CALIFORNIA STATE UNIVERSITY, FRESNO ATHLETIC CORPORATION

STUDENT/PART-TIME/TEMPORARY EMPLOYEE INFORMATION SHEET

PLEASE CHECK THE CORRECT BOX(ES):

☐ **NEW HIRE**

☐ **RE-HIRE**

☐ **PART-TIME**
- ☐ Fresno State Faculty
- ☐ Fresno State Staff
- ☐ Non-Fresno State Employee

☐ **STUDENT AT FRESNO STATE**

_____ #of units enrolled for:

☐ Fall ☐ Spring ☐ Summer

☐ **CHANGE**
- ☐ Address
- ☐ Cost Center
- ☐ Pay Increase
- ☐ Other: _____

TO BE COMPLETED BY EMPLOYEE

Name: | Social Security Number:

Mailing Address: _____
Street Apt. # City State Zip Code

Phone Number: ( ) _____

Fresno State Email Address: _____@mail.fresnostate.edu

☐ Married ☐ Single | ☐ Male ☐ Female | Date of Birth:

Have you worked or are you currently working for the Association, Foundation, Ag Foundation, Fresno State Programs for Children or Fresno State?

☐ Yes ☐ No If yes, Last Day Worked: _____ Department: _____

EMERGENCY CONTACT INFORMATION

In case of emergency, notify:

Name: _____ Relationship: _____ Phone: _____

ACKNOWLEDGEMENTS

I have received and acknowledge the following forms as part of the new hire packet:

- ☐ Nature of Employment Agreement
- ☐ AB 469 Rate and Payday Notification
- ☐ Drug Free Workplace Policy
- ☐ CANRA Acknowledgment
- ☐ Injury and Illness Prevention Program
- ☐ CalPERS Exclusion Form
- ☐ Employee Handbook (available on www.Auxiliary.FresnoState.edu)
- ☐ I-9 Employment Eligibility Form
- ☐ Federal W-4 and State DE 4
- ☐ Interim Vaccine Policy

Dated: _____ Employee Signature: _____

TO BE COMPLETED BY SUPERVISOR

Department/Chartfield:	**Date of Hire or Re-hire:**	**Mail Stop:**
Pay Rate:	**Position Title:**	**Kronos Supervisor:**

Is it likely that this position would have contact with minors (individuals under the age of 18)?

☐ **Yes** ☐ **No**

Confidential Data Access? ☐ **Yes** ☐ **No**	**Is driving a requirement for this position?** ☐ **Yes** ☐ **No**	**Supervisory Responsibility?** ☐ **Yes** ☐ **No**

Nepotism: "Related employees are not permitted to work in job positions in which a conflict of interest could arise or in a direct supervisory relationship." To my knowledge, this hire does not violate the Athletic Nepotism policy. _____**Employee Initials** _____**Supervisor Initials**

PAY INCREASE *Please attach justification and AB 469

Reason for Increase:

Current Hourly Rate:	New Hourly Rate:	Effective Date:

AUTHORIZATION REQUIRED

Employee Signature	Date
Supervisor Signature	Date
Approving Sport Supervisor Signature	Date
Athletic Business Office Signature	Date

OFFICE USE ONLY

Aux ID:	Date:	Entered by:	Paid Sick Leave:	Date:	Reviewed by:	Date:

FRESNO STATE
Auxiliary Services

California State University, Fresno
Auxiliary Human Resources
(559) 278-0865 | auxiliary-hr@mail.fresnostate.edu

EMPLOYMENT APPLICATION FOR STUDENT/PART-TIME/TEMPORARY POSITIONS

Date: _____

Applicant Name: _____
(Last) *(First)* *(MI)*

Address: _____
(Street Address) *(City, State, Zip)*

Contact Phone Number: (_____) _____ Alternate Phone Number (if applicable): (_____) _____

Email: _____

EMPLOYMENT DESIRED

Position Applying For: _____ Department: _____
Please indicate **one** position per application

What days and hours are you available for work? _____

Are you available for work on weekends (if required by the position)? ..... ☐ Yes ☐ No

Would you be available for overtime (if required by the position)? ..... ☐ Yes ☐ No

