is being offered through Support Linc Employee Assistance and includes counseling and clinical support services. Specifically, you can be referred to a local counselor chosen from a network of more than 1,000 local providers for up to five face-to-face counseling sessions per household member, per issue, per year. In addition, telephonic and web-video consultations are available. Call anytime toll free: 888-881-5462 or log onto [www.supportlinc.com](http://www.supportlinc.com) using company code "losrios".

### On-Campus Health Services

American River College		Cosumnes River College	
Counseling	916.484.8572	Counseling	916.691.7316
Health Center	916.484.8383	Health Center	916.691.7584
Folsom Lake College		Sacramento City College	
Counseling	916.608.6510	Counseling	916.558.2204
Health Center	916.608.6782	Health Office	916.558.2367
Counseling (EDC)	530.642.5645		

### Off-Campus Health Services

<b>2-1-1 Sacramento</b>	<a href="https://www.211sacramento.org/211/">https://www.211sacramento.org/211/</a>	211 916.498.1000 800.500.4931
<b>Alcoholics Anonymous</b> 9960 Business Park Drive, Suite 110 Sacramento, CA 95827	<a href="https://www.aa.org">https://www.aa.org</a> <a href="https://aasacramento.org">https://aasacramento.org</a>	916.454.1771 (office) 916.454.1100 (hotline)
<b>Narcotics Anonymous</b> American River Area Narcotics Anonymous P.O. Box 417482 Sacramento, CA 95841	<a href="https://www.na.org">https://www.na.org</a> <a href="https://sacramentona.org">https://sacramentona.org</a>	800.600.4673 (hotline)
<b>Pro Youth and Family Collective</b> 3780 Rosin Court, Suite 120 Sacramento, CA 95834	<a href="https://proyouthandfamilies.org">https://proyouthandfamilies.org</a>	916.576.3300
<b>Sacramento County Department of Health and Human Services</b>	<a href="https://dhs.saccounty.gov">https://dhs.saccounty.gov</a>	916.368.3111 (suicide prevention crisis line) 916.875.1055 / 888.881.4881 (mental health crisis) 916.874.9754 (alcohol and substance abuse)
<b>WellSpace Health</b>	<a href="https://www.wellspacehealth.org">https://www.wellspacehealth.org</a>	916.313.8434 (outpatient services) 988 (nationwide suicide crisis line)

# Emotional wellbeing and work-life balance resources to keep you at your best

SupportLinc offers expert guidance to help you and your family address and resolve everyday issues.



## In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.



## Financial expertise

Consultation and planning with a financial counselor.



## Legal consultation

By phone or in-person with a local attorney.



## Short-term counseling

Access up to **five (5) no-cost counseling sessions**, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse.



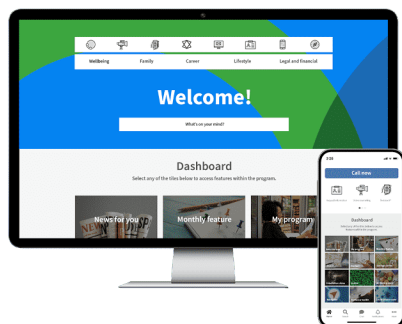
## Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.



## Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law.

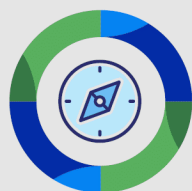


## Your web portal and mobile app

- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

## Convenient, on-the-go support

- **Textcoach®**  
Personalized coaching with a licensed counselor on mobile or desktop.
- **Animo**  
Self-guided resources to improve focus, wellbeing and emotional fitness.
- **Virtual Support Connect**  
Moderated group support sessions on an anonymous, chat-based platform



## Start with Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.



Download the mobile app today!



888-881-5462

supportlinc.com  
group code:  
losrios

## CALIFORNIA MANDATED REPORTING EASY STEPS . . .

### WHAT MUST BE REPORTED AND HOW TO REPORT

#### **WHAT MUST BE REPORTED**

Any of the following acts involving anyone under the age of 18:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect

The mandated reporter must only have *reasonable suspicion* that a child has been mistreated; no evidence or proof is required prior to making a report. The case will be further investigated by law enforcement and/or child welfare services.

#### **HOW TO REPORT**

**By Phone:** Immediately, or as soon as possible, make a telephone report to the Los Rios Police Department at 916-558-2221 or you may report to the local Police department, Sheriff's department or the Child Welfare Services department.

**In Writing:** Within 36 hours, a written report must be sent, faxed, or submitted electronically to the agency where the telephone report was made. The written report should be completed on a state form 8572 which can be downloaded from the [Los Rios Community College District Human Resources Forms](https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss_8572.pdf) web page OR [https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss\\_8572.pdf](https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss_8572.pdf).

#### **OTHER INFORMATION**

##### **Safeguards for Mandated Reporters:**

- The Child Abuse and Neglect Reporting Act (CANRA) states that the name of the mandated reporter is strictly confidential, although it is provided to investigative parties working on the case.
- As long as a report is filed in good faith, a mandated reporter cannot be held liable in civil or criminal court.

##### **Failure to Report:**

- Failure to report concerns of child abuse or neglect is considered a misdemeanor and is punishable in California by six months in jail and/or up to \$1,000 fine.

For the complete law and a list of mandated reporters, refer to California Penal Codes 11164-11174.3.

For more information and training, visit the [Los Rios Community College District](https://www.losrios.edu/) website.

This information and Mandated Reporter information can be found at [Mandated Reporter-California](https://www.losrios.edu/).

**EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS  
WHEN HIRED AND TO OTHER WORKERS WHO ASK FOR IT**

**RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE,  
SEXUAL ASSAULT, STALKING, CRIMES THAT  
CAUSE PHYSICAL INJURY OR MENTAL  
INJURY, AND CRIMES INVOLVING A THREAT  
OF PHYSICAL INJURY; AND OF PERSONS  
WHOSE IMMEDIATE FAMILY MEMBER IS  
DECEASED AS A DIRECT RESULT OF A CRIME**

***Your Right to Take Time Off:***

- You have the right to take time off from work to obtain relief from a court, including obtaining a restraining order, to protect you and your children's health, safety or welfare.
- If your company has 25 or more workers, you can take time off from work to get medical attention for injuries caused by crime or abuse, receive services from a domestic violence shelter, program, rape crisis center, or victim services organization or agency as a result of the crime or abuse, receive psychological counseling or mental health services related to an experience of crime or abuse, or participate in safety planning and take other actions to increase safety from future crime or abuse.
- You may use accrued paid sick leave or vacation, personal leave, or compensatory time off that is otherwise available for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer beforehand, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, a court order, a document from a licensed medical professional, a victim advocate, a licensed health care provider, or counselor showing that you were undergoing treatment for domestic violence related trauma, or a written statement signed by you, or an individual acting on your behalf, certifying that the absence is for an authorized purpose.

***Your Right to Reasonable Accommodation:***

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

## ***Your Right to Be Free from Retaliation and Discrimination:***

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, stalking, a crime that caused physical injury or mental injury, or a crime involving threat of physical injury; or are someone whose immediate family member is deceased as a direct result of a crime.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

***You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.***

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: [www.dir.ca.gov/dlse/DistrictOffices.htm](http://www.dir.ca.gov/dlse/DistrictOffices.htm). If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.

**Labor Commissioner's Office Victims of Domestic Violence, Sexual Assault and Stalking Notice**

**3/2021**

## **EQUAL OPPORTUNITY IS THE LAW**

It is against the law for this recipient of federal financial assistance to discriminate on the following basis: against any individual in the United States on the basis of race, color, religion, sex, national origin (including limited English proficiency), age, disability, or political belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or, making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

## **WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION**

If you think that you have been subjected to discrimination under a Workforce Innovation and Opportunity Act (WIOA) Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose)

American River College: David Miramontes-Quiñones, (916) 484-8723

Cosumnes River College: Brianna Ellis, (916) 691-7233

District Office/Facilities Management/Ethan Way Center: Alex Casareno, (916) 568-3063

Folsom Lake College: Lisceth Brazil-Cruz, (916) 608-6487

Sacramento City College: Andre Coleman, (916) 558-2376

Or

Director, Civil Rights Center (CRC), U.S. Department of Labor  
200 Constitution Avenue NW, Room N-4123, Washington, DC 20210, or  
electronically as directed on the CRC website at [www.dol.gov/crc](http://www.dol.gov/crc).

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with Civil Rights Center before receiving that notice. However, you must file your Civil Rights Center complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the Civil Rights Center. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

## **LA IGUALDAD DE OPORTUNIDADES ES LA LEY**

Es contra la ley que este beneficiario de asistencia financiera federal discrimine por los siguientes motivos: contra cualquier persona en los Estados Unidos por motivos de raza, color, religión, sexo (incluido el embarazo, el parto y afecciones médicas relacionadas, estereotipos sexuales, condición transgénero e identidad de género), origen nacional (incluido el dominio limitado del inglés), edad, discapacidad o afiliación o creencia política, o, contra cualquier beneficiario, solicitante o participante en programas con asistencia financiera bajo el Título I de la Ley de Innovación y Oportunidad de la Fuerza Laboral, sobre la base del estado de ciudadanía de la persona o la participación en cualquier programa o actividad con asistencia financiera del Título I de WIOA.

El beneficiario no debe discriminar en ninguna de las siguientes áreas: decidir quién será admitido, o tendrá acceso, a cualquier programa o actividad de asistencia financiera del Título I de WIOA; proporcionar oportunidades o tratar a cualquier persona con respecto a dicho programa o actividad; o tomar decisiones de empleo en la administración de, o en relación con, dicho programa o actividad.

Los beneficiarios de asistencia financiera federal deben tomar medidas razonables para garantizar que las comunicaciones con las personas sean tan efectivas como las comunicaciones con otros. Esto significa que, previa solicitud y sin costo alguno para la persona, los beneficiarios deben proporcionar ayudas y servicios auxiliares apropiados a las personas con discapacidades calificadas.

### **QUÉ HACER SI CREE QUE HA SUFRIDO DISCRIMINACIÓN**

Si cree que ha sido objeto de discriminación en virtud de un programa o actividad de asistencia financiera del Título I de la Ley de Innovación y Oportunidad de la Fuerza Laboral (WIOA, por sus siglas en inglés), puede presentar una queja dentro de los 180 días a partir de la fecha de la presunta violación ante el Oficial de Igualdad de Oportunidades del destinatario (o la persona que el destinatario haya designado para este propósito)

Director del Centro de Derechos Civiles (CRC), Departamento de Trabajo de los Estados Unidos  
200 Constitution Avenue NW, Sala N-4123, Washington, DC 20210, o  
electrónicamente, como se indica en el sitio web del Centro de Derechos Civiles en [www.dol.gov/crc](http://www.dol.gov/crc).

