Farmersville
Unified School District

WALK-ON COACH INFORMATION PACKET

Name _____ Date _____

Sport: _____ Season: ☐ Fall ☐ Winter ☐ Spring School Site: _____

Use this form as a guide to submitting a complete substitute application. Do not submit packet until **ALL** items have been completed or obtained. Incomplete applications will **NOT** be accepted.

REQUIREMENTS:

Applicant must provide COPIES of the following documents to submit with application:

__ Copy of High School Diploma or Equivalent

__ Fingerprint clearance certificate either through Farmersville USD

__ TB Skin Test Verification *(within last 4 years)*

__ Two forms of Identification for I-9 Eligibility *(Driver's License and Social Security)*

__ COVID-19 Vaccination Copy *(Weekly diagnostic testing at one of our designated sites will be required, if a vaccination copy is not included)*

IMPORTANT INFORMATION:

1. California requires that ALL COACHES receive annual Mandatory Child Abuse & Neglect training on the identification and reporting of child abuse and neglect.

   NOTE: Coaches are required to take the Mandated Reporter Training course for EVERY district they work with. A training certificate from Tulare County Office of Education or California Department of Social Services may be used.

   As soon as your record of employment is activated you will be emailed a log in information for Keenan & Associations mandatory training. A record will NOT be activated until ALL required documents have been submitted.

2. ALL COACHES receive daily COVID-19 screenings via text.

If you have any questions, please feel free to call me at 559-592-2010 or email tmaldona@farmersville.k12.ca.us.

Thelma Maldonado, Human Resources

Mandated Reporter Training	_____
COVID-19 Screening	_____
Vaccination Card OR Weekly Testing	_____
Payroll Documents Submitted	_____
OTHER:	_____

Farmersville
Unified School District
571 East Citrus
Farmersville, CA 93223
Telephone: 559/592-2010 • Fax: 559/592-2203

EMPLOYEE INDICATIVE

This application is for a classified substitute position only and will not be considered as part of the regular employment process

Name *(As Shown on Social Security Card)* _____ Social Security No. _____

Address _____ Telephone No. _____

City _____ Zip Code _____ Cell Phone No. _____

Email Address *(email address must be included)* _____

Bilingual: ☐ Yes ☐ No Language Spoken _____

Ethnicity: ☐ Asian ☐ Black, not Hispanic ☐ Filipino ☐ Hispanic ☐ Indian/Alaskan Nat ☐ White, not Hispanic

Date of Birth: _____ Sex: ☐ Male ☐ Female ☐ Non-Binary Marital Status: ☐ Single ☐ Married

Driver's License No. _____

Emergency Contact Information:

Name: _____ Relationship: _____

Telephone No. _____ Cell Phone No. _____

Please answer the following:
Has your credential ever been suspended or revoked?. . . . . ☐ Yes ❒ No
Have you ever been dismissed, or asked to resign from a teaching position. . . . . ❒ Yes ❒ No
Have you been convicted of a felony or crimes involving moral turpitude?. . . . . ☐ Yes ☐ No
For each question answered "Yes" attach a written statement of explanation
(Note: Convictions is not an automatic bar to employment.)

Notes: _____

I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or false-answered statement made by me on this application, or any supplement to it, will be sufficient grounds for failure to employ or for my discharge should I become employed with the Farmersville Unified School District.

Signature _____ Date _____

PLEASE PRINT

NAME (LAST) FIRST MIDDLE

Farmersville Unified School District
Name of School District

Oath Of Office

For School District Employees

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

State of California }
County of Tulare } ss

For the office of Walk - On Coach - Farmersville Unified School District

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.

Signature _____

Subscribed and sworn to before me this

day of _____, 20 ___

Alicia Ruiz
Name
Secretary

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

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

OMB No. 1545-0074

2023

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	**(b) Social security number**
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Reserved for future use.

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

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

TIP: If you have self-employment income, see page 2.

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

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $ _____

Multiply the number of other dependents by $500 . . . . . $ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds $160,200 for a given individual.

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

Specific Instructions

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

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

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

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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

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

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** $

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3**

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** $

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

1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** $

2 Enter:
- $27,700 if you're married filing jointly or a qualifying surviving spouse
- $20,800 if you're head of household
- $13,850 if you're single or married filing separately

. . . . . **2** $

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** $

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . **4** $

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$850	$850	$1,000	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,870
$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$310	$890	$1,020	$1,020	$1,020	$1,860	$1,870	$1,870	$1,870	$1,870	$2,030	$2,040
$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$620	$860	$1,020	$1,020	$1,020	$1,020	$1,650	$1,870	$1,870	$1,890	$2,040
$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

Employment Development Department
State of California

Clear Form

Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address City State ZIP Code	Filing Status ☐ Single or Married (with two or more incomes) ☐ Married (one income) ☐ Head of Household

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
   - 1a. Number of Regular Withholding Allowances (Worksheet A) 0
   - 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.) 0
   - 1c. Total Number of Allowances you are claiming 0
2. Additional amount, if any, you want withheld each pay period (if employer agrees), **(Worksheet C)**

OR

Exemption from Withholding

3. I claim exemption from withholding for 2023, and I certify I meet both of the conditions for exemption. (Check box here) ☐

OR

4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here) ☐

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

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number
Farmersville Unified School District, 571 East Citrus Drive, Farmersville, CA 93223	

Purpose: This certificate, DE 4, is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form *Employee's Withholding Allowance Certificate* (DE 4) to determine the appropriate California PIT withholding.

If you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance.

Check Your Withholding: After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

Exemption From Withholding: If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

1. You did not owe any federal/state income tax last year, and
2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating **exempt** must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

(i) Your spouse is a member of the armed forces present in California in compliance with military orders;

(ii) You are present in California solely to be with your spouse; and

(iii) You maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

The *California Employer's Guide* (DE 44) (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication may be found by visiting Payroll Taxes - Forms and Publications (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, please visit the Franchise Tax Board (FTB) (ftb.ca.gov).

If you need information on your last *California Resident Income Tax Return* (FTB Form 540), visit the FTB (ftb.ca.gov).

Notification: The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of Title 22, California Code of Regulations (CCR) (govt.westlaw.com/calregs/Search/Index), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

Penalty: You may be fined $500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the California Unemployment Insurance Code (leginfo.legislature.ca.gov/faces/codes.xhtml) and section 19176 of the Revenue and Taxation Code (leginfo.legislature.ca.gov/faces/codes).xhtml).

Worksheets

Instructions — 1 — Allowances*

When determining your withholding allowances, you must consider your personal situation:
— Do you claim allowances for dependents or blindness?
— Will you itemize your deductions?
— Do you have more than one income coming into the household?

Two-Earners/Multiple Incomes: When earnings are derived from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

Married But Not Living With Your Spouse: You may check the "Head of Household" marital status box if you meet all of the following tests:
(1) Your spouse will not live with you **at any time** during the year;
(2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
(3) You will file a separate return for the year.

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

Worksheet A — **Regular Withholding Allowances**

(A)	Allowance for yourself — enter 1	(A)
(B)	Allowance for your spouse (if not separately claimed by your spouse) — enter 1	(B)
(C)	Allowance for blindness — yourself — enter 1	(C)
(D)	Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1	(D)
(E)	Allowance(s) for dependent(s) — do not include yourself or your spouse	(E)
(F)	Total — add lines (A) through (E) above and enter on line 1a of the DE 4	(F) 0

Instructions — 2 — (Optional) Additional Withholding Allowances

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

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

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

Worksheet B — **Estimated Deductions**

Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1.	Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540		1.
2.	Enter $10,404 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or $5,202 if single or married filing separately, dual income married, or married with multiple employers	–	2.
3.	Subtract line 2 from line 1, enter difference	=	3. 0.00
4.	Enter an estimate of your adjustments to income (alimony payments, IRA deposits)	+	4.
5.	Add line 4 to line 3, enter sum	=	5. 0.00
6.	Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)	–	6.
7.	If line 5 is greater than line 6 (if less, see below [go to line 9]); Subtract line 6 from line 5, enter difference	=	7. 0.00
8.	Divide the amount on line 7 by $1,000, round any fraction to the nearest whole number enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise **stop here**.		8. 0.00
9.	If line 6 is greater than line 5; Enter amount from line 6 (nonwage income)		9.
10.	Enter amount from line 5 (deductions)		10. 0.00
11.	Subtract line 10 from line 9, enter difference. Then, complete Worksheet C.		11. 0.00

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

Worksheet C **Additional Tax Withholding and Estimated Tax**

1.	Enter estimate of total wages for tax year 2023.	1.	
2.	Enter estimate of nonwage income (line 6 of Worksheet B).	2.	
3.	Add line 1 and line 2. Enter sum.	3.	
4.	Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest).	4.	
5.	Enter adjustments to income (line 4 of Worksheet B).	5.	
6.	Add line 4 and line 5. Enter sum.	6.	
7.	Subtract line 6 from line 3. Enter difference.	7.	0.00
8.	Figure your tax liability for the amount on line 7 by using the 2023 tax rate schedules below.	8.	
9.	Enter personal exemptions (line F of Worksheet A x $154.00).	9.	0.00
10.	Subtract line 9 from line 8. Enter difference.	10.	0.00
11.	Enter any tax credits. (See FTB Form 540).	11.	
12.	Subtract line 11 from line 10. Enter difference. This is your total tax liability.	12.	0.00
13.	Calculate the tax withheld and estimated to be withheld during 2023. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2023. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2023.	13.	
14.	Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld.	14.	0.00
15.	Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4.	15.	