If hired, what day can you start work? ..... _____

EDUCATION, TRAINING, AND EXPERIENCE

School	Name and Address	No. of years Completed	Did you Graduate?	Degree Or Diploma
High School	*Name* *Address* *City, State, Zip*		☐ Yes ☐ No	
College/ University	*Name* *Address* *City, State, Zip*		☐ Yes ☐ No	
Other	Name Address *City, State, Zip*		☐ Yes ☐ No	

Please provide the following information and indicate the skills you possess **only** if they are a requirement of the position for which you are applying:

Driver's License Number: _____ State: _____ Class: _____

Languages you speak, read, or write fluently in addition to English: _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work for California State University, Fresno Auxiliary Services? ..... ☐ Yes ☐ No

If so, please explain: _____

_____

_____

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer

Type of Business

Street Address

City *State* *Zip*

Your Position and Duties:

Dates of Employment: ______ *From* ______ *To*

Your Supervisor's Name

( )

Telephone No.

Your Reason for Leaving:

May we contact this employer for a reference?

☐ Yes ☐ No

Name of Employer

Type of Business

Street Address

City *State* *Zip*

Your Position and Duties:

Dates of Employment: ______ *From* ______ *To*

Your Supervisor's Name

( )

Telephone No.

Your Reason for Leaving:

May we contact this employer for a reference?

☐ Yes ☐ No

Name of Employer

Type of Business

Street Address

City *State* *Zip*

Your Position and Duties:

Dates of Employment: ______ *From* ______ *To*

Your Supervisor's Name

( )

Telephone No.

Your Reason for Leaving:

May we contact this employer for a reference?

☐ Yes ☐ No

Name of Employer

Type of Business

Street Address

City *State* *Zip*

Your Position and Duties:

Dates of Employment: ______ *From* ______ *To*

Your Supervisor's Name

( )

Telephone No.

Your Reason for Leaving:

May we contact this employer for a reference?

☐ Yes ☐ No

PERSONAL INFORMATION

Have you ever applied to or worked for California State University, Fresno Auxiliary Services before? (Includes: California State University, Fresno Association, Inc., Foundation, Programs for Children, Agricultural Foundation, Associated Students, Inc. and/or Fresno State Athletic Corporation) ..... ☐ Yes ☐ No
If yes, for which corporation and when? _____

Do you have friends or relatives working for California State University, Fresno Auxiliary Services? ..... ☐ Yes ☐ No
If yes, state name, relationship, and organization:

_____

Name *Relationship* *Organization*

If hired, would you have a reliable means of transportation to and from work? ..... ☐ Yes ☐ No

If hired, can you provide evidence of your legal right to work in the United States? ..... ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ..... ☐ Yes ☐ No
If no, describe the functions that cannot be performed: _____.

_____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you currently employed? ..... ☐ Yes ☐ No

If so, may we contact your current employer? ..... ☐ Yes ☐ No

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

_____ _____

Date Applicant's Signature

CALIFORNIA STATE UNIVERSITY, FRESNO
ATHLETIC CORPORATION

NATURE OF EMPLOYMENT

The relationship between employees and the Athletic Corporation is for an unspecified term and is considered employment at-will. No manager, supervisor or employee of the Athletic Corporation has authority to enter into any agreement for employment for any specified period of time or to make any agreement for employment other than at-will. Only the Executive Director has the authority to make any such agreement and then only in writing, signed by the Executive Director and indicating it is intended as a modification of a particular employee's at-will status. Consequently, the employment relationship with any employee can be terminated at will, either by the employee or the Athletic Corporation, with or without cause or advance notice. The Athletic Corporation can also demote and change pay and duties of any employee at-will.

All employees should be aware that the Athletic Corporation is not governed by collective bargaining. Although some benefits and policies may be the same or similar to those of the University, the Athletic Corporation has developed its own policies and procedures under California law, the California Code of Regulations, the Education Code, and under directives and policies by the Trustees and the Chancellor of The California State University system. The Athletic Corporation is a private employer under the Internal Revenue Code and is not a State agency.

All student employees should be aware that employment with the Athletic Corporation is for a maximum of twenty (20) hours per week during the academic year. If an Athletic Corporation student employee were to be concurrently employed through California State University, Fresno, the employee will work a maximum of twenty (20) hours per week, combined.