Si presenta su queja ante el destinatario, debe esperar hasta que el destinatario emita un-Aviso de Acción Final por escrito, o hasta que hayan pasado 90 días (lo que ocurra primero), antes de presentarla ante el Centro de Derechos Civiles (consulte la dirección anterior).

Si el destinatario no le entrega una Notificación de Acción Final por escrito dentro de los 90 días posteriores al día en que presentó su queja, puede presentar una queja ante el CRC antes de recibir esa notificación. Sin embargo, debe presentar su queja ante el Centro de Derechos Civiles de los 30 días posteriores a la fecha límite de 90 días (en otras palabras, dentro de los 120 días posteriores al día en que presentó su queja ante el destinatario).

Si el destinatario le entrega un Aviso de Acción Final por escrito sobre su queja, pero usted no está satisfecho con la decisión o resolución, puede presentar una queja ante el Centro de Derechos Civiles. Debe presentar su queja ante la Centro de Derechos Civiles de los 30 días posteriores a la fecha en que recibió el Aviso de Acción Final.



## Los Rios Community College District Employee Self Service Information

Welcome to the Los Rios Community College District (LRCCD). We ask that you take a few minutes and follow the steps below to become accustomed to the LRCCD Self Service internet pages and update your personal information.

Please note that these pages, with exceptions noted below, are available from any computer with internet access (at home or work) at any time. Once you are on a computer that has internet access, in the “address” field type [www.losrios.edu](http://www.losrios.edu) to access our main page.

Step 1. Click on “Employees”. This will take you to an employee only webpage.

Step 2. Click on “Employee Login”, then select “Employee Self Service”. This will take you to a login page.

Step 3. Login with your Employee ID number (use “W” then your seven-digit ID#) and type in your password. If you do not know your ID number, click on “Lookup your Employee ID” and follow the instructions; if there are no results, you will need to try again on another day. An employee ID number will automatically be assigned after your paperwork has been processed (please note your paperwork may not be processed until after you start). If you are a new user, you will need to click on the “New User: Create your Password” link in order to create a secure password.

Step 4. Once logged in, at the top of the page, click on the drop down and choose “Los Rios Employee Self Service”. Click on the “Contact Information” and **make sure to complete:**

- **Paycheck and Tax Information:** Below two are required for initial set-up and/or changes.  
**Direct Deposit** - <https://employees.losrios.edu/forms-and-services/forms/payroll-forms/direct-deposit-instructions>  
**Tax Withholdings** (W-4 - Federal Tax Withholding and DE-4 - State Tax Withholding) – This is required for changes as both will default to “Single” and no additional withholdings – it is up to the employee to make changes. <https://employees.losrios.edu/forms-and-services/forms/payroll-forms/tax-withholding-information-and-instructions>
- **Employee Information: Emergency Alert Information** – In the event we need to contact you by e-mail, voice and text messages to your cellular phone regarding an emergency situation at **your work location** (i.e., the campus is closed due to weather conditions, criminal activity on campus, etc.), we request current and correct contact information. If you do not have access to a computer, you can request a form to be mailed by calling Human Resources at (916) 568-3112.
- **Maintain Emergency Contact** – In the event of an emergency, which requires Los Rios to contact your emergency contact(s) in regard to **your status** (i.e., you are having a health issue which requires emergency care), we require you to complete your emergency contacts’ information.

Once completed, you are encouraged to update your Emergency Alert and Emergency Contact Information as needed. Please note under “View Human Resources Data”, you may also update your name to a “preferred” name (further information on where your preferred name is reflected is noted in the Self Service pages). If you would like to change your legal name, you will need to provide a Name/Address Change Form to Human Resources with the appropriate documentation.

Step 5. Explore your personal information through the Los Rios Employee Self Service pages including viewing:

- Recent and/or past paychecks and W-2 Forms
- Human Resources Data (i.e., review your current legal name; update your preferred name; review your address and phone number)

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, and database security.

We appreciate your time in completing and reviewing the Employee Self Service internet pages.

**TO:** New Hires of the Los Rios Community College District

**FROM:** Nicole Keller, Employee Benefits Supervisor

**SUBJECT:** Health Insurance Marketplace Notice to New Hires

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Key parts of the Affordable Care Act, also known as health care reform, went into effect January 1, 2014. When that happened, a new way to buy health insurance, referred to as the Health Insurance Marketplace came into effect. In California, the new option is called “Covered California.”

As of January 1, 2014, the health care reform law requires almost all Americans to have health care coverage, or pay a penalty. Some people **who do not have access** to affordable, minimum value health care coverage through their employer may be eligible for a federal subsidy to make buying insurance through the Marketplace more affordable. The savings these individuals would be eligible for depends on their total household income.

Individuals **who have health coverage available** through their employer that meets certain standards are not eligible for a tax credit through the Marketplace and may wish to enroll in their employer’s health plan. The plans offered by Los Rios meet the standards for an “affordable healthcare plan” under federal law. If you are offered qualifying health insurance coverage through Los Rios or another employer (*whether or not you choose to enroll*) you may not be able to receive a tax credit for coverage through Covered California.

Most U.S. employers are required to send the enclosed notice to employees to raise awareness of the new Marketplace and to help them understand how having access to their employer’s health care plan may limit their eligibility for tax credits in the Marketplace. Part A contains general information about the Marketplace and coverage and Part B contains information about the health coverage offered by Los Rios to eligible employees.

If you have questions about the Affordable Care Act and Covered California, please go to their website at [www.coveredca.com](http://www.coveredca.com) or call them at (800) 300-1506. For additional questions about this memo, the attached notice or benefits offered by Los Rios, please contact the Los Rios Employee Benefits Department at (916) 568-3070.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 11-30-2013)

## PART A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

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

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

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

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact \_\_\_\_\_.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:  
All employees.

Some employees. Eligible employees are:

- With respect to dependents:  
We do offer coverage. Eligible dependents are:

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

# **Los Rios Community College District**

## **Paid Sick Leave**

**Labor Code section 245**

**Temporary Classified/Student Employees/Substitutes**

*The following applies to employees who accrue 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.*

Unless exempt, temporary classified, student employees, and substitute assignments are entitled to minimum requirements for paid sick leave under state law which provides that an employee, once eligible for the leave:

- a. May accrue up to 80 hours of paid sick leave and may request and use up to 5 days or 40 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 alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code; and,
  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.

### Accrual of Paid Sick Leave

The above-referenced employees will earn 1 hour of sick leave for every 30 hours worked up to a maximum of 80 hours. Sick leave will accrue on a monthly basis the month after hours are reported as worked and paid. For example, if an employee works 60 hours in October, 2 hours of sick leave will accrue and post in November and be available for use as of November 1.

### Use of Paid Sick Leave

Employees may use paid sick leave so long as they have been employed at least 90-days, worked at least 30 days, and have at least 2 hours available to use. Time off must be reported on an absence report, and if the employee is eligible and has sufficient accrued sick leave, the payable sick leave hours will be processed on the pay warrant the month after the absence report is received. For example, if the employee was sick 2 hours in October and was qualified to use sick leave, the absence report would be submitted in November and the 2 hours would be paid on the December 10<sup>th</sup> pay warrant.

To: All Los Rios Community College District Employees

From: Carrie Bray, Vice Chancellor, Human Resources

Re: Public Service Loan Forgiveness (PSLF) Program

Links: [Detailed Fact Sheet](#)  
[FAQs](#)  
[Employment Certification Form](#)  
Employer portion of form completed  
[PSLF Infographics](#)

As an employee with the Los Rios Community College District, you may qualify for the Public Service Loan Forgiveness (PSLF) federal program. This memo provides links for your review to become further educated about the PSLF program and determine whether you may qualify for its benefits.

For in-depth PSLF program and eligibility, please refer to the Federal Student Aid website, specifically to the Public Service Loan Forgiveness (PSLF) Tool: [Become a Public Service Loan Forgiveness \(PSLF\) Help Tool Ninja – Federal Student Aid](#). Additional information may be found here: [Public Service Loan Forgiveness | Federal Student Aid](#).

It is highly recommended by the Federal Student Aid that you complete the Certification Form online at [Public Service Loan Forgiveness \(PSLF\) Help Tool | Federal Student Aid](#)

Please submit your Public Service Loan Forgiveness application to the corresponding email:

For Classified and Management it is: [HR-Classified-Management@losrios.edu](mailto:HR-Classified-Management@losrios.edu)

For Full-Time Faculty it is: [HR-FTFaculty@losrios.edu](mailto:HR-FTFaculty@losrios.edu)

For Adjunct Faculty it is: [HR-PTFaculty@losrios.edu](mailto:HR-PTFaculty@losrios.edu)

CB:cs

**Designation of Beneficiary Form  
Public Agency Retirement Services (PARS)**

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**Instructions:**

1. Read carefully the rules for designating a beneficiary below, and sign in the spaces provided.
2. Complete the appropriate sections (Section 1 must be completed, see rules below regarding Section 2) of this form and return it to:

**Los Rios Community College District  
Attn: Human Resources Department  
1919 Spanos Court  
Sacramento, CA 95825**

**Rules for Designation of Beneficiary:**

1. It is your responsibility to keep your Designation of Beneficiary current.
2. You reserve the right to revoke or change your Designation of Beneficiary, subject to the other provisions of these Rules.
3. If, upon your death, there is no valid Designation of Beneficiary on file with the Trust Administrator, any death benefits which become due will be paid in accordance with the Plan Document.
4. The plan requires that if you are married, your surviving spouse/registered domestic partner will be your sole primary beneficiary, unless your spouse/registered domestic partner waives this right.
5. If you wish to designate a person or persons other than your spouse/registered domestic partner or in addition to your spouse/registered domestic partner, you must obtain the notarized consent of your spouse/registered domestic partner in writing on this form by completing Section 2. Failure to obtain your spouse/registered domestic partner's consent in these instances will render the designation invalid. Any consent by a spouse/registered domestic partner applies only to that spouse/registered domestic partner and not any future spouse/registered domestic partner. Therefore, if a new marriage occurs, a new Designation of Beneficiary form should be completed and the new spouse/registered domestic partner's consent must be obtained. If you are unmarried complete Section 1 only.
6. If the location of your spouse/registered domestic partner is unknown, you must attach to this form a notarized statement stating that your spouse/registered domestic partner cannot be located.
7. You are considered married if you are under decree of separate maintenance or decree of legal separation.
8. If you wish to have your PARS account distributed under the terms of a Living Trust, your PARS account must be mentioned by name in the Trust Document. If your current Living Trust does not contain specific reference to your PARS account, you may designate the Living Trust as a beneficiary using this form. All rules pertaining to the designation of a beneficiary apply to the designation of a Living Trust.