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

These Tables Are for Calculating Worksheet C and for 2023 Only

Single Persons, Dual Income Married or Married With Multiple Employers

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
$0	$10,099	1.100%	$0	$0.00
$10,099	$23,942	2.200%	$10,099	$111.09
$23,942	$37,788	4.400%	$23,942	$415.64
$37,788	$52,455	6.600%	$37,788	$1,024.86
$52,455	$66,295	8.800%	$52,455	$1,992.88
$66,295	$338,639	10.230%	$66,295	$3,210.80
$338,639	$406,364	11.330%	$338,639	$31,071.59
$406,364	$677,275	12.430%	$406,364	$38,744.83
$677,275	$1,000,000	13.530%	$677,275	$72,419.07
$1,000,000	and over	14.630%	$1,000,000	$117,556.49

Unmarried Head of Household

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
$0	$20,212	1.100%	$0	$0.00
$20,212	$47,887	2.200%	$20,212	$222.33
$47,887	$61,730	4.400%	$47,887	$831.18
$61,730	$76,397	6.600%	$61,730	$1,440.27
$76,397	$90,240	8.800%	$76,397	$2,408.29
$90,240	$460,547	10.230%	$90,240	$3,626.47
$460,547	$552,658	11.330%	$460,547	$41,508.88
$552,658	$921,095	12.430%	$552,658	$51,945.06
$921,095	$1,000,000	13.530%	$921,095	$97,741.78
$1,000,000	and over	14.630%	$1,000,000	$108,417.63

Married Persons

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
$0	$20,198	1.100%	$0	$0.00
$20,198	$47,884	2.200%	$20,198	$222.18
$47,884	$75,576	4.400%	$47,884	$831.27
$75,576	$104,910	6.600%	$75,576	$2,049.72
$104,910	$132,590	8.800%	$104,910	$3,985.76
$132,590	$677,278	10.230%	$132,590	$6,421.60
$677,278	$812,728	11.330%	$677,278	$62,143.18
$812,728	$1,000,000	12.430%	$812,728	$77,489.67
$1,000,000	$1,354,550	13.530%	$1,000,000	$100,767.58
$1,354,550	and over	14.630%	$1,354,550	$148,738.20

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit (FTB) (ftb.ca.gov).

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

►START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

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

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

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	**OR**	**List B** Identity	**AND**	**List C** Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

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

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

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (*Street Number and Name*)	City or Town	State	ZIP Code

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

A. New Name *(if applicable)*			**B.** Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**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
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
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		**10.** School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

FARMERSVILLE UNIFIED SCHOOL DISTRICT

Acknowledgment of Release of Personnel Information

- I hereby authorize Farmersville Unified School District to release information regarding my work performance while employed.

  I understand that the public information listed below does not require a written Release of Information and will be given upon request to prospective employers.

Dates of Service	Position(s) Held
Salary Range	Duties/Qualifications Required
Performance Awards	Information from Employment Contract

- I understand that personal information listed below will not be given to prospective employers even with my signature on the Release of Information form.

Date/Place of Birth	Employment History
Medical History	Account Numbers
Social Security Number	Answers of Applications
Pre-Employment Exams	Any Other Personal Information
Home Address/Telephone	

- Check and initial **ONE** of the following:

  ☐ My signature on this Acknowledgment of Release of Personal Information form authorizes Farmersville Unified School District to release information to prospective employers, upon request, related to the following records. ____ (Initial)

  1. Performance Evaluations
  2. Discipline Records
  3. Letters of Warding/Reprimand
  4. Attendance Records
  5. Conditions of Resignation/Termination/Non-Reelection

  ☐ My signature of this Acknowledgment of Release of Personnel Information form authorizes Farmersville Unified School District to release information to prospective employers or other persons/agencies or as required by law. ____ (Initial)

I hereby agree to release, defend, and hold harmless Farmersville Unified School District and its officers, employees, and agents from any claims or liability arising from the release of the employment information described above.

Print Name _____ Signature _____

Date _____

Farmersville
Unified School District

EMPLOYEE-TECHNOLOGY ACCEPTABLE USE AGREEMENT

The purpose of this Acceptable Use Agreement ("Agreement") is to ensure a safe and appropriate environment for all employees. This Agreement notifies staff about the acceptable ways in which District Technology may be used. The District recognizes and supports advances in technology and provides an array of technology resources for employees to use to enhance student learning, facilitate resource sharing, encourage innovation, and to promote communication. While these technologies provide a valuable resource to the District, it is important that employees' use of technology be appropriate for District purposes.

Pursuant to Board Policy 4040, only Users of District Technology who submit a signature acknowledging receipt and agreement to the terms of the use outlined in this Agreement are authorized to use the District's Technology.

Terms of Use

Acceptable Use: District employees are only permitted to use District Technology for purposes which are safe (pose no risk to students, employees or assets), legal, ethical, do not conflict with their duties or the mission of the District, and are compliant with all other District policies. Usage that meets these requirements is deemed "proper" and "acceptable" unless specifically excluded by this policy or other District policies. The District reserves the right to restrict outline destinations through software or other means.

Additionally, the District expressly prohibits:

1. Using District Technology for commercial gain;
2. Accessing District Technology for the purpose of gaming or engaging in any illegal activity;
3. Transmission of confidential information to unauthorized recipients;
4. Inappropriate and unprofessional behavior online such as use of threats, intimidation, bullying or "flaming";
5. Viewing, downloading, or transmission of pornographic material;
6. Using District Technology for the creation or distribution of chain emails, any disruptive or offensive messages, offensive comments about race, gender, disability, age, sexual orientation, religious beliefs/practices, political beliefs, or material that is in violation of workplace harassment or workplace violence laws or policies;
7. Engage in unlawful use of District Technology for political lobbying;
8. Significant consumption of District Technology for non-business related activities (such as video, audio or downloading large files) or excessive time spent using District Technology for non-business purposes (e.g. shopping, personal social networking, or sports related sites);
9. Knowingly or carelessly performing an act that will interfere with or disrupt the normal operation of computers, terminals, peripherals, or networks, whether within or outside of District Technology (e.g. deleting programs or changing icon names) is prohibited;
10. Infringe on copyright, license, trademark, patent, or other intellectual property rights; or
11. Disabling any and all antivirus software running on District Technology or "hacking" with District Technology.

Accountability: Users are prohibited from anonymous usage of District Technology. In practice, this means users must sign in with their uniquely assigned District User ID before accessing/using District Technology. Similarly, "spoofing" or otherwise modifying or obscuring a user's IP Address, or any other user's IP Address, is prohibited. Circumventing user authentication or security of any host, network or account is also prohibited.

Personal Use: District Technology is provided solely for the conduct of District business. However, the District realizes and is aware of the large role technology (especially the Internet and email) plays in the daily lives of individuals. In this context, the District acknowledges that a limited amount of personal use of District Technology is acceptable. This use must not interfere with the user's job responsibilities; it cannot involve any activities expressly prohibited by this or any other District policy; and it should be limited to designated break periods and/or the User's lunch break.

Disclaimer: The District cannot be held accountable for the information that is retrieved via the network. The District will not be responsible for any damages you may suffer, including loss of data resulting from delays, non-deliveries, or service interruptions caused by the District Systems, Systems Administrators or your own errors or omissions. Use of any information obtained is at your own risk. The District makes no warranties (expressed or implied) with respect to: (a) the content of any advice or information received by an employee, or (b) any costs or charges incurred as a result of seeing or accepting any information; or (c) any costs, liability, or damages caused by the way the employee chooses to use his or her access to the network.

Password Policy: Passwords must not be shared with anyone and must be treated as confidential information. Passwords must be changed often as required by the District's IT department. All Users are responsible for managing their use of District Technology and are accountable for their actions relating to security. Allowing the use of your account by another user is also strictly prohibited. All passwords created for or used by any District Technology are the sole property of the District. The creation or use of a password by an employee on District Technology does not create a reasonable expectation of privacy.

Responsibility: Users are responsible for their own use of District Technology and are advised to exercise common sense and follow this Agreement in regard to what constitutes appropriate use of District Technology in the absence of specific guidance.

Revocation of Authorized Possession: The District reserves the right, at any time, for any reason or no reason, to revoke a User's permission to access, use, or possess District Technology.

Restriction of Use: The District reserves the right, at any time, for any reason or no reason, to limit the manner in which a User may use District Technology in addition to the terms and restrictions already contained in this Agreement.

Third-Party Technology: Connecting unauthorized equipment to the District Technology, including the unauthorized installation of any software (including shareware and freeware), is prohibited.

Personally Owned Devices: If an employee uses a personally owned device to access District Technology or conduct District business, he/she shall abide by all applicable Board policies, administrative regulations, and this Agreement. Any such use of a personally owned device may subject the contents of the device and any communications sent or receive on the device to disclosure pursuant to a lawful subpoena or public records request.

Reporting: If an employee becomes aware of any security problem (such as any compromise of the confidentiality of any login or account information) or misuse of District Technology, he/she shall immediately report such information to the Superintendent or designee.

Consequences for Violation: Violations of the law, Board policy, or this Agreement may result in revocation of an employee's access to District Technology and/or restriction of his/her use of District Technology and/or discipline, up to and including termination. In addition, violations of the law, Board policy, or this Agreement may be reported to law enforcement or other agencies as deemed appropriate.

Enforcement

Record of Activity: User activity with District Technology may be logged by System Administrators. Usage may be monitored or researched in the event of suspected improper District Technology usage or policy violations.

Blocked or Restricted Access: User access to specific Internet resources, or categories of Internet resources, deemed inappropriate or non-compliant with this policy may be blocked or restricted. A particular website that is deemed "Acceptable" for use may still be judged a risk to the District (e.g. it could be hosting malware), in which case it may also be subject to blocking or restriction.

No Expectation of Privacy: Users have no expectation of privacy in their use of District Technology. Log files, audit trails and other data about user activities with District Technology may be used for forensic training or research purposes, or as evidence in a legal or disciplinary matter. Users are on notice that District Technology is subject to search and seizure in order to facilitate maintenance, inspections, updates, upgrades, and audits, all of which necessarily occur both frequently and without notice so that the District can maintain the integrity of District Technology. All data viewed in stored is subject to audit, review, disclosure and discovery.