Any questions should be addressed to the Auxiliary Human Resources Department or the Executive Director for clarification. University employees may not be familiar with the policies and procedures of the Athletic Corporation and may not be able to provide accurate information.

Acknowledgment:

I have entered into my employment relationship with the Athletic Corporation voluntarily and acknowledge that there is no specified length of employment. I understand that I or the Athletic Corporation can terminate the relationship at-will, with or without notice or cause, at any time.

_____
Employee's Name (Printed)

_____ _____
Employee's Signature Date

Notice and Acknowledgement of Pay Rate and Payday
Under Section 2810.5(b) of the California Labor Code
Notice for Hourly Rate Non-Exempt Employees

Employee Information	
Name:	Start Date:

Employee Rate of Pay Per Hour		
Straight Time Rate:	Time & One Half Rate:	Double Time Rate:

Employer & Worker's Compensation Information	
Employer: California State University, Fresno Athletic Corporation 2771 E. Shaw Avenue Fresno, CA 93710 Phone: (559) 278-0865 Mailing Address (if different): N/A Doing Business As (DBA) Name(s): N/A	Workers' Compensation Insurance Carrier (name, address, phone): Sedgwick CMS P.O. Box 14629 Lexington, KY 40512-4479 Toll Free Phone: (916) 851-8058 Policy #: 04-1-4509-012

Wage Information	
Notice Given: ☒ At hiring ☐ Before a change in pay rate(s), allowances claimed or payday **Allowances taken:** ☒ None	**Pay is:** ☐ Weekly ☐ Bi-weekly ☒ Semi-monthly ☐ Other **Regular Pay Dates:** 7th and 22nd

Paid Sick Leave

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

a. May accrue paid sick leave and may request and use up to 5 days or 40 hours of accrued paid sick leave per year;
b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for:
1. Requesting or using accrued sick days; 2. Attempting to exercise the right to use accrued paid sick days; 3. Filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code; 4. Cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

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

☐ 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.

☐ 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.

☒ 3. Employer provides no less than 40 hours (or 5 days) of paid sick leave at the beginning of each 12-month period (excluding Additional Employment employees).

☐ 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption)

Emergency Disaster Disclosure

☐ There is a state or federal emergency or disaster declaration applicable to the county or counties where the employee will work issued within 30 days before the employee's first day of employment and that may affect their health and safety during employment. (State emergency or disaster declaration and how it may affect health or safety)

_____ _____

_____ _____

Employee Acknowledgment

On this day I have been notified of my pay rate, overtime rate, allowances, designated pay day, and my employer's information on the date given below.

_____ _____
Employee Name (Printed) Date

_____ _____
Employee Signature Preparer's Name and Title

FRESNO STATE
Auxiliary Services

Employee Emergency Contact Information

Please complete the following information (please print):

Employee Name: _____ Contact Number: _____

Full Address: _____

In case of emergency, notify the following:

Name: _____ Relationship: _____

Full Address: _____

Contact Number: _____ Additional # (if applicable): _____

Pre-Designation of Physician for Work-Related Injury

Please read carefully: This information pertains to work-related injury or illness only:

You are entitled to be treated by your own personal physician if the pre-designation form is completed and returned to the Auxiliary Human Resources Office prior to any work-related injury. If you do not pre-designate a physician and need medical treatment for a work-related injury or illness, you will be referred to the organization's approved physician.

Please complete below:

☐ I elect to be treated by the organizations' approved work physician

☐ I elect to be treated by my own physician (Please list physician information below)

_____ _____
Physician Name Phone

_____
Address

Employee Signature: _____ Date: _____

Revised: 5/5/2023

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE AND NEGLECT [*USE FOR GENERAL REPORTERS ONLY*]

INSTRUCTION FOR HUMAN RESOURCES: Provide this form, as well as Attachments A and B of Executive Order 1083 Revised July 21, 2017, to employees who are identified as General Reporters*. Retain the completed form in the employee's official personnel file.

***Exception:** Non-Management Personnel Plan employees hired prior to January 1, 1985

California law **requires** certain people, known as "Mandated Reporters," to report known or suspected child abuse or neglect. You have been identified as a Mandated Reporter (General Reporter). As a General Reporter, you are required by the law to sign this statement acknowledging your legal reporting obligations.