I have read and understand these rules.

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

---

**Section 1: Designating a Beneficiary**

Participant Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Participant Address: \_\_\_\_\_  
City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Beneficiary Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

---

**Section 2: Spousal/Registered Domestic Partner Consent** *(Do not complete this section if you are unmarried)*

I hereby consent to the above beneficiary designation of my spouse/registered domestic partner, a participant in this plan. I understand that in consenting to the designation of anyone except myself, I am waiving rights to a survivor benefit that I would be legally entitled to at a later date.

\_\_\_\_\_  
**Spouse/Registered Domestic Partner's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Notary**

\_\_\_\_\_  
**Date**

# Los Rios Community College District

## Alternate Retirement System 457 Plan

### Plan Information Sheet

### for Temporary Employees



#### Introduction

A federal law, the Omnibus Budget Reconciliation Act of 1990 (OBRA 90), requires that governmental employees who are not members of their employer's existing retirement system be covered by Social Security or an alternate plan.

You are enrolled in an alternate plan called the Public Agency Retirement Services Alternate Retirement System 457 Plan (PARS ARS 457). PARS ARS 457 satisfies federal requirements and provides cost savings to you and your employer when compared to Social Security. The PARS ARS 457 plan only requires a minimum contribution of 7.5% to your retirement account.

This information is a general description of what you can expect as a participant in PARS ARS 457. The Plan Document contains a more detailed description, and your employer has a copy, which you may read. The Plan Document shall govern if this description states something different.

#### Enrollment in the PARS ARS 457 Plan is automatic for eligible employees.

Effective July 1, 2008 and thereafter:

1. Each pay period, **3.75%** of your wages will be deducted from your pay and deposited into your PARS ARS 457 account. Your contributions are made on a pre-tax basis.
2. Each pay period, your employer will also contribute the equivalent of **3.75%** of your wages to your PARS ARS 457 account. Employer contributions are also made on a pre-tax basis.
3. Investment activity will be credited to your PARS ARS 457 account based on your monthly account activity and will accumulate **tax-free** until your termination from the plan and the distribution of your account balance.

#### Designating a Beneficiary

- 1) In the event that you pass away while contributing to the PARS ARS 457 Plan, your account balance will be distributed to your beneficiary.
- 2) If you are married at the time of your death, your spouse/registered domestic partner is automatically your beneficiary. If you wish to designate someone other than your spouse/registered domestic partner, you may do so by submitting a Designation of Beneficiary Form.

- 3) If you are unmarried at the time of your death, your account balance will be paid to your estate unless you have designated another beneficiary.
- 4) You may obtain a Designation of Beneficiary Form from the District Human Resources office or from PARS.

#### Becoming Eligible for a Benefit

- 1) You (or your beneficiary in the event of your death) will be eligible to receive your PARS ARS 457 account balance when one of the following events occurs:
  - a. Termination of Employment
  - b. Retirement
  - c. Permanent and Total Disability
  - d. Death
  - e. Changed employment status to a position covered by another retirement system\*

\*If there have been no contributions into your PARS ARS 457 account for two (2) years and your account balance is less than \$7,000, you may be eligible for a distribution of your account. Please note that if your account balance is greater than \$7,000, your account will only be distributable due to termination, retirement, disability, or death.

#### Receiving Your Account Balance

- 1) When your employer notifies PARS that you are eligible for a distribution of your account, appropriate forms will be sent to you by mail. Within 90 days of PARS' receipt of all correctly completed forms, the account will be distributed.
- 2) Your distribution options are:
  - a. You may elect to receive a **one-time lump-sum cash payment**. If your account balance is greater than \$200, your distribution may be subject to federal and/or state income tax withholding.
  - b. You may defer tax withholding from your distribution by electing a **direct rollover** to a traditional IRA or to an eligible plan that accepts rollovers (e.g. 403(b), 457(b), 401(k), etc.)

**For further information or for questions about your account, please contact PARS.**

**(800) 540-6369**  
**Monday – Friday**  
**8:30AM – 5:00PM Pacific Time**  
**plansupport@pars.org**



# Los Rios Community College District

## Alternate Retirement System 457 Plan

### Frequently Asked Questions



#### **What is the PARS Alternate Retirement System Plan?**

In 1990, federal legislation called the Omnibus Budget Reconciliation Act of 1990 (OBRA 90) that required part-time, seasonal, and temporary employees participate in Social Security or an alternative plan established according to IRS guidelines. The PARS Alternate Retirement System 457 Plan (PARS ARS 457 Plan) is an alternate to Social Security. The deductions for the PARS ARS 457 Plan are withdrawn from your paycheck in lieu of deductions for Social Security.

#### **What are the advantages of participating in the District's PARS ARS 457 Plan?**

Each pay period, 3.75% of your wages will be deducted from your paycheck on a pre-tax basis and contributed to the PARS ARS 457 Plan. Since the contribution rate with Social Security is 6.2% and your contribution to the PARS ARS 457 Plan is 3.75% of your wages, your take-home pay may increase. The District will also contribute the equivalent of 3.75% of your wages to PARS ARS 457 Plan on a pre-tax basis. You will be immediately vested in the total 7.5% and the account will remain tax deferred until the funds are withdrawn. Unlike Social Security, when your employment ends with the District, you may withdraw your PARS ARS 457 Plan account in a lump-sum cash payment or roll it over to an IRA or another eligible retirement plan.

#### **Who is the administrator of the Los Rios Community College District's PARS ARS 457 Plan?**

Public Agency Retirement Services (PARS) is the trust administrator of the District's PARS ARS 457 Plan.

#### **Who is eligible for the District's PARS ARS 457 Plan?**

You are eligible to participate in the PARS ARS 457 Plan if you are an active temporary employee, not represented by a bargaining unit, and ineligible to participate in PERS or STRS.

#### **How do I participate in the District's PARS ARS 457 Plan?**

For employees that are hired on or after July 1, 2008, and for rehires who were not hired for work between July 1, 2007 and June 30, 2008, your enrollment into PARS ARS 457 Plan will be automatic as of July 1, 2008. If you were employed between July 1, 2007 and June 30, 2008 and an "Opt Out" form was not received by the required deadline date, then enrollment into PARS ARS 457 was automatic. To find out about the benefits and advantages of the PARS ARS 457 Plan, please contact PARS directly at (800) 540-6369.

#### **Do I still pay the Medicare portion of Social Security while participating in the PARS ARS 457 Plan?**

Medicare contributions will continue to be withheld from your paycheck in addition to the contributions made to the PARS ARS 457 Plan.

#### **How do I find out how much money is in my PARS ARS 457 Plan account?**

To find out your account balance or to request a statement, please contact PARS at (800) 540-6369.

#### **When do I become eligible to receive funds from my PARS ARS 457 Plan account?**

When employment with the District ends, you become permanently and totally disabled, or become deceased; your PARS ARS 457 Plan account will be available for an immediate lump-sum distribution to you or your beneficiary. If you become eligible for PERS or STRS with the District and your account balance is under \$7,000, you will be eligible for a distribution in two years after your last contribution to the PARS ARS 457 Plan. If your balance is over \$7,000 at the time you become eligible for PERS or STRS with the District, your funds will need to remain in PARS until you end your employment, become totally and permanently disabled, or become deceased.

# **Los Rios Community College District**

## **Alternate Retirement System 457 Plan**

### **Frequently Asked Questions**



#### **Can I rollover my PARS account into my PERS/STRS?**

PERS and STRS do not allow direct rollovers, but you can use your PARS funds toward the purchase of PERS and STRS service credit if eligible. When you are eligible for a distribution of your PARS ARS 457 account, contact PERS or STRS to learn how to purchase service credit. You can also contact PARS for further information.

#### **What is the process to receive my account balance?**

Once eligible to receive a distribution, complete an Application for PARS ARS 457 Plan Distribution Form and send it to the Los Rios Community College District, Attn: Human Resources, PARS, 1919 Spanos Court, Sacramento, CA 95825. The District will notify PARS and you will receive a distribution packet allowing you to choose a lump-sum cash payment or, if your balance is greater than \$200, a rollover to an IRA or another eligible retirement plan. Once the completed distribution packet is received by PARS, a distribution will be made within 90 days.

#### **What will happen if I forget to turn in the Application for PARS ARS 457 Plan Distribution Form?**

The District will review the list of participants who have not made contributions and notify PARS of their eligibility to receive a distribution. Once PARS receives the information regarding the participant, the distribution packet will be sent to your home address on file with the District Human Resources Department.

#### **How do I designate a beneficiary under the PARS ARS 457 Plan?**

If you are not married or do not have a registered domestic partner, or you would like to designate someone else, you may complete a Designation of Beneficiary Form. This form can be obtained through the District Human Resources office or by calling PARS at (800) 540-6369.

**For more information, please read the Plan Information Sheet for Temporary Employees or contact PARS directly at (800) 540-6369.**

## 457(b) Deferred-Compensation Plan

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# ONLINE ORIENTATION

*At your convenience, view a comprehensive online presentation detailing the PARS Alternate Retirement System (ARS).*

### How to Watch:

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#### The Orientation is available on YouTube:

1. Type in the following web address: <https://qrco.de/LosRiosCCD>
2. Or; scan the below QR code to be linked directly to the YouTube video. Most mobile devices have built-in QR code scanners in the camera app.



#### Quick Link — Scan to Watch

Scan this QR code on your mobile device. A notification will appear to link you directly to the YouTube video.

Problems? Visit the link directly at: <https://qrco.de/LosRiosCCD>

### What if I have additional questions?

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Please contact the Plan Support Department with any questions at (800) 540-6369 or via email at [plansupport@pars.org](mailto:plansupport@pars.org).

# For Your Benefit:

**California's  
Programs for the  
Unemployed**

**Unemployment Insurance  
Disability Insurance  
Paid Family Leave  
Workforce Services**

For Your Benefit: California’s Programs  
for the Unemployed

This publication provides information about programs offered by the Employment Development Department (EDD) for unemployed Californians. This is for general information only and it is not a legal document.

For more information, visit [our website](http://edd.ca.gov) (edd.ca.gov).

Unemployment Insurance (UI) ..... 2  
Unemployment benefits provide partial wage replacement to workers who have lost their job and meet the program’s eligibility requirements each week they certify for benefits.