Such data may be subject to disclosure pursuant to the Public Records Act (California Government Code section 6250 et seq.). Pursuant to the Electronic Communications Privacy Act of 1986 (18 USC 2510 et seq.), notice is hereby given that there are no facilities provided by District Technology for sending or receiving private or confidential electronic communications. System Administrators have access to all email and will monitor messages. Messages relating to or in support of illegal or inappropriate activities will be reported to the appropriate authorities and/or District personnel.

The District reserves the right to monitor and record all use of District Technology, including, but not limited to, access to the Internet or social media, communications sent or received from District Technology, or other uses within the jurisdiction of the District. Such monitoring/recording may occur at any time without prior notice for any legal purposes including, but not limited to, record retention and distribution and/or investigation of improper, illegal, or prohibited activity. Employees should be aware that, in most instances, their use of District Technology (such as web searches or emails) cannot be erased or deleted. The District reserves the right to review any usage and make a case-by-case determination whether the User's duties require access to and/or use of District Technology which may not conform to the terms of this policy.

Specific Consent to Search and Seizure of District Technology: The undersigned consents to the search and seizure of any District Technology in the undersigned's possession by the District, the District's authorized representative, a System Administrator, or any Peace Officer at any time of the day or night and by any means. This consent is unlimited and shall apply to any District Technology that is in the possession of the undersigned, whenever the possession occurs, and regardless of whether the possession is authorized. The undersigned waives any rights that may apply to searches of District Technology under SB 178 (2015) as set forth in Penal Code sections 1546 through 1546.4.

Disclaimer Notice in District Email

The following disclaimer will be added to each outgoing email:

"This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system administrator. Please note that any views or opinions presented in this email are solely those of the author and do not necessarily represent those of the District. Finally, the recipient should check this email and any attachments for the presence of viruses. The District accepts no liability for any damages caused by any virus transmitted by this email."

Attorney-Client Privileged Communications

Some of the messages sent, received or stored on the District electronic message system will constitute confidential, privileged communications between the District and its attorneys. Upon receipt of a message either from or to counsel,

employees should not forward it or its contents to others inside the District or any other person outside the District without counsel's express authorization. Upon learning that a privileged and/or confidential communication has been received by or sent to any individual not intended to receive such a communication, employees must immediately notify the Superintendent so that he/she may take appropriate steps to preserve the privilege.

California Public Records Act Request ("CPRA")/Litigation

CPRA outline in Government Code section 6251 et seq. is a law that requires inspection and/or disclosure of governmental records to the public upon request. Emails sent by employees, unless otherwise exempt by law, are subject to inspection and disclosure under the CPRA by any person making such a request.

Furthermore, emails may also be subject to disclosure as a result of pending litigation involving the District, the District's employees and elected or appointed officers or officials.

Security

All data must be kept confidential and secure by the employee. The fact that the data may be stored electronically does not change the requirement to keep the information confidential and secure. Rather, the type of information or the information itself is the basis for determining whether the data must be kept confidential and secure. If this data is stored in a proper or electronic format, or if the data is copied, printed, or electronically transmitted, the data must still be protected as confidential and secured.

Definitions

Blogging: An online journal that is frequently updated and intended for general public consumption.

E-mail: The electronic transmission of information through a mail protocol such as SMTP or IMAP. Typical e-mail clients include Microsoft Outlook.

Chain e-mail: E-mail sent to successive people. Typically, the body of the note has directions to the reader to send out multiple copies of the note so that good luck or money will follow.

Employee: Any individual employed by the District or its affiliated agencies or departments in any capacity, whether full or part-time, active or inactive, including interns, contractors, consultants and vendors.

Flaming: The use of abusive, threatening, intimidating, or overly aggressive language in an Internet communication.

Hacking: Gaining or attempting to gain unauthorized access to any computer systems, or gaining or attempting to gain unauthorized access to District Technology.

District Technology: All technology owned or provided by the District to authorized users, including Internet/Intranet/Extranet-related systems, computer hardware, software, Wi-Fi, electronic devices such as tablet computers, USB drives, cameras, smart phones and cell phones, telephone and data networks (including intranet and Internet access), operating systems, storage media, wireless access points (routers), wearable technology, PDA's, network accounts, web browsing, blogging, social networking, and file transfer protocols, email systems, electronically stored data, websites, web applications or mobile applications, any wireless communication device including emergency radios, and/or future technological innovations, whether accessed on or off site or through District-owned or personally owned equipment or devices.

Instant Messaging: A type of communications service that enables the creation of a kind of private chat room with another individual in order to communicate in real time over the Internet.

Internet Resources: Websites, instant messaging applications, file transfer, file sharing, and any and all other Internet applications and activities using either standard or proprietary network protocols. Examples of websites that pose a risk to the District, or are counter to its mission, are malware repositories, sites advocating violence against civil society or against persons based on race, religion, ethnicity, sex, sexual orientation, color, creed or any other protected categories, sites offering gambling activities or that are pornographic in nature.

IP Address: Unique network address assigned to each computing device connected to a network or allowed it to communicate with other devices on the network or Internet.

Malware: Malware is any software, application, program, email or other data or executable code which is designed to cause harm to a network or computer or violate any law, statute, policy or regulation in any way. Examples of harmful activity or intent are theft of personal information or intellectual property by phishing or other means, hacking, violation of copyright laws (distributing or copying written material without proper authorization), propagation of Spam e-mails, harassment, extortion, denial of service and facilitating access to illegal content (pornography, gambling, etc.). Accessing or storing malware is expressly prohibited unless authorized for research or forensic purposes by appropriately authorized and designated employees.

Network: Any and all network and telecommunications equipment, whether wired or wireless, controlled or owned by the District which facilitate connecting to the Internet.

Phishing: Attempting to fraudulently acquire sensitive information by masquerading as a trusted entity in an electronic communication.

Sensitive Information: Classified as Protected Health Information (PHI), Confidential Information or Internal Information.

Spam: Spam is unsolicited nuisance Internet E-mail which sometimes contains malicious attachments or links to websites with harmful or objectionable content.

Spoofing: IP Address spoofing is the act of replacing IP address information in an IP packet with falsified network address information. Each IP packet contains the originating and destination IP address. By replacing the true originating IP address with a falsified address a hacker can obscure their network address and hence, the source of a network attack, making traceability of illegal or illegitimate internet activity extremely difficult.

System Administrator: District employees whose responsibilities include District Technology, site, or network administration. System Administrators perform functions including, but not limited to, installing hardware and software, managing a computer or network, auditing District Technology, and keeping District Technology operational.

Unauthorized Disclosure: The intentional or unintentional act of revealing restricted information to people, both inside and/or outside the District, who do not have a need to know that information.

User or Users: Individual(s) whether students or employees, full or part-time, active or inactive, including interns, contractors, consultants, vendors, etc. who have used District Technology, with or without the District's permission.

User ID: Uniquely assigned Username or other identifier used by an employee to access the District network and systems.

Acknowledgment of Receipt & Agreement

I have received, read, understand, and agree to abide by this Acceptable Use Agreement, BP 4040 – Employee Use of Technology, and other applicable laws and District policies and regulations governing the use of District Technology. I understand that there is no exception of privacy when using District Technology or when using my personal electronic device for use of District Technology. I further understand that any violation may result in revocation of user privileges, disciplinary action, and/or appropriate legal action.

I hereby release the District and its personnel from any and all claims and damages arising from my use of District Technology or from the failure of any technology protection measures employed by the District.

Name: (Please Print) _____ Position: _____

School/Work Site: _____

Signature: _____ Date: _____

DESIGNATION OF PERSONS TO RECEIVE WARRANTS OR CHECKS UPON DEATH OF EMPLOYEE

I, _____, hereby designate, upon my death, the following person to receive all warrants or checks which would have been payable to me had I survived, pursuant to Government Code Section 53245.

Name of Designated Person _____

Address _____

_____

Relationship _____ Telephone Number _____

Secondary Designated Person _____

Address _____

_____

Relationship _____ Telephone Number _____

The persons so named shall receive any warrants or checks payable to me upon my death notwithstanding any other provisions of law.

The designation hereby revokes and stands in place of any and all other previous designations.

_____ _____

Signature Print

_____

Date

I do not wish to designate any person to receive warrants pursuant to Government Code Section 53245.

_____ _____

Signature Print

_____

Date

During the past year, several of our districts have suffered the untimely death of an employee. When such an unfortunate circumstance occurs, the district is inevitably faced with the question of who should receive the deceased employee's final paychecks. While the process for payment of final warrants is fairly simple if there is a surviving spouse, it can be very complicated if there is not.

Government Code Section 53245 streamlines the final payment process by authorizing any public employee to designate in advance the person they want to receive their final paychecks should they die while in public service. If such a designation has been signed by an employee, then upon the employee's death the designee need only present proof of identity in order to claim any and all warrants or checks that would have been payable to the decedent. The public agency employer is entitled to rely on the designation and will not face liability for payment to the wrong person.

It is our recommendation that school districts which have not already done so, should distribute designation forms to all their employees. Employees should be encouraged (but may not be required) to sign and file the forms with the district. It is suggested that each employee name a primary designee, along with a secondary designee who would receive the paychecks if the primary designee should predecease the employee. An employee has the right to change his or her designations at any time.

Farmersville
Unified School District

PENSION PLAN ELIGIBILITY/RETIREMENT QUESTIONNAIRE

The completion of this questionnaire will assist your employer with your enrollment into the appropriate pension plan based on the Public Employees' Pension Reform Act. Therefore, it is your responsibility to provide complete and accurate information. Inaccurate or incomplete information may result in placement in the wrong pension plan, which can affect future retirement benefits.