A copy of the relevant provisions of the law explaining the definition of "Mandated Reporter" (Penal Code § 11165.7), the reporting obligations (Penal Code § 11166), penalty for failure to report abuse or impeding report (Penal Code § 11166.01), the contents of the reports, and the confidentiality of the Mandated Reporter's identity (Penal Code § 11167) is attached.

Online training is available to you at **https://ds.calstate.edu/?svc=skillsoft** (under keyword search "Mandated Reporter").

While it is not required, we strongly encourage you to take the training.

WHEN REPORTING ABUSE IS REQUIRED

As a Mandated Reporter (General Reporter), whenever in your professional capacity or within the scope of your employment you have knowledge of or observe a person under the age of 18 years whom you know or reasonably suspect has been the victim of child abuse or neglect, you must report the suspected incident, ***no matter where it occurred*** (Penal Code §§ 11166(a)).

PROCEDURE FOR REPORTING

To make a report, you **must** do the following:

- ***Immediately, or as soon as practically possible*,** contact by phone one of the following: police or sheriff's department (including campus police, but not including a school district police or security department); a county probation department (if designated by the county to receive mandated reports); or the county welfare department (Child Protective Services or CPS).

- ***Within 36 hours of receiving the information concerning the incident:*** complete Form SS 8572 (available online at http://ag.ca.gov/childabuse/pdf/ss_8572.pdf) per the instructions (available online at http://ag.ca.gov/childabuse/pdf/8572_instruct.pdf); and send, fax or electronically transmit it to the agency that was contacted by phone (Penal Code § 11166(a)).

Names and contact information for agencies that can accept reports are available online at the following websites:

California State University Police Departments (by campus):
http://calstate.edu/strategicinitiatives/UPD/contacts.shtml

Child Protective Services (by county):
http://www.hwcws.cahwnet.gov/countyinfo/county_contacts/hotline_numbers.asp

For Sheriffs' Departments (by county):
http://www.calsheriffs.org/sheriffs-offices.html

Note: Reporting to a supervisor, a coworker, or other person is not a substitute for making a mandated report to one of the agencies listed above.

ABUSE AND NEGLECT THAT MUST BE REPORTED

Physical abuse, meaning physical injury other than by accidental means inflicted on a child (Penal Code § 11165.6).

Sexual assault, including sex acts with a child, intentional masturbation in the presence of a child, child molestation, and lewd or lascivious acts with a child under 14 years of age or with a child under 16 years of age if the other person is at least ten years older than the child (Penal Code § 11165.1(a)(b)).

Sexual exploitation, including acts relating to child pornography, child prostitution, or performances involving obscene sexual conduct by a child (Penal Code § 11165.1(c)).

Statutory rape involving sexual intercourse between a child under 16 years of age and a person 21 years of age or older, which is also a form of "sexual assault" (Penal Code § 11165.1(a)).

Neglect, meaning the negligent treatment or maltreatment of a child by a parent, guardian or caretaker under circumstances indicating harm or threatened harm to the child's health or welfare (Penal Code § 11165.2).

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer unjustifiable physical pain or mental suffering, or causes or permits a child to be placed in a situation in which the child or child's health is endangered (Penal Code § 11165.3).

Unlawful corporal punishment, meaning a situation in which any person willfully inflicts upon a child cruel and inhuman corporal punishment or a physical injury (Penal Code § 11165.4).

WHAT IS NOT CHILD ABUSE OR NEGLECT?

The law does **not** consider the following child abuse or neglect for reporting purposes:

- Injuries caused by two children fighting during a mutual altercation (Penal Code § 11165.6)
- An injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment (Penal Code § 11165.6)

- Reasonable and necessary force used by public school officials to quell a disturbance threatening physical injury to person or damage to property, for self-defense, or to obtain possession of weapons or other dangerous objects under a child's control (Penal Code § 11165.4)
- Corporal punishment, unless it is cruel or inhumane or willfully inflicts a physical injury (Penal Code § 11165.4)
- Not receiving medical treatment for religious reasons (Penal Code § 11165.2(b))
- Acts performed for a valid medical purpose (Penal Code § 11165.1(b)(3))
- An informed and appropriate medical decision made by a parent, guardian or caretaker after consultation with a physician who has examined the child (Penal Code § 11165.2(b))

IMMUNITY AND CONFIDENTIALITY OF REPORTER

Mandated Reporters cannot be held civilly or criminally liable for their reports. Instead, they enjoy immunity from prosecution for their reporting of suspected child abuse (Penal Code § 11172(a)). Both the identity of the person who reports and the report itself are confidential and disclosed only among appropriate agencies (Penal Code § 11167(d)).