State Disability Insurance (SDI) ..... 14  
Disability Insurance (DI) is part of SDI and provides partial wage replacement benefits to workers who are unable to work due to a non-work-related illness or injury, pregnancy, or childbirth.

Paid Family Leave (PFL) ..... 15  
PFL is part of SDI and provides partial wage replacement benefits to workers who need time off to care for a seriously ill family member, bond with a new child, or to help a family member during a qualifying military event.

Workforce Services ..... 15  
The Workforce Services Branch offers a range of employment services for job seekers and employers.

How to Get Help ..... 20

# Unemployment Insurance

Unemployment benefits are paid for by your employer and provide temporary income when you are unemployed and meet all eligibility requirements.

## Who Should File a UI Claim

You may apply for unemployment if you are out of work or your hours have been reduced.

To be eligible for benefits, you must have earned enough wages during the base period to set up a claim, and be:

- Totally or partially unemployed.
- Unemployed through no fault of your own.
- Physically able to work.
- Available for work.
- Ready and willing to accept work immediately.
- Actively looking for work.

## When to Apply

You may apply for benefits as soon as you are unemployed, or your work hours are reduced. Your claim will begin on the Sunday of the week in which you apply for benefits.

All claims have a one-week, unpaid, waiting period. The waiting period does not begin until you apply for unemployment, certify for benefits, and meet all eligibility requirements.

## What You Need to Apply

To apply, we need you:

- Name, (including all names you used while working) and Social Security number.
- Mailing and residence address (if different) and phone number.
- Last employer's complete name, address (mailing and physical location), and phone number.
- Last day worked and the reason you're no longer working (laid off, quit, fired, or left work because of a trade dispute).
- Work history during the 18 months prior to applying your claim, including out-of-state employment. Include all employers' names, dates employed, and wages earned.
- State-issued driver license number or identification card number.
- Citizenship status and if you have the legal right to work in the United States. If you indicate you're registered with the United States Citizenship and Immigration Services (USCIS, formerly Immigration and Naturalization Services) and authorized to work in the United States, you will be asked for the title of your employment authorization document and information from the USCIS document, such as the Alien Registration Number, card number, and expiration date.

**Note:** Your previous employers' names and addresses are very important, regardless of how long you worked for the employer(s). If you worked part-time, provide the number of hours you worked each week.

**If you served in the military** in the last 18 months, you will need to provide information from your **D214 Member Copy 4**.

**If you worked for the federal government** during the last 18 months, provide information from your *Notice to Federal Employees About Unemployment Insurance, Standard Form 8*.

## Important

Making a false statement or withholding information to receive benefits can be a felony. Penalties may include fines, loss of benefits, and criminal prosecution. See more information on fraud and penalties on page 13.

## ID.me

ID.me is an identity proofing and authentication platform used by government agencies. This is a faster and easier way to verify your identity and process your claim.

- Create an **ID.me** account and follow the prompts.
- You will need a mobile device, tablet, or a computer to take and send a photo.
- Allow ID.me to transfer your information to us.
- Having trouble connecting? Connect with a live video agent from 4:30 a.m. to 9 p.m. (Pacific Time), through your ID.me account and send a request for help at **help.id.me** within ID.me.

## Employer Notification

Your last employer is notified when you apply for unemployment. Although we determine your eligibility, employers fund the UI program and are required by law to provide any information that may affect your eligibility to receive benefits.

## Types of Claims

Your application depends on the type of employer you worked for and the states where you worked.

Your application will be filed as a:

- Regular California claim if you only worked in California, even if you now live outside of California.
- Federal claim if your employment was in civilian work for the federal government.
- Military claim if you served as a member of the United States Armed Forces.
- Combined wage claim if you earned wages in California and in at least one other state during the last 18 months.

- Interstate claim application if you now live in California and only worked in another state during the last 18 months. Apply for unemployment directly with the other state, the District of Columbia, Puerto Rico, or Canada. If you worked in the US Virgin Islands, contact us at 1-800-300-5616.

## How to Apply

You may apply for unemployment using one of the following methods:

- **Online**  
UI Online<sup>SM</sup> is the fastest and most convenient way to apply for unemployment. Visit [UI Online](http://edd.ca.gov/UI_Online) ([edd.ca.gov/UI\\_Online](http://edd.ca.gov/UI_Online)) to get started.
- **Phone**  
Speak to an EDD representative Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays. Refer to page 20 for a list of unemployment phone numbers.
- **Fax or Mail**  
When applying for benefits with UI Online, some customers will be instructed to fax or mail their application to us. If this occurs, the paper *Unemployment Insurance Application* (DE 11011) will display for you to complete and send.
- For faster and more secure processing, fax the completed form to the number listed on the form. If mailing your unemployment application, use the address on the form and allow more time for processing.

## Beginning Date of Claim

Your claim begins on the Sunday of the week in which you apply for benefits.

## Ending Date of Claim

Your claim ends on the Saturday, 52 weeks after your claim begins. If you exhaust your benefits prior to this date, you cannot apply for another California claim until the benefit year of the claim ends.

If you worked in another state during the last 18 months, you may be eligible to apply for a new claim in that state.

## Minimum Earnings to Establish a Valid Claim

You must have at least \$1,300 in earnings in one quarter of your base period or at least \$900 in earnings in the highest quarter and 1.25 times your highest quarter earnings in your total base period.

For example: If you have \$900 earnings in your highest quarter, you would also need to have earned a total of \$1,125 in the base period ( $\$900 \times 1.25 = \$1,125$ ).

## How Unemployment Benefits are Calculated

The quarter in which you were paid the highest wages during the base period determines your weekly benefit amount (WBA). The WBA ranges from \$40 to \$450 per week.



The maximum benefit amount is 26 times the weekly benefit amount or one-half of the total base period wages, whichever is less.

Refer to the **Unemployment Insurance Benefit Table** on page 17 to estimate your WBA.

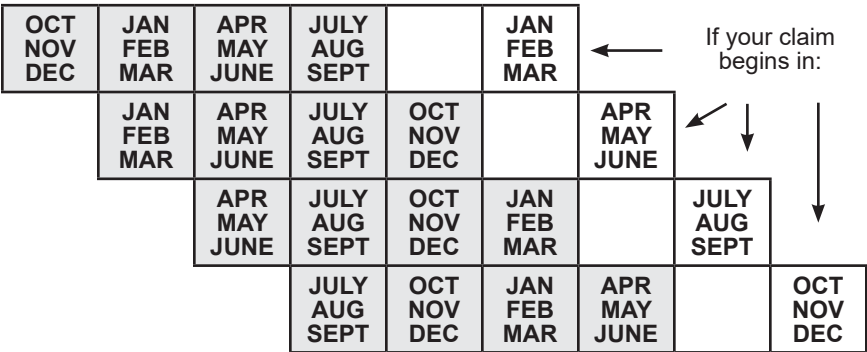
**Base Period**

There are two types of base periods used to set up a claim: the standard base period and the alternate base period.

**Standard Base Period**

The Standard Base Period (SBP) is the first four of the last five completed calendar quarters prior to the beginning date of the claim.

Refer to the chart below. The shaded area is the standard base period. The non-shaded area is the quarter the claim is filed.



**Alternate Base Period**

If you do not have sufficient wages in the standard base period, you may qualify to file a claim using the Alternate Base Period (ABP).

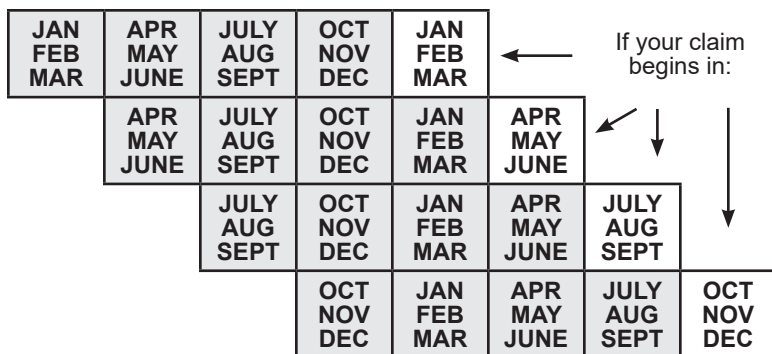
The ABP is the last four completed calendar quarters prior to the beginning date of the claim.

We will automatically file an ABP claim on your behalf if you're not eligible for a SBP claim.

You may be asked to give more wage information so we can correctly calculate your benefit amount. If you receive an Affidavit of Wages (DE 23A), gather the requested documents and return them to us.

**Note:** The ABP can only be used when there are not enough wages earned in the standard base period to set up a claim.

Refer to the chart below. The shaded area is the ABP. The non-shaded area is the quarter the claim is filed.



## Waiting Period

Unemployment claims have a mandatory, one-week, unpaid, waiting period. This waiting period generally takes effect on the first eligible week of a claim and prior to benefits being paid. Do not wait to apply because the waiting period cannot be served until a claim has been filed.

## How to Certify for Benefits

To serve your waiting period and receive benefit payments, you must meet all eligibility requirements and certify for benefits every two weeks.

There are three ways to certify for benefits:

- **UI Online:** ([edd.ca.gov/UI\\_Online](http://edd.ca.gov/UI_Online)) This is the fastest way to certify for benefits and report work and wages. To use UI Online, you must create an account through myEDD and complete a one-time registration for UI Online.
- **EDD Tele-Cert<sup>SM</sup>:** 1-866-333-4606  
Certify over the phone by calling 1-866-333-4606. Select **option 2** and follow all instructions. To access EDD Tele-Cert you must create a PIN.
- **Mail:** Complete, sign, and mail the *Continued Claim* (DE 4581) form to us.

**Note:** For faster processing, certify through UI Online or EDD Tele-Cert.

## Payments

Payments are issued after you certify for benefits and continue to meet all eligibility requirements for every week you claim benefits.

You have an option in how you receive your benefit payments. We issue benefit payments through a prepaid debit card or by check. The debit card is the fastest and most secure way to receive your benefits. However, you do not have to accept the debit card. Once your claim is filed, contact us if you wish to receive your benefits by paper check.

The debit card is valid for three years and used for disability, Paid Family Leave (PFL), and unemployment benefits.

If you were previously issued a debit card for prior unemployment, disability, or PFL benefits and need a replacement card, you must contact the Money Network's toll-free customer-service line at 1-800-684-7051 or 1-800-684-7053 (TTY).

Learn more about the [debit card](http://edd.ca.gov/debitcard) (edd.ca.gov/debitcard).