Section A: California State Teachers' Retirement System (CalSTRS)

Have you ever been a CalSTRS member?
☐ No, Skip to Section B
☐ Yes, I am currently or have been a member of the State Teachers Retirement System (CalSTRS)
Date of membership _____ Last day of service _____
Date of retirement _____
Have you refunded from the State Teachers Retirement System?. . . . . ☐ Yes ☐ No

Section B: California Public Employees' Retirement System (CalPERS)

Have you ever been a CalPERS member?
☐ No, Skip to Section C
☐ Yes, I am currently or have been a member of the Public Employees' Retirement System (CalPERS)
Date of membership _____ Last day of service _____
Date of retirement _____
Was your PERS membership based on public schools employment?. . . . . ☐ Yes ☐ No
Have you refunded from the Public Employees' Retirement System?. . . . . ☐ Yes ☐ No

Section C: California Public Pension Plans

Have you ever been employed by one of the public agencies listed on the reverse side of this form?
☐ No, Skip to Section D
☐ Yes. Please indicate the name of the agency and dates of employment.
Agency _____ Employment Dates _____

Section D: Continued Employment

If you are currently employed by a school district, will you continue to work for that district?
☐ No
☐ Yes If yes, please name the district and your current work hours: _____
Have you ever been employed under any other names?. . . . . ☐ **Yes** ☐ **No**
_____

I acknowledge that the information provided above is true and accurate and that my membership eligibility and status will be based on the information I have provided.

Signature _____ Date _____

Public Retirement Systems with Reciprocity

County Systems - Counties that maintain retirement systems under the County Employees' Retirement Law of 1937:

Alameda	Kern	Merced	San Diego	Sonoma
Contra Costa	Los Angeles	Orange	San Joaquin	Stanislaus
Fresno	Marin	Sacramento	San Mateo	Tulare
Imperial	Mendocino	San Bernadino	Santa Barbara	Ventura

Independent Public Agency Retirement Systems - - Public agencies maintaining their own retirement systems that have contracted with CalPERS to provide the benefits of reciprocity and the dates the reciprocal agreements were established:

City of Concord*	11/27/1970	City & County of San Francisco*	07/29/1988
City of Costa Mesa* safety employees only	04/01/1978	City of San Jose Misc safety	 12/09/1994 09/30/1994
City of Fresno misc & safety retirement systems	02/18/2002	Contra Costa Water District	03/02/1988
City of Oakland non-safety employees only	04/01/1971	County of San Luis Obispo	04/19/1984
City of Pasadena fire and police retirement	05/04/2001	East Bay Municipal Utility District	04/16/1984
City of Sacramento*	11/04/1974	East Bay Regional Park District Safety employees only	07/01/1996
City of San Clemente* non-safety employees only	01/01/1985	Los Angeles County Metropolitan Transportation Authority Non-Contract Employees' Retirement Income Plan, formerly Southern California Rapid Transit District	05/12/1971
City of San Diego	06/25/1992	City of Los Angeles	

**These entities are now CalPERS-covered employers. If you earned service credit in these systems prior to their CalPERS contract, you may be eligible for reciprocity for that earlier service credit.*

No formal reciprocity, but similar benefits extended - **California State Teachers' Retirement System (CalSTRS)**, Judges' Retirement System (JRS), Judges' Retirement System II ORS II), Legislators' Retirement System (LRS), The University of California Retirement Plan (UCRP) (10/01/1963).

NOTICE OF EXCLUSION FROM CalPERS MEMBERSHIP

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

2. CURRENT NAME (LAST) (FIRST) (MIDDLE)

3. NAME OF PUBLIC AGENCY	4. DEPARTMENT OR SCHOOL DISTRICT	5. JOB OR POSITION TITLE
Farmersville Unified School District		Classified Substitute

6. TERM OF APPOINTMENT	7. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST.	8. APPOINTMENT DATE MM	DD	YYYY
☐ PERMANENT ☐ TEMPORARY	MONTHS			

9. TIME BASE

☐ FULL-TIME ☐ INDETERMINATE ☐ PART-TIME IF PART TIME, ENTER THE FRACTION OF FULL TIME:

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

☐ 1. Your full-time seasonal or limited term appointment is limited to 6 months or less.

☐ 2. Your part-time appointment is limited to less than an average of 20 hours per week for less than one year.

☐ 3. Your appointment is an on-call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) this fiscal year.

☐ 4. Your position is excluded by law or by contract agreement which excludes:
_____ Enter contract exclusion (for Public Agencies only).

☐ 5. You are an independent contractor.

☐ 6. You are employed to render professional legal service to a city.
Exceptions: Persons holding the office of city attorney, deputy city attorney, or assistant city attorney.

☐ 7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district (for County Schools only).

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

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

SIGNATURE OF CERTIFYING OFFICER	TITLE	DATE
	Human Resource Technician	

SIGNATURE OF EMPLOYEE	DATE

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

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

Employer Account Management Division

Dear Member,

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

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

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

For more information regarding the ***Reciprocal Self-Certification Form***, please visit our website at **www.calpers.ca.gov**.

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

Sincerely,

Membership Services

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

List of Qualifying Public Retirement Systems in California

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

*=Also CalPERS-covered agency ^=1937 Act Counties

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TTY: (877) 249-7442 | Fax: (916) 795-4166
www.calpers.ca.gov

Reciprocal Self-Certification Form

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

Section 1. Member Information

Member Name: (Last)	(First)	(Middle)

Date of Birth:	CalPERS ID:

Membership Status in Qualifying Public Retirement Systems:

☐ I have not been a member of a qualifying public retirement system in California. (skip to section 3)

☐ I have membership in a defined benefit plan under a qualifying public retirement system in California other than CalPERS. (complete section 2 with membership information for each qualifying public retirement system)

Section 2. Qualifying Reciprocal Membership Information

Name of Most Recent Public Retirement System:	Membership Date: / /	Separation Date*: / /	☐Retired* or ☐Refunded* Date: / /
Name of Prior Public Retirement System:	Membership Date: / /	Separation Date*: / /	☐Retired* or ☐Refunded* Date: / /
Name of Prior Public Retirement System:	Membership Date: / /	Separation Date*: / /	☐Retired* or ☐Refunded* Date: / /

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

Section 3. Sign and Certify

I understand that by accepting employment in a qualified public retirement system, I am subject to the applicable laws and regulations of that system. **I also understand that completing this form is not a request to establish reciprocity.**

I hereby certify that the foregoing information has been verified with the qualifying public retirement system as true and correct and any information found to be incorrect may require corrections to my CalPERS account including, but not limited to, my retirement enrollment level and adjustments to my member contributions. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.

Member Signature:	*Date:*

Section 4. To Be Completed by Employer Only

Name of CalPERS Agency:
Farmersville Unified School District

CalPERS Business Partner ID:	Member's Enrollment Eligibility Date:

Designee of Employer: (print name)	Designees' Title:
Thelma Maldonado	HR Technician

Designee Signature:	*Date:*

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

For more direction regarding how to process the Reciprocal Self-Certification Form, please refer to our employer reference guides.

Instructions for Completing the Reciprocal Self-Certification Form

Section 1. Member Information	• Complete the required fields with your name, date of birth, and CalPERS ID. • Check **one** of the appropriate boxes to indicate if you have had membership in a defined benefit plan in one of the qualifying public retirement systems named on the enclosed list. – If you **have not** been a member of any of the qualifying public retirement systems, mark the first box and skip to section 3. – If you **have** membership in a defined benefit plan of any of the qualifying public retirement systems on the enclosed list, mark the second box and continue to section 2. – This form is to obtain information regarding your membership in <u>other</u> qualifying public retirement systems; **do not include CalPERS membership on this form.**
Section 2. Qualifying Reciprocal Membership Information	• In the first column, titled "Name of Public Retirement System," list the name of any qualifying public retirement systems you are a member of a defined benefit plan. – If you are a member of multiple qualifying public retirement systems, please provide the name of each system beginning with the most recent in descending order. – **Please reference the enclosed List of Qualifying Public Retirement Systems in California. Only systems named on this list should be provided on the Reciprocal Self-Certification Form.** • In the second column, titled "Membership Date," list your membership date in the qualifying public retirement system. – You must provide a full date, including month, date, and year, which corresponds to each qualifying public retirement system listed. – If you are unsure of your membership date, please contact the qualifying public retirement system to confirm information prior to completing the form. • In the third column, titled "Separation Date," list your separation date from the qualifying public retirement system. – This section may not be applicable for all qualifying public retirement systems. If you have not separated from the qualifying public retirement system, leave this field blank. – If you have separated from the qualifying public retirement system, you must provide a full date including month, date, and year. – If you are unsure of your separation date, please contact the qualifying public retirement system to confirm information prior to completing the form. • In the fourth column, titled "Retired or Refunded," indicate if you have retired or refunded from the qualifying public retirement system. – This section may not be applicable for all qualifying public retirement systems. If you have not retired or refunded from the qualifying public retirement system, leave this field blank. – If you have retired or refunded from the qualifying public retirement system, mark the appropriate box and provide a full date including month, date, and year. – Retired: You have separated from the qualifying public retirement system and receive a monthly retirement allowance. – Refunded: You have terminated your membership in the qualifying public retirement system by withdrawing your contributions.
Section 3. Sign and Certify	• Please read the statement. Then, sign your name and date the document before returning it to your personnel office.

Privacy Notice

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

Information Purpose

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

Please do not include information that is not requested.

Social Security Numbers

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

Social Security numbers are used for the following purposes:

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

Information Disclosure

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

Your Rights

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

TO: All New Employees

FROM: Thelma Maldonado, Personnel

RE: **CHILD ABUSE REPORTING REQUIREMENTS**

State law requires that every school district employee who falls within certain statutorily defined categories be familiar with the laws relating to child abuse reporting requirements. Such employees must, prior to commencing employment, sign a statement signifying that they have knowledge of the reporting requirements and will comply with them (Penal Code, 11166.5).