PENALTY FOR FAILURE TO REPORT ABUSE OR IMPEDING REPORT

A Mandated Reporter who fails to make a required report of abuse, or any administrator or supervisor who impedes or inhibits a report, is guilty of a misdemeanor punishable by up to six months in jail, a fine of $1,000, or both (Penal Code Section 11166(c) and Section 11166.01(a)). Where the abuse results in death or great bodily injury, the Mandated Reporter who fails to make a required report or administrator or supervisor who impeded or inhibited the report is subject to punishment of up to one year in jail, a fine of $5,000, or both (Penal Code Section 11166.01(b)).

ACKNOWLEDGMENT

I acknowledge being provided with copies of Penal Code Sections 11165.7, 11166, 11166.01, and 11167. I acknowledge and understand my responsibility and legal obligation to report known or suspected child abuse or neglect in compliance with Penal Code Section 11166.

Employee's Name: _____ Dept.: _____

Signature: _____ Date: _____

ACKNOWLEDGMENT

This Employee Handbook describes important information about the California State University, Fresno Athletic Corporation (Corporation). I understand that I should consult Human Resources regarding any questions not answered in this Handbook.

I have entered into my employment relationship with the Corporation voluntarily, and acknowledge there is no specified length of employment. I understand the Corporation is an at-will employer, which means I can terminate my employment at any time, with or without advance notice, with or without cause, and the Corporation has similar rights.

No manager, supervisor, or employee of the Corporation has authority to enter into any agreement for employment, for any specified period of time or to make any agreement for employment other than at-will.

Since the information, policies, and benefits described are subject to change, I acknowledge changes and revisions may occur and that such changes will be communicated through appropriate notices, and that those changes may modify, eliminate, reduce or improve existing policies and benefits.

I agree to read the Employment Handbook, whether in paper form or electronic form, read all changes in a timely manner, and agree to comply with the policies contained in the Handbook and any revisions made to it.

PRINT FULL NAME _____

EMPLOYEE SIGNATURE _____

DATE _____

ACKNOWLEDGMENT

Drug Free Workplace Policy
California State University, Fresno Athletic Corporation

I understand that the Athletic Corporation is committed to protecting the safety, health and well-being of all employees and other individuals in the workplace. It is also my understanding that the drug-free workplace policy is intended to apply whenever anyone is representing or conducting business for the organization. Therefore, I understand that I am expected and required to report to work on time and in an appropriate mental and physical condition for work. Furthermore, I acknowledge that if I am convicted of a criminal drug violation in the workplace I must notify the organization in writing within five calendar days of the conviction.

Employee Acknowledgement: I certify that I have read and understand the contents contained in the Drug Free Workplace Policy for California State University, Fresno Athletic Corporation. I understand a copy of this agreement will be placed in my personnel file in Human Resources.

_____ _____

Employee Signature Date

CALIFORNIA STATE UNIVERSITY,
FRESNO ATHLETIC CORPORATION

Safety Training Certification
For
Injury & Illness Prevention Program Acknowledgement

THIS IS TO CERTIFY that I have on this day received a copy of the revision of California State University, Fresno Athletic Corporation Injury & Illness Prevention Policy. I acknowledge that I have read and understand the contents contained in this policy. I will be guided by this Policy while in the employ of this company.

I understand that it is a requirement of my employment that in case I am injured while in the course of my work, I will immediately report the injury to my supervisor and obtain the necessary First Aid or Medical Treatment.