## **Tax Requirements**

Unemployment benefits are subject to federal income tax but exempt from California state income tax. Each time you certify for benefits, you can choose to withhold the 10 percent federal income tax from your weekly benefit payment. Otherwise, you may need to pay the tax at the end of the year when you file your tax return.

Each January, we mail a Form 1099G to individuals who received unemployment during the previous calendar year. Use the form to report important tax information on your federal tax return. You can access Form 1099G information for up to the past five years or request duplicate copies through UI Online or by calling 1-866-401-2849.

## **Child Support Obligations**

Your unemployment benefits may be reduced if you're required to pay child support payments to a court, District Attorney's office, or other child support enforcement agency.

## **Report Earnings**

You must report **all** work, wages, and other income to us during the week they were earned, not when you receive your pay. Failure to properly report your earnings can result in overpayments and penalties.

Types of income to report:

- Piece work
- Idle time pay
- Jury fees
- Commissions
- Witness fees
- Reuse pay
- Holiday pay
- Holding fees
- Residuals
- Awards
- Vacation pay
- In-lieu-of-notice pay
- Bonuses
- Tips
- Self-employment income
- Strike benefits
- Picket pay
- Standby pay
- Bereavement
- Back-pay
- Paid sick leave
- Workers' Compensation
- Pension
- Retirement
- Annuity

**Note:** You must report board, lodging, meals, or any other payment you receive instead of money when you work. If you are unsure about how to report wages, contact us.

## **Pension or Retirement Pay**

Unemployment benefits may be reduced if you are receiving a pension, retirement pay, annuity, or other similar payment based on your previous work.

Social Security benefits are not deductible from unemployment benefits and do not need to be reported to us.

## **Part-Time Work**

If you work less than full-time, you must report that work to us. However, you may still be eligible for partial unemployment benefits. The first \$25 or 25 percent of your gross total earnings for the week (whichever is greater) will not be counted toward your benefit amount. The amount remaining will be deducted from your weekly benefit amount.

Example 1:

Your weekly benefit amount is \$50. You earn \$30. You must report the \$30; however, the first \$25 is not counted, leaving \$5 to deduct from your weekly benefit amount. You would receive \$45 (\$50 minus \$5) in unemployment benefits.

Example 2:

Your weekly benefit amount is \$400. You earn \$200. You must report \$200; however, the first 25 percent (\$50) is not counted, leaving \$150 to deduct from your weekly benefit amount. You would receive \$250 (\$400 minus \$150) in unemployment benefits.

## **How Your Eligibility is Determined**

To be eligible, you must be:

- Out of work through no fault of your own.
- Physically able to work.
- Ready to accept work.
- Actively looking for work.

If you were laid off, you're considered to be out of work through no fault of your own.

If you quit your last job, were fired, or are unemployed due to a strike or lockout, we will schedule a phone interview with you to collect information on the reason you are no longer working. Your unemployment benefits cannot be paid until your phone interview is complete, you certify for benefits, and we determine your eligibility.

You have the right to request more time to gather information, contact witnesses, or obtain the advice of a representative. If the eligibility issue

involves an employer, we may contact the employer.

If you are sent a written request for more information and you respond by mail, the interviewer will use the information you send to determine your eligibility.

If you are denied benefits for any reason throughout your claim, including insufficient wages to set up a claim, a written Notice of Determination (DE 1080CZ) will be mailed to you explaining the reason along with your appeal rights.

**Important:** Your benefits can be delayed or denied if you are not available for the interview or do not send the required information. We will decide your eligibility based on the information available.

## Appeals Process

If you are denied benefits, you have the legal right to appeal the decision by completing and mailing the *Appeal Form* (DE 1000M). To be considered timely, it must be mailed within 30 calendar days from the mailing date of the *Notice of Determination* (DE 1080CZ). If you miss the 30-day deadline, you may still appeal, but you must show good cause for the delay.

Your appeal will be heard by an independent administrative law judge. Hearings are informal, but all testimony is taken under oath and is subject to cross-examination. The office of appeal will let you know when and where the hearing will be held.

Before the hearing, you have the right to review all records affecting your appeal. Those records are provided by California Unemployment Insurance Appeals Board (CUIAB). You can request records from us to prepare for your hearing.

At the hearing, you may be represented by yourself, a union official, an attorney, or anyone else you select. You may bring any relevant documentation to support your case.

After the hearing, you are mailed the administrative law judge's decision. If you are not satisfied, you may send a second level appeal to the CUIAB.

For information on how the UI code is applied, including current case studies, see the [Benefit Determination Guide](http://edd.ca.gov/uibdg) ([edd.ca.gov/uibdg](http://edd.ca.gov/uibdg)).

**Important:** You must continue to certify for benefits while your claim is under appeal. If the original decision is reversed, we can quickly issue all back payments to you. **Failure to comply could result in your benefits being denied or delayed.**

## Canceling a Claim

You may cancel a claim if you meet **all** the following criteria:

- No benefits have been paid.
- You are not disqualified for benefits due to an eligibility issue.
- An overpayment has not been established on the claim.
- You notify us before the 52-week benefit year ends.

Once a claim is canceled, it cannot be re-established with the same beginning date. You must apply for a new claim, which will have a later beginning date.

## **Workers Not Covered by Unemployment Benefits**

The following groups of workers are not normally covered:

- Elected officials.
- Self-employed, unless participating in elective coverage.
- Students enrolled and regularly attending classes at the school or education institution where employed.
- Members of a Limited Liability Company (LLC) that are treated as a partnership for federal income tax reporting purposes.
- A student's spouse who is working for an educational institution in an employment program provided for the purpose of financially aiding the student.
- Parents employed by their children, or children under the age of 18 employed by their parents.
- Husbands and wives employed by each other.
- Registered domestic partner employed by their registered domestic partner.
- Certain state-licensed salespersons paid only by commissions.
- Caddies and jockeys.

For more information, refer to [Exempt Employment \(DE 231EE\) \(PDF\)](http://edd.ca.gov/siteassets/files/pdf_pub_ctr/de231ee.pdf) (edd.ca.gov/siteassets/files/pdf\_pub\_ctr/de231ee.pdf) and [Family Employment \(DE 231FAM\) \(PDF\)](http://edd.ca.gov/siteassets/files/pdf_pub_ctr/de231fam.pdf) (edd.ca.gov/siteassets/files/pdf\_pub\_ctr/de231fam.pdf) for additional information.

If you do not know whether you are covered, do not waive your rights. Contact us for more information.

## **Elective Coverage**

Under certain conditions, employers of the individuals whose services are not covered may elect to cover those services. If you are not sure whether you are eligible for these benefits, contact us.

## **Request a Claim Print Out**

You may request a printout out of your claim through one of the following methods:

- Create a [UI Online](http://edd.ca.gov/UI_Online) (edd.ca.gov/UI\_Online) account.
- Select **Claim History** and print.
- Call us at 1-800-300-5616.

## Special Programs

### California Training Benefits

If you are attending school or training while receiving unemployment benefits, you may qualify for California Training Benefits (CTB).

If eligible, you can further your education, upgrade your skills, or learn a new trade while attending an EDD-approved training or school program to be more competitive in today's labor market.

While in school or training, you will be exempt from the requirements to be available for work, actively seek work, and accept work. You may also be eligible for additional weeks of benefits. To learn more visit [California Training Benefits](http://edd.ca.gov/en/unemployment/California_Training_Benefits) (edd.ca.gov/en/unemployment/California\_Training\_Benefits).

**Note:** We do **not** cover educational or training-related expenses such as tuition, fees, books, supplies, or transportation. However, there are state, federal, or employer programs that may fund your school or training.

### Training Extension

A Training Extension (TE) provides additional benefits to individuals who have been approved for CTB, while completing school or training. Only one TE is allowed for each CTB-approved training period.

If interested, you must contact us to inquire about a TE before receiving the 16th week of unemployment benefits. For claims that have less than 16 weeks of benefits, you must contact us before the claim reaches a zero balance.

### Disaster Unemployment Assistance

The federal Disaster Unemployment Assistance (DUA) program gives financial help to individuals whose employment or self-employment has been lost or interrupted as a direct result of a major disaster and who are not eligible for regular unemployment benefits. These benefits are available only when the President of the United States declares a major disaster and makes this special assistance available.

If DUA benefits are available, information will be posted on [our website](http://edd.ca.gov) (edd.ca.gov).

### Trade Adjustment Assistance

The Trade Adjustment Assistance (TAA) program is a federally funded program that gives benefits and services to eligible workers who are certified by the US Department of Labor (DOL) as having lost their jobs, or had their hours and wages reduced, because of foreign trade. Types of benefits include training, employment and case-management services, job

search and relocation allowances, income support, and wage subsidies. To learn more, visit [TAA Programs](http://edd.ca.gov/en/jobs_and_training/trade_act) (edd.ca.gov/en/jobs\_and\_training/trade\_act).

The wage subsidy program provides wage subsidies to individuals aged 50 or older who return to work earning less than their former trade impacted employment.

## **Extended Benefits**

Extended benefits are available to workers who have exhausted regular unemployment insurance benefits when the unemployment rate equals or exceeds a certain percentage established by state or federal law or when the federal government approves special extended benefit legislation.

## **Work Sharing**

The Work Sharing program helps participating employers minimize or eliminate the need for layoffs if the business's production or services have been reduced. It allows employers to keep trained employees and quickly recover when business conditions improve.

To participate, an employer must apply and meet all requirements, including, but not limited to:

- Be a legally registered business in California.
- A minimum of two employees and at least 10 percent of your regular workforce must be affected by a reduction of at least 10 percent and no more than 60 percent in both hours worked and wages earned.
- Health and retirement benefits must stay the same as before, or they must meet the same standards as other employees who are not participating in Work Sharing.
- The employees' bargaining unit must agree to voluntarily participate and sign the application for Work Sharing.

With Work Sharing, participating employees whose hours and wages have been reduced can:

- Receive UI benefits corresponding to the percentage of their work hours and wages.
- Keep their current job.
- Avoid financial hardships.

To learn more, visit [Work Sharing Program](http://edd.ca.gov/en/Unemployment/Work_Sharing_Program) (edd.ca.gov/en/Unemployment/Work\_Sharing\_Program).

## **Partial Claims**

Like our Work Sharing Program, Partial Claims is an alternative to layoffs and allows employers to keep staff by reducing their earnings.

The employer certifies that the employee is expected to return to work



and gives the employee the [Notice of Reduced Earnings \(DE 2063\) \(PDF\)](#) ([edd.ca.gov/siteassets/files/pdf\\_pub\\_ctr/de2063.pdf](#)) or [Notice of Reduced Earnings \(Fisherperson\) \(DE 2063F\)](#) ([edd.ca.gov/siteassets/files/pdf\\_pub\\_ctr/de2063f.pdf](#)) to apply for unemployment.