Your employment falls within such a statutory category. Consequently, please read the attached material which explains your responsibilities and procedures regarding reporting any suspected instances of child abuse. After you have done so, please sign as indicated on the form and return the signed document (reverse side) to the Human Resources Office.

Please retain the Penal Code Section 11166.5 information sheet for your records (buff copy).

Thank you.

Rev 2/00

PENAL CODE SECTION 3.1166 -- REPORT; DUTY; TIME

(a) Except as provided in subdivision (b), any child care custodian, medical practitioner, nonmedical practitioner, or employee of a child protective agency who has knowledge or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse shall report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. For the purposes of this article, "reasonable suspicion" means that it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse.

(b) Any child care custodian, medical practitioner, nonmedical practitioner or employee of a child protective agency who has knowledge of or who reasonably suspects that mental suffering has been inflicted on a child or his or her emotional well-being is endangered in any other way, may report such known or suspected instance of child abuse to a child protective agency.

(c) Any commercial film or photographic print processor who has knowledge of or observes within the scope of his or her professional capacity or employment any film, photograph, video tape, negative or slide depicting a child under the age of 14 years engaged in an act of sexual conduct, shall report such instance of suspected child abuse to the law enforcement agency having jurisdiction over the case immediately or as soon as practically possible by telephone and shall prepare and send a written report of it with a copy of the film, photograph, video tape, negative or slide attached within 36 hours of receiving the information concerning the incident. As used in this subdivision, "sexual conduct" means any of the following:

(1) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals.

(2) Penetration of the vagina or rectum by any object.

(3) Masturbation, for the purpose of sexual stimulation of the viewer.

(4) Sadomasochistic abuse for the purpose of sexual stimulation of the viewer.

(5) Exhibition of the genitals, pubic or rectal areas of any person for the purpose of sexual stimulation of the viewer.

(d) Any other person who has knowledge of or observes a child whom he or she knows or reasonably suspects has been a victim of child abuse may

report the known or suspected instance of child abuse to a child protective agency.

(e) When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of child abuse, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by such selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make the report.

(f) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties and no person making such a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with the provisions of this article.

(g) A county probation or welfare department shall immediately or as soon as practically possible, report by telephone to the law enforcement agency having jurisdiction over the case to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse as defined in Section 11165, except acts or omissions coming within the provisions of paragraph (2) of subdivision (c) of Section 11165, which shall only be reported to the county welfare department. A county probation or welfare department shall also send a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

A law enforcement agency shall immediately or as soon as practically possible report by telephone to the county welfare department the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse reported to it, except acts or omissions coming within the provisions of paragraph (2) of subdivision (c) of Section 111651 which shall only be reported to the county welfare department. A law enforcement agency shall also send a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

RECEIPT AND ACKNOWLEDGMENT
OF CHILD ABUSE REPORTING REQUIREMENTS

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, nonmedical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

“Child care custodian” includes teachers, administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school; administrators of a public or private day camp; licensed day care workers; administrators or community care facilities licensed to care for children; licensed day care workers; administrators of community care facilities licensed to care for children; headstart teachers; licensing workers or licensing evaluators; public assistance workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers or probation officers.

“Medical practitioner” includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

“Nonmedical practitioner” includes state or county public health employees who treat minors for venereal disease or any other condition; coroners; paramedics; marriage, family or child counselors; and religious practitioners who diagnose, examine, or treat children (Penal Code 11166.5).

Attached hereto is a copy of Penal Code section 11166 which explains the procedure for reporting child abuse.

I have read the attached Penal Code section 11166 and I agree to comply therewith.

_____
Employee's Name (Please Print)

_____
Employee’s Signature

_____
Date

Drug And Alcohol-Free Workplace Notice To Employees

The Governing Board believes that the maintenance of a drug- and alcohol-free workplace is essential to staff and student safety and to help ensure a productive and safe work and learning environment.

(cf. 4112.41/4212.41/4312.41 - Employee Drug Testing)

(cf. 4112.42/4212.42/4312.42 - Drug and Alcohol Testing for School Bus Drivers)

An employee shall not unlawfully manufacture, distribute, dispense, possess, or use any controlled substance in the workplace. (Government Code 8355; 41 USC 701)

Employees are prohibited from being under the influence of controlled substances or alcohol while on duty. For purposes of this policy, on duty means while an employee is on duty during both instructional and noninstructional time in the classroom or workplace, at extracurricular or cocurricular activities, or while transporting students or otherwise supervising them. Under the influence means that the employee's capabilities are adversely or negatively affected, impaired, or diminished to an extent that impacts the employee's ability to safely and effectively perform his/her job.

(cf. 4032 - Reasonable Accommodation)

The Superintendent or designee shall notify employees of the district's prohibition against drug use and the actions that will be taken for violation of such prohibition. (Government Code 8355; 41 USC 701)

An employee shall abide by the terms of this policy and shall notify the district, within five days, of his/her conviction for violation in the workplace of any criminal drug statute. (Government Code 8355; 41 USC 701)

The Superintendent or designee shall notify the appropriate federal granting or contracting agency within 10 days after receiving notification, from an employee or otherwise, of any conviction for a violation occurring in the workplace. (41 USC 701)

In accordance with law and the district's collective bargaining agreements, the Superintendent or designee shall take appropriate disciplinary action, up to and including termination, against an employee for violating the terms of this policy and/or shall require the employee to satisfactorily participate in and complete a drug assistance or rehabilitation program approved by a federal, state, or local public health or law enforcement agency or other appropriate agency.

Regulation FARMERSVILLE UNIFIED SCHOOL DISTRICT

Approved: December 11, 2007 Farmersville, California

The following drug and alcohol counseling, rehabilitation, and/or employee assistance programs are available locally:

Kaweah Delta
Employee Assistance Program
1645 S. Court St.
Visalia, CA 93277-4945
559-654-6027 or 800-784-2255

PacifiCare Behavioral Health
23046 Avenida de la Carlota
Laguna Hills, CA 92653
800-999-9585

_____ _____

Employee Signature Date

TOBACCO-FREE WORKPLACE NOTICE TO EMPLOYEES

Research has demonstrated the health hazards associated with use of tobacco products, including smoking and the breathing of second-hand smoke. As required by law, Farmersville Unified School District provides instructional programs designed to discourage students from using tobacco products. Farmersville Unified employees are expected to serve as models for good health practices that are consistent with these instructional programs.

YOU ARE HEREBY NOTIFIED that it is a violation of Board/Superintendent policy for any employee, effective January 15, 1995, to use tobacco products at any time on all property and in all facilities owned, leased, and/or operated by the school district. This prohibition applies to all employees, students, visitors, and other persons in any programs or at any meeting or event on any property owned, leased, or operated by or from the school district.

As a condition of your continued employment with the school district, you must comply with the county office's policy regarding Tobacco-Free Workplace. Employees who use tobacco products on property and in facilities or vehicles owned, leased, and or operated by the school district may be disciplined in accordance with rules, regulations, applicable law, and applicable collective bargaining agreements.

I have read the above Tobacco-Free Workplace Notice and I agree to comply therewith.

_____ _____

Employee Name Date

_____

Employee Signature

Sexual Harassment

The Governing Board prohibits sexual harassment of district employees and job applicants. The Board also prohibits retaliatory behavior or action against district employees or other persons who complain, testify or otherwise participate in the complaint process established pursuant to this policy and administrative regulation.

(cf. 0410 - Nondiscrimination in District Programs and Activities)

(cf. 4030 - Nondiscrimination in Employment)

The Superintendent or designee shall take all actions necessary to ensure the prevention, investigation, and correction of sexual harassment, including but not limited to:

1. Providing training to employees in accordance with law and administrative regulation
2. Publicizing and disseminating the district's sexual harassment policy to staff

   (cf. 4112.9/4212.9/4312.9 - Employee Notifications)
3. Ensuring prompt, thorough, and fair investigation of complaints
4. Taking timely and appropriate corrective/remedial action(s), which may require interim separation of the complainant and the alleged harasser and subsequent monitoring of developments

All complaints and allegations of sexual harassment shall be kept confidential to the extent necessary to carry out the investigation or to take other subsequent necessary actions. (5 CCR 4964)

Any district employee or job applicant who feels that he/she has been sexually harassed or who has knowledge of any incident of sexual harassment by or against another employee, a job applicant or a student, shall immediately report the incident to his/her supervisor, the principal, district administrator or Superintendent.

A supervisor, principal or other district administrator who receives a harassment complaint shall promptly notify the Superintendent or designee.

Complaints of sexual harassment shall be filed in accordance with AR 4031 - Complaints Concerning Discrimination in Employment. An employee may bypass his/her supervisor in filing a complaint where the supervisor is the subject of the complaint.

(cf. 4031 - Complaints Concerning Discrimination in Employment)

Any district employee who engages or participates in sexual harassment or who aids, abets, incites, compels, or coerces another to commit sexual harassment against a district employee, job applicant, or student is in violation of this policy and is subject to disciplinary action, up to and including dismissal.

(cf. 4117.4 - Dismissal)

(cf. 4118 - Suspension/Disciplinary Action)

(cf. 4218 - Dismissal/Suspension/Disciplinary Action)

Definitions

Prohibited sexual harassment includes, but is not limited to, unwelcome sexual advances, unwanted requests for sexual favors, or other unwanted verbal, visual, or physical conduct of a sexual nature made against another person of the same or opposite sex in the work or educational setting when: (Education Code 212.5; 5 CCR 4916)

1. Submission to the conduct is made explicitly or implicitly a term or condition of the individual's employment.
2. Submission to or rejection of such conduct by the individual is used as the basis for an employment decision affecting him/her.
3. The conduct has the purpose or effect of having a negative impact upon the individual's work or has the purpose or effect of creating an intimidating, hostile, or offensive work environment. The conduct is sufficiently severe, persistent, pervasive, or objectively offensive so as to create a hostile or abusive working environment or to limit the individual's ability to participate in or benefit from an education program or activity.
4. Submission to or rejection of the conduct by the other individual is used as the basis for any decision affecting him/her regarding benefits, services, honors, programs, or activities available at or through the district.