_____	_____
Employee Name (please print)	Employee Signature
_____	_____
Date	Supervisor's Signature

State of California
California Public Employees' Retirement System
www.calpers.ca.gov

Notice of Exclusion from CalPERS Membership

Public Agency and Schools

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

Section 1: Employee Information

Last Name **First** **Middle** **DOB** **CID**

Section 2: Employer Information

Name of Department **Division** **Position Title**

Term of Appointment: ☐ **Permanent** ☐ **Temporary**

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

Time Base: ☐ **Full Time** ☐ **Intermittent**

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

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

1. Your full time seasonal or limited term appointment is limited to six months or less.
2. Your part time appointment is limited to less than an average of 20 hours per week for less than one year.
3. Your appointment is an on call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) in a fiscal year (July 1-June 30).
4. Your position is excluded by law. Explain the exclusion that applies below:

5. You are an independent contractor.
6. You are employed to render professional legal service to a city. Exceptions include persons holding the office of city attorney, deputy city attorney, or assistant city attorney.
7. You are employed as a student assistant by a school district in a position established for students only while attending school in the same district. (This only applies to County Schools.)
8. You are a CalPERS retiree and have not reinstated from retirement.

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

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

Signature of Certifying Officer **Title** **Date**

Signature of Employee **Date**

Note: Information regarding the benefits provided by CalPERS is available on the CalPERS website www.calpers.ca.gov.
The employer must retain this form in the employee's file for auditing purposes.

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

2026

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.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

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

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):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

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

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

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)
CALIFORNIA STATE UNIVERSITY ATHLETIC CORPORATION **1620 E BULLDOG LANE** **FRESNO, CA 93740**		**94-2874546**

Clear Form

Employee's Withholding Allowance Certificate

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

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**) _____
   - 1b. Number of allowances from the Estimated Deductions (**Worksheet B**) _____
   - 1c. Total Number of Allowances you are claiming _____
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 2025, and I certify I meet both 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 penalty 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
California State University, Fresno Athletic Corporation 1620 E. Bulldog Lane	301-6156-6

The *Employee's Withholding Allowance 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.

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

If you do not provide your employer a completed DE 4, your 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 and state income tax last year, and
2. You do not expect to owe any federal and state income tax this 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 and 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.

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 05/31/2027

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

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

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

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

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

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. An alien authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

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

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

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

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
CSU Fresno Athletic Corporation	**1620 E. Bulldog Lane, Fresno, CA 93740**

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
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, sex, 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, sex, 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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: **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 individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**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 For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
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		**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:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with “RE” notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

HOURLY TIME AND EFFORT REPORT

CALIFORNIA STATE UNIVERSITY, FRESNO ATHLETIC CORPORATION

EMPLOYEE INFORMATION

Employee Name (Last, First MI):	Auxiliary ID:
University E-Mail Address:	Employee Type:

** Payroll Overload Approval Form Required*

PAY PERIOD INFORMATION

Current Year: 2018 **Current Month:**

HOURS WORKED

Date	Time In	Time Out	Time In	Time Out	Total Hrs	ST	OT
16th					0.00	0.00	0.00
17th					0.00	0.00	0.00
18th					0.00	0.00	0.00
19th					0.00	0.00	0.00
20th					0.00	0.00	0.00
21st					0.00	0.00	0.00
22nd					0.00	0.00	0.00
23rd					0.00	0.00	0.00
24th					0.00	0.00	0.00
25th					0.00	0.00	0.00
26th					0.00	0.00	0.00
27th					0.00	0.00	0.00
28th					0.00	0.00	0.00
29th					0.00	0.00	0.00
30th					0.00	0.00	0.00
31st					0.00	0.00	0.00

SICK LEAVE USED

Date	Hours Used		Hours Used	Total Sick
				0

POSITION AND CHARTFIELD

Position:		Hourly Rate of Pay:	
Department:		Chartfield:	

COMPENSATION SUMMARY

	Hours	Rate	Total	OVERVIEW	
Straight Time:	0.00	$0.00	$0.00	**Total Hours:**	0.00
Sick Time:	0.00	$0.00	$0.00	**Total Sick Hours:**	0.00
Overtime:	0.00	$0.00	$0.00	**Total Wages:**	$0.00

For flat rate compensation, please click here ☐ **Flat Rate Amount:** _____

Please attach written justification for all flat rate compensation requests.