Employees participating in this program are considered partially employed and are not required to look for a new job to receive benefits.

To learn more, visit [Partial Claims](#) ([edd.ca.gov/en/unemployment/partial\\_claims](#)).

## **Railroad Unemployment Benefits**

Railroad workers may claim benefits under the U.S. Railroad Unemployment Insurance Act. This program is administered by the U.S. Railroad Retirement Board (RRB).

To apply, call the toll-free number at 1-877-772-5772 between 9 a.m. and 3:30 p.m., Monday through Friday to speak to an RRB representative or apply online at US Railroad Retirement Board at [US Railroad Retirement Board\(rrb.gov\)](#).

## **Unemployment Insurance Fraud Prevention and Detection**

We take the security of personal and confidential information very seriously. Therefore, all data submitted to us is encrypted. Additional safeguards are built in to further protect your personal information from imposter fraud and identity theft.

Imposter fraud occurs when someone intentionally applies for unemployment using another person's employment or personal information. We actively investigate cases of imposter fraud and are committed to protecting the identities of legitimate claimants.

If we suspect that there may be identity issues, you will receive a written request to confirm the information provided. We will also contact your former employers and governmental entities to verify your documents and information.

For more information, download the [Protect Your Identity and Stop Unemployment Insurance Imposter Fraud \(DE 2360EE\) \(PDF\)](#) brochure ([edd.ca.gov/pdf\\_pub\\_ctr/de2360ee.pdf](#)).

To report UI fraud, visit [Ask EDD](#) ([askedd.edd.ca.gov](#)) and select **Report Fraud** to send a Fraud Reporting Form online, or call the EDD toll-free fraud hotline at 1-800-229-6297.

## **Penalties**

Making a false statement or withholding information to receive benefits can be a felony. Penalties may include a loss of benefits, a false statement disqualification, and criminal prosecution.

A false statement disqualification denies benefits from 2 to 23 weeks. The disqualification stays on your record for three years or until served, whichever comes first. To serve false statement weeks, you must continue to certify for unemployment benefits, and meet all other eligibility requirements. You will not be paid during this time.

## **Benefit Audits**

We conduct audits by cross-referencing employer information with claim information to determine if a customer properly reported all work, wages, and other income to us while collecting unemployment benefits. Overpayments and penalties collected from these audits ensure the solvency of the UI Trust Fund and help reduce UI taxes.

## **Social Security Number Verification**

We may require you to verify your Social Security number (SSN) as issued to you by the Social Security Administration (SSA).

Your eligibility for benefits may be affected if:

- The SSN provided is assigned to a different name or belongs to another individual.
- The SSN is not valid.
- The SSN was never issued by the SSA.
- The wages in the base period belong to another individual.
- The date of birth at the SSA is different than the date of birth you gave when you applied.

If we require you to verify your SSN, you may be asked to send a complete copy of your Annual Social Security Statement. To obtain a copy of your complete Social Security Statement visit the SSA online ([ssa.gov](http://ssa.gov)).

A copy of your Social Security card will not satisfy this requirement.

## **State Disability Insurance (SDI)**

State Disability Insurance (SDI) is made up of Disability Insurance (DI) and Paid Family Leave (PFL). The program is funded entirely by California workers through employee payroll deductions, noted as CASDI on paystubs.

### **Exceptions:**

- Employees of local public entities (except workers in district hospitals) are not covered by SDI unless the employer elects such coverage.
- Employees of the state or state-funded institutions of higher education may, through their collective bargaining units, elect to be covered by SDI.
- Self-employed individuals may elect to be covered by SDI.

**Note:** Citizenship and immigration status do not affect eligibility for SDI.

## Disability Insurance

Disability Insurance (DI) provides short-term, partial wage replacement benefits to eligible workers who are unable to work due to a non-work-related illness, injury, or pregnancy.

When to file a claim: Submit your claim no earlier than 9 days after the first day your disability begins, but no later than 49 days after your disability begins or you may lose benefits.

For faster processing, file your claim using [SDI Online](http://edd.ca.gov/en/Disability/SDI_Online) ([edd.ca.gov/en/Disability/SDI\\_Online](http://edd.ca.gov/en/Disability/SDI_Online)).

**Exception:** If a claim is filed for the same or related cause or condition within 60 days of the initial claim, there is no new waiting period.

To file a claim or learn more, visit [State Disability Insurance](http://edd.ca.gov/disability) ([edd.ca.gov/disability](http://edd.ca.gov/disability)). EDD staff are available from Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays.

Refer to page 20 for a list of DI phone numbers.

## Paid Family Leave

Paid Family Leave (PFL) provides short-term, partial wage replacement benefits to eligible workers who need to take time off work to care for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner. Benefits are available to parents who need time to bond with a new child entering their family either by birth, adoption, or foster care placement. Benefits are also available for individuals who need time off work to participate in a qualifying event resulting from a spouse, registered domestic partner, parent, or child's military deployment to a foreign country.

When to file a claim: Submit your claim no earlier than the first day your family leave begins, but no later than 41 days after your family leave begins or you may lose benefits.

For faster processing, file your claim using [SDI Online](http://edd.ca.gov/en/Disability/SDI_Online) ([edd.ca.gov/en/Disability/SDI\\_Online](http://edd.ca.gov/en/Disability/SDI_Online)).

To file, or learn more visit [Paid Family Leave](http://edd.ca.gov/en/disability/paid-family-leave) ([edd.ca.gov/en/disability/paid-family-leave](http://edd.ca.gov/en/disability/paid-family-leave)).

Our staff are available Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays.

Refer to page 20 for a list of PFL phone numbers.

## Workforce Services

In partnership with state and local agencies, we offer a range of employment and training services, for job seekers at no cost, through the America's Job Center of California<sup>SM</sup> (AJCC).

Through the AJCCs, we support job seekers with job search and resume workshops, job fairs, and referrals to other workforce partners, and much more. For more information, find your nearest AJCC by using the [Office Locator](http://edd.ca.gov/Office_Locator) ([edd.ca.gov/Office\\_Locator](http://edd.ca.gov/Office_Locator)).

## **CalJOBS<sup>SM</sup>**

CalJOBS is California's online resource to help job seekers and employers navigate our workforce services. CalJOBS<sup>SM</sup> allows users to easily search for jobs, build resumes, access career resources, find qualified candidates for employment, and gather information on education and training programs.

Job seekers can:

- Create a resume or upload multiple resumes.
- Search and apply for job openings.
- Set up alerts for job openings.
- Research employers.
- Make customized resumes viewable to employers.

**Note:** Registering for a CalJOBS account and posting a resume is an eligibility requirement for many unemployment claimants. To register, visit [CalJOBS](http://CalJOBS) ([caljobs.ca.gov](http://caljobs.ca.gov)).

## **Migrant and Seasonal Farmworkers Outreach Program**

The Migrant and Seasonal Farmworker (MSFW) Outreach program helps farmworkers unfamiliar with the services provided at the AJCC. These no cost services include:

- Referrals to local supportive services.
- General information about unemployment and disability insurance.
- Help with employment services and employment related law complaints.
- Information about farmworker employment rights.
- Help with job search, job screening and referrals to jobs.

## **Services for Veterans**

We offer services for veterans to help them achieve their employment and training goals. Services include labor market information, veteran 24-hour priority hold on all job listings, customized job search help, job fairs, workshops, employer recruitments, and other resources.

## **Youth Employment Opportunity Program**

The Youth Employment Opportunity Program provides special services to help youth, ages 15 to 25 years, achieve their educational and vocational goals. Services include peer advising, referrals to supportive services, workshops, job referrals and placement assistance, and referrals to training and community outreach efforts.

For more information on the programs and services listed above, visit [Jobs and Training](http://Jobs_and_Training) ([edd.ca.gov/Jobs\\_and\\_Training](http://edd.ca.gov/Jobs_and_Training)).