Other examples of actions that might constitute sexual harassment, whether committed by a supervisor, a co-worker, or a non-employee, in the work or educational setting, include, but are not limited to:

1. Unwelcome verbal conduct such as sexual flirtations or propositions; graphic comments about an individual's body; overly personal conversations or pressure for sexual activity; sexual jokes or stories; unwelcome sexual slurs, epithets, threats, innuendoes, derogatory comments, sexually degrading descriptions, or the spreading of sexual rumors
2. Unwelcome visual conduct such as drawings, pictures, graffiti, or gestures; sexually explicit emails; displaying sexually suggestive objects
3. Unwelcome physical conduct such as massaging, grabbing, fondling, stroking, or brushing the body; touching an individual's body or clothes in a sexual way; cornering, blocking, leaning over, or impeding normal movements

Prohibited sexual harassment may also include any act of retaliation against an individual who reports a violation of the district's sexual harassment policy or who participates in the investigation of a sexual harassment complaint.

Training

Every two years, the Superintendent or designee shall ensure that supervisory employees receive at least two hours of classroom or other effective interactive training and education regarding sexual harassment. All newly hired or promoted supervisory employees shall receive training within six months of their assumption of the supervisory position. (Government Code 12950.1)

The district's training and education program for supervisory employees shall include information and practical guidance regarding the federal and state laws on the prohibition against and the prevention and correction of sexual harassment, and the remedies available to the victims of sexual harassment in employment. The training shall also include all of the content specified in 2 CCR 7288.0 and practical examples aimed at instructing supervisors in the prevention of harassment, discrimination, and retaliation. (Government Code 12950.1; 2 CCR 7288.0)

In addition, the Superintendent or designee shall ensure that all employees receive periodic training regarding the district's sexual harassment policy, particularly the procedures for filing complaints and employees' duty to use the district's complaint procedures.

Notifications

A copy of the Board policy and this administrative regulation shall: (Education Code 231.5)

1. Be displayed in a prominent location in the main administrative building, district office, or other area of the school where notices of district rules, regulations, procedures, and standards of conduct are posted
2. Be provided to each faculty member, all members of the administrative staff, and all members of the support staff at the beginning of the first quarter or semester of the school year or whenever a new employee is hired

(cf. 4112.9/4212.9/4312.9 - Employee Notifications)

3. Appear in any school or district publication that sets forth the school's or district's comprehensive rules, regulations, procedures, and standards of conduct

All employees shall receive either a copy of information sheets prepared by the California Department of Fair Employment and Housing (DFEH) or a copy of district information sheets that contain, at a minimum, components on: (Government Code 12950)

1. The illegality of sexual harassment
2. The definition of sexual harassment under applicable state and federal law
3. A description of sexual harassment, with examples
4. The district's complaint process available to the employee

   (cf. 4031 - Complaints Concerning Discrimination in Employment)
5. The legal remedies and complaint process available through DFEH and the Equal Employment Opportunity Commission (EEOC)
6. Directions on how to contact DFEH and the EEOC
7. The protection against retaliation provided by 2 CCR 7287.8 for opposing harassment prohibited by law or for filing a complaint with or otherwise participating in an investigation, proceeding, or hearing conducted by DFEH and the EEOC

In addition, the district shall post, in a prominent and accessible location, DFEH's poster on discrimination in employment and the illegality of sexual harassment. (Government Code 12950)

Regulation FARMERSVILLE UNIFIED SCHOOL DISTRICT

approved: September 9, 2008 Farmersville, California

_____ _____

Employee Name Date

_____

Employee Signature

Cost Single $ 516 , Employee Plus 1 Dependent or more $ 807 per month. Under this plan Spouses/Domestic Partners or Retirees cannot be covered

SISC III
SELF-INSURED SCHOOLS OF CALIFORNIA
Schools Helping Schools

Farmersville Unified School District
Variable Hour Employees
October 1, 2021-22

PPO PLANS	
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (OOP)	**Member Pays**
Individual/Family Deductibles	$5,000/$10,000
Individual/Family Out-of-Pocket Max (includes deductibles, coinsurance and co-pays)	$6,350/$12,700
PROFESSIONAL SERVICES	
Office Visit co-pay	30%
Urgent Care co-pay	30%
Specialists/Consultants co-pay	30%
Prenatal, postnatal office visit co-pay	30%
Scans: CT, CAT, MRI, PET etc.	30%
Diagnostic X-ray & Laboratory Procedures	30%
Infertility (diagnosis/treatment of causes of infertility)	Not covered
Preventive Care Services (includes physical exams & screenings)	0%, Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES	
Emergency Room visit co-pay (waived if admitted)	30% $100 co-pay
Inpatient Hospital co-pay (preauthorization required)	30%
Outpatient Hospital co-pay	30%
Surgery, Outpatient (performed in an Ambulatory Surgery Center)	30%
Surgery, Outpatient (performed in a Hospital)	30%
MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT	
INPATIENT CARE: Facility based care (preauthorization required)	30%
OUTPATIENT CARE: Facility based care (preauthorization required)	30%
OTHER SERVICES	
Acupuncture - Limits apply	30%
Ambulance (Ground or Air)	$100 Co Pay + 30%
Chiropractic - Limits apply	30%
Durable Medical Equipment (DME)	30%
Physical and Occupational Therapy - Limits apply	30%
PRESCRIPTION DRUG PLANS	
Generic co-pay/days supply	After Medical deductible, $9/ 30-day
Brand co-pay/days supply	After Medical deductible, $35/30-day
Mail Order (Generic-Brand co-pay/days supply)	After Medical deductible, $18-90/90-day

NOTATIONS:

This sheet is only a brief summary of benefits that reflects In-Network benefits. Please review the benefit summaries or plan booklets for details, limitations and exclusions. Benefits may be subject to change due to mid-year legislative changes.

Minimum Value Plan OOP maximum does include prescription drug co-pays.

Coinsurance and co-pays do NOT carryover to the next calendar year.

For plans with a deductible, co-insurance applies after the deductible has been met unless otherwise noted.

Farmersville Unified School District
2021-22 Offer of Health Insurance

This form must be completed and returned to the District Office. Failure to return form will constitute a as declination of offered benefits.

As a variable hour, temporary or seasonal employee of the Farmersville Unified School District for the 2020-21 school year, you are being given the opportunity to purchase health insurance for you and your eligible children. A summary of the available insurance plan is included in this packet. If you should choose to enroll, you will be responsible for making monthly premium payments to the district's benefits office.

To request enrollment on this plan, you must submit the following items to the district's benefits office no later than two weeks from your date of hire. No late enrollments will be accepted.

- A completed and signed SISC III enrollment form
- Proof of eligibility for dependent children (birth certificates/adoption paperwork)
- First month's premium payment in the form of a check or money order payable to **Farmersville Unified** School District in the applicable amount noted below.

Subsequent monthly payments are due in full by the 25th of the month prior to the coverage month. If payment is not received by the 1st of the coverage month, your coverage will be terminated. If your employment status ends at any time during the plan year, your coverage will be terminated the first of the month following. No reinstatements will be allowed.

If you fail to provide the items required for enrollment within two weeks of your hire date, you and your dependent children will not be allowed to enroll until the next Open Enrollment Period. Members who enroll during the Open Enrollment Period will become effective October 1 of the same year.

Blue Cross PPO Plan:	Minimum Value PPO
Individual/Family Deductible(s):	$5,000/$10,000
Out-of-Pocket Maximum	$6,350/$12,700
Hosp, Surg, X-Ray and Lab:	70%
Doctor Visits:	$60 (1st 3 visits); 70%
Other Professional:	70%
Emergency Room	$100 co pay
Out-of-Network Payment:	Non-Par Fee Subject to Medical Deductible
Prescription Drug Co-pay:	$9-35/$18-90

Employee Only		**$516.00**
Employee + Child(ren)		**$807.00**

Initial your selection in the box above and to the right.

	Yes, I elect to enroll for the option indicated above
	No, I decline coverage. I understand my next opportuity will be October of the following year.

I have read and understand the above notification. I understand that if I decline coverage or fail to provide the items required for enrollment within two weeks of my hire date or if I fail to make payments prior to the 1st of each month, I will not be able to enroll in coverage until the district's next Open Enrollment period.

PRINT YOUR NAME CLEARLY

SIGNATURE **DATE**

This form will be placed in your personnel file.

SISC III ENROLLMENT FORM

District Use	SECTION I: APPLICANT INFORMATION (Print clearly in black ink)					
☐ MEDICAL ☐ DENTAL	SOCIAL SECURITY NO.	LAST NAME (PRINT)	FIRST NAME (PRINT)	MI	DATE OF BIRTH ____/___/______	☐ MALE ☐ FEMALE
☐ VISION	STREET ADDRESS		CITY		STATE	ZIP
☐ LIFE	TELEPHONE NO.	E-MAIL ADDRESS	IPA (HMO ONLY–REQUIRED)	PCP (HMO ONLY–REQUIRED)	CURRENT PROVIDER? ☐ YES ☐ NO	

MEDICARE COVERAGE If you are retired and entitled to Medicare and not enrolled, you may be subject to a premium surcharge.