EMPLOYEE CERTIFICATION

I hereby certify under penalty of perjury that I have worked all hours indicated above and that all effort included in this report was performed. Furthermore, I certify that I have received all meal and rest breaks to which I was legally entitled and that all overtime worked was approved prior to the work being performed.

EMPLOYEE SIGNATURE **DATE**

SUPERVISOR CERTIFICATION

I hereby certify that I have verified and authorized the hours worked as stated above, believe them to be a true and accurate representation of effort, and affirm that sufficient money is on deposit with the Auxiliary Corporations to pay this voucher.

SUPERVISOR NAME **SUPERVISOR SIGNATURE** **DATE**

REV2.27.18

Submit timesheets to Auxiliary Human Resources/Payroll at Mail Stop OF33
or deliver to 2771 E. Shaw Ave, Fresno CA 93710

FRESNO STATE

Auxiliary Services

Authorization for Direct Deposit of Payroll

Type of Enrollment Action:	Social Security Number OR Auxiliary ID Number:
☐ **NEW** ☐ **CHANGE** ☐ **CANCEL**	Name: (First Middle Last)

To be Completed by Employee if NEW or CHANGE is Checked

Type of Account: ☐ Checking ☐ Savings

Numbers on Form Must Match Supporting Documentation

Routing Number:	Account Number:
Financial Institution Name:	
Financial Institution Address:	

To be Completed by Employee if NEW or CHANGE is Checked

☐ I authorize Auxiliary Services to perform electronic credit entries, and if necessary, and debit entries that are in error to my account, to the financial institution account named above. This authority will remain in force until I have given written notification to terminate it.

Signature	Date

To be Completed by Employee if CANCEL is Checked

☐ I authorize Auxiliary Services to cancel my Direct Deposit.

Signature	Date

Please staple a voided check in this area.

If checks not available, please attach official bank documentation.

2026 Semi-Monthly Payroll Schedule

California State University, Fresno Association, Inc.
California State University, Fresno Athletic Corporation
California State University, Fresno Foundation
Agricultural Foundation of California State University, Fresno
Associated Students Inc. of California State University, Fresno
Fresno State Programs for Children, Inc.

Pay Period	Time-Sheet Due	Date Paychecks Available
December 16-31	January 2, by 5:00 p.m.	**Wednesday, January 7**
January 1-15	January 16, by 5:00 p.m.	**Thursday, January 22**
January 16-31	February 2, by 5:00 p.m.	**Friday, February 6**
February 1-15	February 17, by 5:00 p.m.	**Friday, February 20**
February 16-28	March 2, by 5:00 p.m.	**Friday, March 6**
March 1-15	March 16, by 5:00 p.m.	**Friday, March 20**
March 16-31	April 1, by 5:00 p.m.	**Tuesday, April 7**
April 1-15	April 16, by 5:00 p.m.	**Wednesday, April 22**
April 16-30	May 1, by 5:00 p.m.	**Thursday, May 7**
May 1-15	May 18, by 3:30 p.m.	**Friday, May 22**
May 16-31	June 1, by 3:30 p.m.	**Friday, June 5**
June 1-15	June 16, by 3:30 p.m.	**Monday, June 22**
June 16-30	July 1, by 3:30 p.m.	**Tuesday, July 7**
July 1-15	July 16, by 3:30 p.m.	**Wednesday, July 22**
July 16-31	August 3, by 5:00 p.m.	**Friday, August 7**
August 1-15	August 17, by 5:00 p.m.	**Friday, August 21**
August 16-31	September 1, by 5:00 p.m.	**Friday, September 4**
September 1-15	September 16, by 5:00 p.m.	**Tuesday, September 22**
September 16-30	October 1, by 5:00 p.m.	**Wednesday, October 7**
October 1-15	October 16, by 5:00 p.m.	**Thursday, October 22**
October 16-31	November 2, by 5:00 p.m.	**Friday, November 6**
November 1-15	November 16, by 5:00 p.m.	**Friday, November 20**
November 16-30	December 1, by 5:00 p.m.	**Monday, December 7**
December 1-15	December 16, by 5:00 p.m.	**Tuesday, December 22**

ALL PAYROLL CHECKS ARE AVAILABLE
AFTER 1:00 PM ON THE DATE SHOWN ABOVE