# Unemployment Insurance Benefit Table For New Claims with a Beginning Date of January 2, 2005 or After

Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount
\$ 900.00 – 948.99	\$40	\$ 2,210.01 – 2,236.00	\$86	\$ 3,406.01 – 3,432.00	\$132
949.00 – 974.99	41	2,236.01 – 2,262.00	87	3,432.01 – 3,458.00	133
975.00 – 1,000.99	42	2,262.01 – 2,288.00	88	3,458.01 – 3,484.00	134
1,001.00 – 1,026.99	43	2,288.01 – 2,314.00	89	3,484.01 – 3,510.00	135
1,027.00 – 1,052.99	44	2,314.01 – 2,340.00	90	3,510.01 – 3,536.00	136
1,053.00 – 1,078.99	45	2,340.01 – 2,366.00	91	3,536.01 – 3,562.00	137
1,079.00 – 1,117.99	46	2,366.01 – 2,392.00	92	3,562.01 – 3,588.00	138
1,118.00 – 1,143.99	47	2,392.01 – 2,418.00	93	3,588.01 – 3,614.00	139
1,144.00 – 1,169.99	48	2,418.01 – 2,444.00	94	3,614.01 – 3,640.00	140
1,170.00 – 1,195.99	49	2,444.01 – 2,470.00	95	3,640.01 – 3,666.00	141
1,196.00 – 1,221.99	50	2,470.01 – 2,496.00	96	3,666.01 – 3,692.00	142
1,222.00 – 1,247.99	51	2,496.01 – 2,522.00	97	3,692.01 – 3,718.00	143
1,248.00 – 1,286.99	52	2,522.01 – 2,548.00	98	3,718.01 – 3,744.00	144
1,287.00 – 1,312.99	53	2,548.01 – 2,574.00	99	3,744.01 – 3,770.00	145
1,313.00 – 1,338.99	54	2,574.01 – 2,600.00	100	3,770.01 – 3,796.00	146
1,339.00 – 1,364.99	55	2,600.01 – 2,626.00	101	3,796.01 – 3,822.00	147
1,365.00 – 1,403.99	56	2,626.01 – 2,652.00	102	3,822.01 – 3,848.00	148
1,404.00 – 1,429.99	57	2,652.01 – 2,678.00	103	3,848.01 – 3,874.00	149
1,430.00 – 1,455.99	58	2,678.01 – 2,704.00	104	3,874.01 – 3,900.00	150
1,456.00 – 1,494.99	59	2,704.01 – 2,730.00	105	3,900.01 – 3,926.00	151
1,495.00 – 1,520.99	60	2,730.01 – 2,756.00	106	3,926.01 – 3,952.00	152
1,521.00 – 1,546.99	61	2,756.01 – 2,782.00	107	3,952.01 – 3,978.00	153
1,547.00 – 1,585.99	62	2,782.01 – 2,808.00	108	3,978.01 – 4,004.00	154
1,586.00 – 1,611.99	63	2,808.01 – 2,834.00	109	4,004.01 – 4,030.00	155
1,612.00 – 1,637.99	64	2,834.01 – 2,860.00	110	4,030.01 – 4,056.00	156
1,638.00 – 1,676.99	65	2,860.01 – 2,886.00	111	4,056.01 – 4,082.00	157
1,677.00 – 1,702.99	66	2,886.01 – 2,912.00	112	4,082.01 – 4,108.00	158
1,703.00 – 1,741.99	67	2,912.01 – 2,938.00	113	4,108.01 – 4,134.00	159
1,742.00 – 1,767.99	68	2,938.01 – 2,964.00	114	4,134.01 – 4,160.00	160
1,768.00 – 1,806.99	69	2,964.01 – 2,990.00	115	4,160.01 – 4,186.00	161
1,807.00 – 1,832.99	70	2,990.01 – 3,016.00	116	4,186.01 – 4,212.00	162
1,833.00 – 1,846.00	71	3,016.01 – 3,042.00	117	4,212.01 – 4,238.00	163
1,846.01 – 1,872.00	72	3,042.01 – 3,068.00	118	4,238.01 – 4,264.00	164
1,872.01 – 1,898.00	73	3,068.01 – 3,094.00	119	4,264.01 – 4,290.00	165
1,898.01 – 1,924.00	74	3,094.01 – 3,120.00	120	4,290.01 – 4,316.00	166
1,924.01 – 1,950.00	75	3,120.01 – 3,146.00	121	4,316.01 – 4,342.00	167
1,950.01 – 1,976.00	76	3,146.01 – 3,172.00	122	4,342.01 – 4,368.00	168
1,976.01 – 2,002.00	77	3,172.01 – 3,198.00	123	4,368.01 – 4,394.00	169
2,002.01 – 2,028.00	78	3,198.01 – 3,224.00	124	4,394.01 – 4,420.00	170
2,028.01 – 2,054.00	79	3,224.01 – 3,250.00	125	4,420.01 – 4,446.00	171
2,054.01 – 2,080.00	80	3,250.01 – 3,276.00	126	4,446.01 – 4,472.00	172
2,080.01 – 2,106.00	81	3,276.01 – 3,302.00	127	4,472.01 – 4,498.00	173
2,106.01 – 2,132.00	82	3,302.01 – 3,328.00	128	4,498.01 – 4,524.00	174
2,132.01 – 2,158.00	83	3,328.01 – 3,354.00	129	4,524.01 – 4,550.00	175
2,158.01 – 2,184.00	84	3,354.01 – 3,380.00	130	4,550.01 – 4,576.00	176
2,184.01 – 2,210.00	85	3,380.01 – 3,406.00	131	4,576.01 – 4,602.00	177

# Unemployment Insurance Benefit Table For New Claims with a Beginning Date of January 2, 2005 or After

Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount
\$ 4,602.01 – 4,628.00	\$178	\$ 5,798.01 – 5,824.00	\$224	\$ 6,994.01 – 7,020.00	\$270
4,628.01 – 4,654.00	179	5,824.01 – 5,850.00	225	7,020.01 – 7,046.00	271
4,654.01 – 4,680.00	180	5,850.01 – 5,876.00	226	7,046.01 – 7,072.00	272
4,680.01 – 4,706.00	181	5,876.01 – 5,902.00	227	7,072.01 – 7,098.00	273
4,706.01 – 4,732.00	182	5,902.01 – 5,928.00	228	7,098.01 – 7,124.00	274
4,732.01 – 4,758.00	183	5,928.01 – 5,954.00	229	7,124.01 – 7,150.00	275
4,758.01 – 4,784.00	184	5,954.01 – 5,980.00	230	7,150.01 – 7,176.00	276
4,784.01 – 4,810.00	185	5,980.01 – 6,006.00	231	7,176.01 – 7,202.00	277
4,810.01 – 4,836.00	186	6,006.01 – 6,032.00	232	7,202.01 – 7,228.00	278
4,836.01 – 4,862.00	187	6,032.01 – 6,058.00	233	7,228.01 – 7,254.00	279
4,862.01 – 4,888.00	188	6,058.01 – 6,084.00	234	7,254.01 – 7,280.00	280
4,888.01 – 4,914.00	189	6,084.01 – 6,110.00	235	7,280.01 – 7,306.00	281
4,914.01 – 4,940.00	190	6,110.01 – 6,136.00	236	7,306.01 – 7,332.00	282
4,940.01 – 4,966.00	191	6,136.01 – 6,162.00	237	7,332.01 – 7,358.00	283
4,966.01 – 4,992.00	192	6,162.01 – 6,188.00	238	7,358.01 – 7,384.00	284
4,992.01 – 5,018.00	193	6,188.01 – 6,214.00	239	7,384.01 – 7,410.00	285
5,018.01 – 5,044.00	194	6,214.01 – 6,240.00	240	7,410.01 – 7,436.00	286
5,044.01 – 5,070.00	195	6,240.01 – 6,266.00	241	7,436.01 – 7,462.00	287
5,070.01 – 5,096.00	196	6,266.01 – 6,292.00	242	7,462.01 – 7,488.00	288
5,096.01 – 5,122.00	197	6,292.01 – 6,318.00	243	7,488.01 – 7,514.00	289
5,122.01 – 5,148.00	198	6,318.01 – 6,344.00	244	7,514.01 – 7,540.00	290
5,148.01 – 5,174.00	199	6,344.01 – 6,370.00	245	7,540.01 – 7,566.00	291
5,174.01 – 5,200.00	200	6,370.01 – 6,396.00	246	7,566.01 – 7,592.00	292
5,200.01 – 5,226.00	201	6,396.01 – 6,422.00	247	7,592.01 – 7,618.00	293
5,226.01 – 5,252.00	202	6,422.01 – 6,448.00	248	7,618.01 – 7,644.00	294
5,252.01 – 5,278.00	203	6,448.01 – 6,474.00	249	7,644.01 – 7,670.00	295
5,278.01 – 5,304.00	204	6,474.01 – 6,500.00	250	7,670.01 – 7,696.00	296
5,304.01 – 5,330.00	205	6,500.01 – 6,526.00	251	7,696.01 – 7,722.00	297
5,330.01 – 5,356.00	206	6,526.01 – 6,552.00	252	7,722.01 – 7,748.00	298
5,356.01 – 5,382.00	207	6,552.01 – 6,578.00	253	7,748.01 – 7,774.00	299
5,382.01 – 5,408.00	208	6,578.01 – 6,604.00	254	7,774.01 – 7,800.00	300
5,408.01 – 5,434.00	209	6,604.01 – 6,630.00	255	7,800.01 – 7,826.00	301
5,434.01 – 5,460.00	210	6,630.01 – 6,656.00	256	7,826.01 – 7,852.00	302
5,460.01 – 5,486.00	211	6,656.01 – 6,682.00	257	7,852.01 – 7,878.00	303
5,486.01 – 5,512.00	212	6,682.01 – 6,708.00	258	7,878.01 – 7,904.00	304
5,512.01 – 5,538.00	213	6,708.01 – 6,734.00	259	7,904.01 – 7,930.00	305
5,538.01 – 5,564.00	214	6,734.01 – 6,760.00	260	7,930.01 – 7,956.00	306
5,564.01 – 5,590.00	215	6,760.01 – 6,786.00	261	7,956.01 – 7,982.00	307
5,590.01 – 5,616.00	216	6,786.01 – 6,812.00	262	7,982.01 – 8,008.00	308
5,616.01 – 5,642.00	217	6,812.01 – 6,838.00	263	8,008.01 – 8,034.00	309
5,642.01 – 5,668.00	218	6,838.01 – 6,864.00	264	8,034.01 – 8,060.00	310
5,668.01 – 5,694.00	219	6,864.01 – 6,890.00	265	8,060.01 – 8,086.00	311
5,694.01 – 5,720.00	220	6,890.01 – 6,916.00	266	8,086.01 – 8,112.00	312
5,720.01 – 5,746.00	221	6,916.01 – 6,942.00	267	8,112.01 – 8,138.00	313
5,746.01 – 5,772.00	222	6,942.01 – 6,968.00	268	8,138.01 – 8,164.00	314
5,772.01 – 5,798.00	223	6,968.01 – 6,994.00	269	8,164.01 – 8,190.00	315