Are you retired? ☐ YES ☐ NO If yes, do you have Medicare? ☐ YES ☐ NO
(Copy of Medicare card required)

Do any of your dependents have Medicare? ☐ YES ☐ NO
(Copy of Medicare card required)

SECTION II: DEPENDENT INFORMATION Proof of eligibility required (i.e. birth/marriage/domestic partner certificate)

District Use							
☐ MEDICAL	Spouse/ Domestic Partner Gender ☐ M ☐ F	LAST NAME (PRINT)		FIRST NAME (PRINT)		MI	SOCIAL SECURITY NO.
☐ DENTAL ☐ VISION	ELIGIBLE FOR OTHER HEALTH PLAN? ☐ YES ☐ NO	ENROLLED IN OTHER HEALTH PLAN? ☐ YES ☐ NO	DATE OF BIRTH _____/_____/_______	TOTALLY DISABLED? ☐ YES ☐ NO	IPA (HMO ONLY–REQUIRED)	PCP (HMO ONLY–REQUIRED)	IS THIS YOUR CURRENT PROVIDER? ☐ YES ☐ NO
☐ MEDICAL	☐ SON ☐ DAUGHTER	LAST NAME (PRINT)		FIRST NAME (PRINT)		MI	SOCIAL SECURITY NO.
☐ DENTAL ☐ VISION	ELIGIBLE FOR OTHER HEALTH PLAN? ☐ YES ☐ NO	ENROLLED IN OTHER HEALTH PLAN? ☐ YES ☐ NO	DATE OF BIRTH _____/_____/_______	TOTALLY DISABLED? ☐ YES ☐ NO	IPA (HMO ONLY–REQUIRED)	PCP (HMO ONLY–REQUIRED)	IS THIS YOUR CURRENT PROVIDER? ☐ YES ☐ NO
☐ MEDICAL	☐ SON ☐ DAUGHTER	LAST NAME (PRINT)		FIRST NAME (PRINT)		MI	SOCIAL SECURITY NO.
☐ DENTAL ☐ VISION	ELIGIBLE FOR OTHER HEALTH PLAN? ☐ YES ☐ NO	ENROLLED IN OTHER HEALTH PLAN? ☐ YES ☐ NO	DATE OF BIRTH _____/_____/_______	TOTALLY DISABLED? ☐ YES ☐ NO	IPA (HMO ONLY–REQUIRED)	PCP (HMO ONLY–REQUIRED)	IS THIS YOUR CURRENT PROVIDER? ☐ YES ☐ NO
☐ MEDICAL	☐ SON ☐ DAUGHTER	LAST NAME (PRINT)		FIRST NAME (PRINT)		MI	SOCIAL SECURITY NO.
☐ DENTAL ☐ VISION	ELIGIBLE FOR OTHER HEALTH PLAN? ☐ YES ☐ NO	ENROLLED IN OTHER HEALTH PLAN? ☐ YES ☐ NO	DATE OF BIRTH _____/_____/_______	TOTALLY DISABLED? ☐ YES ☐ NO	IPA (HMO ONLY–REQUIRED)	PCP (HMO ONLY–REQUIRED)	IS THIS YOUR CURRENT PROVIDER? ☐ YES ☐ NO

- I understand it is my responsibility to notify SISC once a dependent or former dependent is no longer eligible, such as following a divorce or when a dependent child reaches the age of 26 that I may be financially liable to SISC in the event I fail to notify it and the claim of a non-eligible person is paid.
- DEDUCTION AUTHORIZATION: If applicable, I authorize my school district to deduct from my wages the required dues.
- NON-PARTICIPATING PROVIDER: I understand that I am responsible for a greater portion of my medical costs when I use a non-participating provider.
- HIV Testing Prohibited: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance.
- EFFECTIVE DATE: The effective date of coverage is subject to SISC III approval.
- Any complaints regarding the exemption due to the Knox-Keene Health Care Service Plan Act of 1975 may be directed to the Department of Managed Health Care of the State of California.

SECTION III: SIGNATURE OF UNDERSTANDING – APPLICANT MUST SIGN

I have read and understood the provisions outlined on this form. All information on this form is correct and true. I understand that it is the basis on which coverage may be issued under the plan. Any misstatements or omissions may result in future claims being denied and/or the policy being rescinded. You are entitled to a copy of this signed authorization for your files. Additionally, any person who knowingly and with intent to injure, defraud, or deceive the district, SISC, or plan service provider, by filing a statement or claim containing false or misleading information may be guilty of a criminal act punishable under law.

I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and believe, it is true and accurate with no omissions or misstatements.

ARBITRATION AGREEMENT: I UNDERSTAND THAT ANY AND ALL DISPUTES BETWEEN MYSELF (AND/OR ANY ENROLLED FAMILY MEMBER) AND SISC III (INCLUDING CLAIMS ADMINISTRATOR OR AFFILIATE) INCLUDING CLAIMS FOR MEDICAL MALPRACTICE, MUST BE RESOLVED BY BINDING ARBITRATION, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF THE SMALL CLAIMS COURT, AND NOT BY LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. UNDER THIS COVERAGE, BOTH THE MEMBER AND SISC III ARE GIVING UP THE RIGHT TO HAVE ANY DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY. SISC III AND THE MEMBER ALSO AGREE TO GIVE UP ANY RIGHT TO PURSUE ON A CLASS BASIS ANY CLAIM OR CONTROVERSY AGAINST THE OTHER. (FOR MORE INFORMATION REGARDING BINDING ARBITRATION, PLEASE REFER TO YOUR EVIDENCE OF COVERAGE BOOKLET.)

____

Applicant Signature Date

SECTION IV. SELECTED COVERAGE (DISTRICT USE ONLY - REQUIRED)

ENROLLMENT REASON: ☐ NEW HIRE ☐ OPEN ENROLLMENT ☐ EMPLOYEE STATUS CHANGE ☐ LOSS OF COVERAGE ☐ COBRA

QUALIFYING DATE: ____________ EFFECTIVE DATE: ____________ HIRE DATE: _______________ DISTRICT APPROVED INITIALS: ___________

DISTRICT NAME (DO NOT ABBREVIATE)	JOB TITLE/CLASSIFICATION	HOURS WORKED PER WEEK	☐ 75% OPTION - PROVIDE SPOUSE SOCIAL SECURITY NO.
Farmersville Unified School District			

MEDICAL GROUP NO.	**DELTA DENTAL GROUP NO.**	**VISION GROUP NO.**	**LIFE GROUP NO.**

Keenan & Associates

P.O. Box 1538
Rancho Cordova, CA 95741

916 859-4900
916 859-7166 fax WC
www.keenan.com
License No. 0451271

EMPLOYEE'S RESPONSIBILITIES…

- Report any and all hazards in and around their immediate workplace and school grounds to their direct supervisor/management

- Adhere to all safety practices as described by the School Site and Safety committee

- If interested, complete their physician pre-designation form prior to an accident. Otherwise, the employee will be directed to the Districts Designated Medical Facility for treatment.

- After an injury and if beyond First Aid, thoroughly complete their section of the DWC1 Employee Claim Form.

- Adhere to the treating physicians orders and comply with the treatment plan including keeping final appointments through discharge.

- Immediately after their medical appointments, submit all Doctors notes, pertaining to their work status, to their immediate supervisor, Risk Manager, or Responsible Workers' Compensation Contact.

- If the district has a Return-to-Work program, and has made available a transitional task that accommodates the Work Restrictions described by the treating physician, the injured employee must make an effort to return to the workplace and adhere to the work restrictions.

- Employee should make an effort to schedule medical appointments, including physical therapy, before or after their work shift. If the medical facility does not have extended office hours, the employee should make every effort to schedule their appointments as close to the beginning/end of their work shift so as not to disrupt the employee/districts work schedule. This will also conserve the employees leave benefits.

Form032014

Farmersville Unified

workers' compensation: Pre-Designation of Personal Physician

If you have health insurance and you are injured on the job you have the right to be treated immediately by your personal physician (M.D., D.O), or medical group, if you notify your employer, in writing, prior to the injury. Per Labor Code 4600 **to qualify as the your predesignated**, **personal physician**, **the physician must agree, in writing, to treat you for a work related injury,** must have previously directed your medical care and must retain your medical history and records. Your predesignated physician must be a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist or pediatrician. 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 multi-specialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries.

This is an optional form that can be used to notify your employer of your personal physician. You may choose to use another form, as long as you notify your employer, in **writing, prior** to being injured on the job and provide **written verification** that your personal physician meets the above requirements and agrees to be predesignated. Otherwise, you will be treated by one of your employers' designated workers' compensation medical providers.

EMPLOYEE NAME & ADDRESS:

_____

❑ **I acknowledge receipt of this form and elect not** to predesignate my personal physician at this time. I understand that I will receive medical treatment from my employers' medical provider. I understand that, at any time in the future, I can change my mind and provide written notification of my personal physician. I understand that the written notification must be on file prior to an industrial injury.

Employee Signature: _____ Date: _____

❑ **If I am injured on the job, I wish to be treated by my personal physician***:

Name of Physician or Medical Group _____ Phone Number _____

Address _____

*This physician is my personal primary care physician who has previously directed my medical care and retains my medical history and records.

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

_____

Employee Signature: _____ Date: _____

A *Personal Physician* must be willing to be predesignated and treat you for a workers' compensation injury.

The remainder of this form is to be completed by your physician and returned to your Employer.

PERSONAL PHYSICIAN ACKNOWLEDGEMENT

Per Labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other documentation of the physicians' agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

PERSONAL PHYSICIAN OR MEDICAL GROUP NAME: _____

❑ ***I agree to treat*** **the above named employee in the event of an industrial accident or injury**. I meet the criteria outlined above. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.

_____ _____

(Physician or Designated Employee of the Physician or Medical Group) Date

Please return completed form to:

Farmersville Unified, 571 E. Citrus, Farmersville, CA 93223

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

Keenan & Associates

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

How to obtain additional information

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

Department of Workers' Compensation Information and Assistance Offices

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

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

Keenan & Associates adjusting locations

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

Torrance
800-654-8102

Eureka
707-268-1616

Pleasanton
925-225-0611

Rancho Cordova
800-343-0694

Redwood City
650-306-0616

Riverside
800-654-8347

San Jose
800-334-6554

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

Keenan & Associates

notice to employees

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 and illnesses covered include, but may not be limited to, strains, sprains, cuts, cumulative or repetitive fractures, illnesses and aggravations. Some injuries from voluntary, off duty, recreational, social or athletic activity may not be covered. Check with your supervisor or claims administrator if you have questions.

All work related injuries must be reported to your supervisor or employee representative immediately. 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 illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Workers' Compensation Benefits include

MEDICAL CARE - All medical treatment - without a deductible or dollar limit. Within one working day after you file a claim form, treatment must be authorized, consistent with the applicable treating guidelines, for your alleged injury up to ten thousand dollars ($10,000) until the claim has been accepted or rejected. Costs are paid directly by the claim administrator, so you should never see a bill. For dates of injury on or after1/1/04 there is a limit on some medical treatment.

You may be eligible to treat with your personal physician should you become injured on the job. If eligible, you must notify your employer *in writing before* you are injured. If you have questions please contact your employer who is required to provide written information regarding workers' compensation benefits to all new employees.

MEDICAL PROVIDER NETWORKS - Your employer may be using an MPN, which is a selected network of healthcare 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 or medical group. If you have not predesignated and your employer is using an MPN, you are free to choose an appropriate provider from the MPN list which will be you primary treating physician. This is the doctor with overall responsibility for treating your injury or illness. 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.

PAYMENT FOR LOST WAGES - If you're temporarily disabled by a job injury or illness, you'll receive tax-free income, subject to state limits, 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're hospitalized as an inpatient 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 dependents.

SUPPLEMENTAL JOB DISPLACEMENT BENEFIT - You may be entitled to a Supplemental Job Displacement Voucher, if your employer is not able to return you to work within 30 days after temporary disability ends. SJDB is a non-transferrable voucher payable to a state approved school.

In the event of a work injury

1. Be sure first aid is given.
2. If emergency medical treatment is needed call 911.
3. See that the injured employee is taken to a doctor or hospital, if necessary.
4. Report all injuries immediately to your supervisor or Thelma Maldonado (Employer Representative) at 559-592-2010 (Phone Number)
5. Contact your employer representative or claim administrator if you have questions about workers' compensation. You may also contact an Information and Assistance Officer at the State Division of Workers' Compensation at 559-445-5355
6. Hear recorded information and a list of local offices by calling toll-free 800 736-7401 or visit www.dir.ca.gov.

Claims Administered by:

Claims Administrator:	**Keenan & Associates**
Address:	P.O. Box 2707
City, State, Zip Code:	Torrance, CA 90509
Phone Number:	800-343-0694
Carrier/Self Insured:	Self-Insured
Policy expiration date:	
MPN Toll Free Number:	(888) 626-1737
MPN Website:	www.harborsys.com/Keenan
MPN Effective Date:	
MPN Identification #:	2358
MPN's Address:	P.O. Box 54770 Irvine, CA 92619-4770

Emergency numbers:

Ambulance:	**911**
Fire Department:	**911**
Police:	**911**
Hospital	**911**
Physician	

If this policy has expired contact the labor commissioner (213) 620-6630.

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)

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from you voluntary participation in any **off-duty, recreational, social, or athletic activity** that is not part of your work-related duties

January 2017

Employee Notice – Automatic Payroll Deposit

The Farmersville USD highly recommends all district employees to participate in Automatic Payroll Deposit (APD). By doing so, you will receive an automatic deposit of your paycheck into your bank account on pay day. There are numerous advantages over a paper check:

- **Convenience –** You do not have to travel to the bank to deposit a paper check. You will have access to your funds on pay day. You will also have access to your payroll stub on the Employee ePortal System.
- **Security -** The electronic payment cannot get lost in the mail, damaged or stolen.
- **Increased Productivity –** District payroll staff will spend less time tracking down pay checks "lost in the mail".
- **Cost Savings –** Reduced postage and bank charges make APD a more cost effective way to process payroll payments.

Employee Name: _____

Employee Payroll Payment Election – Please indicate below your preferred method of payment:

Please process my payroll payments as an **APD** (Automatic Payroll Deposit). Please complete attached APD Authorization Agreement. _____(Initials)

Please process my payroll payments by **Check**. I understand, any check(s) lost in the mail will not be replaced until **after Ten (10) working days** from the date of the check. _____(Initials)

Please complete the election document and return to the District Payroll Department. If you have any questions regarding this notice, please contact (Johnice Robinson).

Instructions: Payroll Department should retain top section of the form for their records. If the employee elects to have their payroll payments via APD; the APD Authorization Agreement with original signatures should be returned to Tulare County Office of Education External Business Division.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (CREDITS)

I/we hereby authorize _____ (Company/District) to initiate credits to my (our) account indicated below, and authorize the financial institution indicated below ("Financial Institution") to credit my (our) account with the amount thereof.

Check one: **NEW** ❒ **CHANGE** ❒** **CANCEL** ❒

District Name: Farmersville Unified School District District Number: 16

Employee's Name: _____ S.S.#: _____

Check one: ❒**CHECKING (23) Attach a voided check to this form**
❒**SAVINGS (33) Attach a copy of bank statement OR membership card and complete the following:**

****Any change(s) to your automatic deposit, a check will be issued until the new change(s) take effect**

Financial Institution: _____ Branch: _____

Routing Number: _____ Account Number: _____

This authority is to remain in full force and effect until Financial Institution has received written notification from me (or either of us) of its termination and Financial Institution has had a reasonable opportunity to act on it; or until Financial Institution has sent me (or either of us) ten (10) days written notice of Financial Institution's termination of this arrangement.

Employee's Signature: _____ Date: _____

Return to the Tulare County Office of Education/External Business Division. Please allow 6-8 weeks to take effect.

The District strongly encourages and recommends that all employees sign up for direct deposit as well as the E-Portal self-service website, both offering employees many benefits listed below. THE DISTRICT WILL NO LONGER MAKE COPIES OF CHECK STUBS OR W-2'S AS THIS IS ONE OF THE BENEFITS THE E-PORTAL OFFERS.

Direct Deposit

- Safe and secure: No more lost or stolen checks
- Reliable: Money is available the morning of payday
- Saves time: No more waiting in line at the bank
- Accessible: Pay is available even when the employee is out of town

Enrollment forms are available at the District office or on www.farmersville.k12.ca.us. The completed form and voided check must be returned to the Payroll Department and becomes effective within 6-8 weeks.

Employee Portal

The E-Portal is a fast way to access personal information. It takes less than a minute to access all of the following:

- View and print current and prior period pay stubs
- See the latest absence information that has been updated by Payroll
- View and print your current and prior year W-2's
- Access documents and resources that your employer shares with you

1. It's secure. Personal information is secure and accessible by you through the use of your unique User Name and Password
2. It's easy to access. https://eportal.tcoe.org/ and log in with your username and password
3. It's convenient. You can access the E-Portal 24 hours a day, 7 days a week.

Please call **Business or Human Resources Department at 592-2010** to get started! Please be prepared to give your full name, full social security number, and date of birth in order to authenticate your request.

Farmersville
Unified School District

Substitute/Walk-On Coach School Personnel:

RE: AB 1432 – Mandated Reporter Training

Substitutes/Walk-On Coaches are required to take the Mandated Reporter training course for **EVERY** district they work with. A substitute is considered a district employee by the California Department of Education. This means that districts can no longer accept a KSS certificate of completion from another district.

The Child Abuse Mandated Reporter Training California website team worked with the California Department of Social Services and the California Department of Education to develop a new online training for School Personnel. The new Mandated Reporter Training for School Personnel will satisfy the requirements of AB 1432. This is a stand alone training that does not require the General Training to be taken first.

Purpose
To address the specific issues and concerns of School Personnel with regard to mandated reporting requirements.

Desired Outcomes
In this module you will learn:

- What the law requires of you as a mandated reporter
- How to spot indicators of possible child abuse or neglect
- How to talk to children about suspected abuse
- How to make a report
- What happens after a report is filed
- Special issues related to child abuse reporting in the school environment

The School Personnel module includes vignettes and is self-paced. At the conclusion of the training you will take a final test that requires an 80% or higher score to pass. Upon passing the test you will be able to print verification of your completion of the training.

Please go to http://mandatedreporterca.com/training/educators.htm to begin your process.

Thank you,

Thelma Maldonado

Farmersville
Unified School District

Vehicle Use/Liability

For insurance and liability purposes, any employee or volunteer of the District currently operating or planning to operate a School District vehicle for any reason is required to have a **Department of Motor Vehicles Pull Notice** on file at the District office.

For the health and safety of students and staff, the district is mandated to have Pull Notices on file. Please return your completed form to me at the District office as soon as possible. Any employee who fails to turn in the required information listed below will not be permitted to operate any time or for any reason.

If you have any questions, please feel free to contact me at the District office.

✂- -

Employee Name: ____

Home Address: ______________________ City: __________ Zip: __________

Date of Birth: ______________________ Driver's License No.: __________

Position: ______________________ School Site: ________________

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES

A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer,_____
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY	COUNTY	STATE

DATE	SIGNATURE OF EMPLOYEE
	X

I, Jeff Wimp _____ , of Farmersville Unified School District _____
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars ($5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY	COUNTY	STATE
Farmersville	Tulare	CA

DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
	X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND **RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS *AND*** MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO ***NOT*** RETURN THIS FORM TO DMV.