# Unemployment Insurance Benefit Table For New Claims with a Beginning Date of January 2, 2005 or After

Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount	Amount of Wages in Highest Quarter	Weekly Benefit Amount
\$ 8,190.01 – 8,216.00	\$316	\$ 9,386.01 – 9,412.00	\$362	\$10,582.01 – 10,608.00	\$408
8,216.01 – 8,242.00	317	9,412.01 – 9,438.00	363	10,608.01 – 10,634.00	409
8,242.01 – 8,268.00	318	9,438.01 – 9,464.00	364	10,634.01 – 10,660.00	410
8,268.01 – 8,294.00	319	9,464.01 – 9,490.00	365	10,660.01 – 10,686.00	411
8,294.01 – 8,320.00	320	9,490.01 – 9,516.00	366	10,686.01 – 10,712.00	412
8,320.01 – 8,346.00	321	9,516.01 – 9,542.00	367	10,712.01 – 10,738.00	413
8,346.01 – 8,372.00	322	9,542.01 – 9,568.00	368	10,738.01 – 10,764.00	414
8,372.01 – 8,398.00	323	9,568.01 – 9,594.00	369	10,764.01 – 10,790.00	415
8,398.01 – 8,424.00	324	9,594.01 – 9,620.00	370	10,790.01 – 10,816.00	416
8,424.01 – 8,450.00	325	9,620.01 – 9,646.00	371	10,816.01 – 10,842.00	417
8,450.01 – 8,476.00	326	9,646.01 – 9,672.00	372	10,842.01 – 10,868.00	418
8,476.01 – 8,502.00	327	9,672.01 – 9,698.00	373	10,868.01 – 10,894.00	419
8,502.01 – 8,528.00	328	9,698.01 – 9,724.00	374	10,894.01 – 10,920.00	420
8,528.01 – 8,554.00	329	9,724.01 – 9,750.00	375	10,920.01 – 10,946.00	421
8,554.01 – 8,580.00	330	9,750.01 – 9,776.00	376	10,946.01 – 10,972.00	422
8,580.01 – 8,606.00	331	9,776.01 – 9,802.00	377	10,972.01 – 10,998.00	423
8,606.01 – 8,632.00	332	9,802.01 – 9,828.00	378	10,998.01 – 11,024.00	424
8,632.01 – 8,658.00	333	9,828.01 – 9,854.00	379	11,024.01 – 11,050.00	425
8,658.01 – 8,684.00	334	9,854.01 – 9,880.00	380	11,050.01 – 11,076.00	426
8,684.01 – 8,710.00	335	9,880.01 – 9,906.00	381	11,076.01 – 11,102.00	427
8,710.01 – 8,736.00	336	9,906.01 – 9,932.00	382	11,102.01 – 11,128.00	428
8,736.01 – 8,762.00	337	9,932.01 – 9,958.00	383	11,128.01 – 11,154.00	429
8,762.01 – 8,788.00	338	9,958.01 – 9,984.00	384	11,154.01 – 11,180.00	430
8,788.01 – 8,814.00	339	9,984.01 – 10,010.00	385	11,180.01 – 11,206.00	431
8,814.01 – 8,840.00	340	10,010.01 – 10,036.00	386	11,206.01 – 11,232.00	432
8,840.01 – 8,866.00	341	10,036.01 – 10,062.00	387	11,232.01 – 11,258.00	433
8,866.01 – 8,892.00	342	10,062.01 – 10,088.00	388	11,258.01 – 11,284.00	434
8,892.01 – 8,918.00	343	10,088.01 – 10,114.00	389	11,284.01 – 11,310.00	435
8,918.01 – 8,944.00	344	10,114.01 – 10,140.00	390	11,310.01 – 11,336.00	436
8,944.01 – 8,970.00	345	10,140.01 – 10,166.00	391	11,336.01 – 11,362.00	437
8,970.01 – 8,996.00	346	10,166.01 – 10,192.00	392	11,362.01 – 11,388.00	438
8,996.01 – 9,022.00	347	10,192.01 – 10,218.00	393	11,388.01 – 11,414.00	439
9,022.01 – 9,048.00	348	10,218.01 – 10,244.00	394	11,414.01 – 11,440.00	440
9,048.01 – 9,074.00	349	10,244.01 – 10,270.00	395	11,440.01 – 11,466.00	441
9,074.01 – 9,100.00	350	10,270.01 – 10,296.00	396	11,466.01 – 11,492.00	442
9,100.01 – 9,126.00	351	10,296.01 – 10,322.00	397	11,492.01 – 11,518.00	443
9,126.01 – 9,152.00	352	10,322.01 – 10,348.00	398	11,518.01 – 11,544.00	444
9,152.01 – 9,178.00	353	10,348.01 – 10,374.00	399	11,544.01 – 11,570.00	445
9,178.01 – 9,204.00	354	10,374.01 – 10,400.00	400	11,570.01 – 11,596.00	446
9,204.01 – 9,230.00	355	10,400.01 – 10,426.00	401	11,596.01 – 11,622.00	447
9,230.01 – 9,256.00	356	10,426.01 – 10,452.00	402	11,622.01 – 11,648.00	448
9,256.01 – 9,282.00	357	10,452.01 – 10,478.00	403	11,648.01 – 11,674.00	449
9,282.01 – 9,308.00	358	10,478.01 – 10,504.00	404	11,674.01 – and over	450
9,308.01 – 9,334.00	359	10,504.01 – 10,530.00	405		
9,334.01 – 9,360.00	360	10,530.01 – 10,556.00	406		
9,360.01 – 9,386.00	361	10,556.01 – 10,582.00	407		

# How to Get Help

## Online

- To learn more about EDD services and programs, visit [EDD](http://edd.ca.gov) online ([edd.ca.gov](http://edd.ca.gov)).
- To ask us a question, access your UI Online or SDI account visit [Ask EDD](http://askedd.edd.ca.gov) ([askedd.edd.ca.gov](http://askedd.edd.ca.gov)).
- To find your nearest AJCC, visit the [Office Locator](http://edd.ca.gov/en/Office_Locator) online ([edd.ca.gov/en/Office\\_Locator](http://edd.ca.gov/en/Office_Locator)).

## Phone

All our phone numbers are toll free. For relay service, provide one of the numbers below to the operator.

### Unemployment Insurance

EDD staff are available Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays.

English	1-800-300-5616	Mandarin	1-866-303-0706
Spanish	1-800-326-8937	Vietnamese	1-800-547-2058
Armenian	1-855-528-1518	Tagalog	1-866-395-1513
Cantonese	1-800-547-3506	TTY	1-800-815-9387
Korean	1-844-660-0877		

### Disability Insurance

EDD staff are available Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays.

English	1-800-480-3287
Spanish	1-866-658-8846
TTY	1-800-563-2441

### Paid Family Leave

EDD staff are available Monday through Friday between 8 a.m. and 5 p.m. (Pacific Time), except on state holidays.

English	1-877-238-4373	Punjabi	1-866-627-1568
Spanish	1-877-379-3819	Tagalog	1-866-627-1569
Armenian	1-866-627-1567	Vietnamese	1-866-692-5596
Cantonese	1-866-692-5595	TTY	1-800-445-1312





## STATE OF CALIFORNIA

### LABOR AND WORKFORCE DEVELOPMENT AGENCY

### EMPLOYMENT DEVELOPMENT DEPARTMENT

This *For Your Benefit: California's Programs for the Unemployed* (DE 2320) publication can be viewed, printed, and ordered online by visiting [Online Forms and Publications](https://forms.edd.ca.gov/forms) ([forms.edd.ca.gov/forms](https://forms.edd.ca.gov/forms)).

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Disclaimer: If you opted out of receiving paper forms, it may still be necessary for the EDD to send some documents via U.S. mail.

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

\_\_\_\_\_  
**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 identity?** (Check one) ☐ **Female**                      ☐ **Male**                      ☐ **Non-Binary**

\_\_\_\_\_  
**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 website 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>

**Q: What is the gender identity “Non-Binary”?**

A: The Gender Recognition Act (CA SB-179) commencing September 1, 2018, provides for three equally recognized gender options that accurately represent an individual's gender identification. Non-binary is an option for individuals with gender identities that fall outside of the traditional conceptions of strictly female or male.



# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No.1615-0047

Expires 05/31/2027

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

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

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

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

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

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

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

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

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

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

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<div>1. U.S. Passport or U.S. Passport Card</div> <div>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</div> <div>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</div> <div>4. Employment Authorization Document that contains a photograph (Form I-766)</div> <div>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:<div>a. Foreign passport; and</div><div>b. Form I-94 or Form I-94A that has the following:<div>(1) The same name as the passport; and</div><div>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</div></div></div> <div>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</div>		<div>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, sex, height, eye color, and address</div> <div>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, sex, height, eye color, and address</div> <div>3. School ID card with a photograph</div> <div>4. Voter's registration card</div> <div>5. U.S. Military card or draft record</div> <div>6. Military dependent's ID card</div> <div>7. U.S. Coast Guard Merchant Mariner Card</div> <div>8. Native American tribal document</div> <div>9. Driver's license issued by a Canadian government authority</div> <div>For persons under age 18 who are unable to present a document listed above:</div> <div>10. School record or report card</div> <div>11. Clinic, doctor, or hospital record</div> <div>12. Day-care or nursery school record</div>		<div>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<div>(1) NOT VALID FOR EMPLOYMENT</div><div>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</div><div>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</div></div> <div>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</div> <div>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</div> <div>4. Native American tribal document</div> <div>5. U.S. Citizen ID Card (Form I-197)</div> <div>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</div> <div>7. Employment authorization document issued by the Department of Homeland Security</div> <div>For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</div> <div>The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</div>
<div>Acceptable Receipts</div> <div>May be presented in lieu of a document listed above for a temporary period.</div> <div>For receipt validity dates, see the M-274.</div>				
<div>• Receipt for a replacement of a lost, stolen, or damaged List A document.</div> <div>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</div> <div>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</div>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

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



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

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

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
--	--	---

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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

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

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

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

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

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

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

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



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

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

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 05/31/2027

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

Date of Rehire ( <i>if applicable</i> )		New Name ( <i>if applicable</i> )	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )		New Name ( <i>if applicable</i> )	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )		New Name ( <i>if applicable</i> )	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.



**OATH OF ALLEGIANCE FOR PERSONS EMPLOYED  
BY A COMMUNITY COLLEGE DISTRICT  
OF THE STATE OF CALIFORNIA**

(Required by Chapter 8, Division 4, Title I of Government Code)

State of California        )  
                                  ss  
County of Sacramento )

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

I declare, under penalty of perjury, that the foregoing is true and correct.

_____ Signature	_____ Date	_____ Place (City)
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**OR**

I decline to sign the oath of allegiance because it is contrary to my religious beliefs.

_____ Signature	_____ Date	_____ Place (City)
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# 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 <https://mandatedreporter.ca.com/training> 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 <https://employees.losrios.edu/training/compliance-training/mandated-reporter-training>, under the "Who is a Mandated Reporter?" 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 so. ☐ Volunteer

\_\_\_\_\_  
Employee/Volunteer 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.

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**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/Volunteer 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.

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## Los Rios Community College District

### **Temporary Classified Employment Fingerprint Requirement Process**

As a Temporary Classified employee (working in a position paid off the [Clerical/Paraprofessional, Maintenance/Service, Special Rate, or Interpreter Salary Schedule](#)), you are required to complete and clear a Background Check PRIOR to starting employment with the Los Rios Community College District. Please go to the appropriate link below in order to complete the required background check for the position you are being hired into. You will be notified by your hiring supervisor once you can start employment.

- For ***Temporary Classified Employment (NOT at a Childcare Center or Police Department)*** within the Los Rios Community College District, complete the Background Check/Live Scan process using the information at this link:
  - <https://employees.losrios.edu/lrccd/employee/doc/hr/hiring/tcl-fingerprint.pdf>
- For ***Temporary Classified Employment at a Police Department*** within the Los Rios Community College District, complete the Background Check/Live Scan process using the information at this link:
  - <https://employees.losrios.edu/lrccd/employee/doc/hr/hiring/tcl-fingerprint-police.pdf>
- For ***Temporary Classified Employment at a Childcare Center*** within the Los Rios Community College District, complete the Background Check/Live Scan process using the information at this link:
  - <https://employees.losrios.edu/lrccd/employee/doc/hr/hiring/tcl-fingerprint-childcare.pdf>

If you have any questions about which of the above links you should be using, please check with your Hiring Supervisor.

For other questions, you can contact Human Resources at 916-568-3107.