

FRESNO STATE PROGRAMS FOR CHILDREN, INC.

STUDENT/PART-TIME/TEMPORARY EMPLOYEE INFORMATION SHEET

PLEASE CHECK THE CORRECT BOX(ES):

| | |
|-----------------------------------|--|
| <input type="checkbox"/> NEW HIRE | <input type="checkbox"/> PART-TIME |
| | <input type="checkbox"/> Fresno State Faculty |
| <input type="checkbox"/> RE-HIRE | <input type="checkbox"/> Fresno State Staff |
| | <input type="checkbox"/> Non-Fresno State Employee |

STUDENT AT FRESNO STATE

_____ #of units enrolled for:

Fall Spring Summer

CHANGE

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

| | | | | | |
|----------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------------|----------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Single | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Non-Binary | Date of Birth: _____ |
|----------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------------|----------------------|

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

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

EMERGENCY CONTACT INFORMATION

| | | |
|-------------|---------------------|--------------|
| Name: _____ | Relationship: _____ | Phone: _____ |
|-------------|---------------------|--------------|

ACKNOWLEDGEMENTS

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

| | |
|--|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> Child Abuse and Neglect Reporting Act (CANRA) Acknowledgment |
| <input type="checkbox"/> Nature of Employment Agreement | <input type="checkbox"/> CalPERS Exclusion Notice |
| <input type="checkbox"/> Emergency Contact & Pre-Designation | <input type="checkbox"/> W4 and DE 4 Form |
| <input type="checkbox"/> AB 469 Rate and Payday Notification | <input type="checkbox"/> *I-9 Employment Eligibility Form & Appropriate Identification |

*Policies are available on:

<https://auxiliary.fresnostate.edu/association/hr/employee-resources.html>

*Employee cannot begin work until I-9 Form & documents are verified by Auxiliary HR within 3 business days of hire date.

TO BE COMPLETED BY SUPERVISOR

| | | |
|---|--------------------------------|------------------|
| Cost Center/Obj. Code/Subsidiary: _____ | 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is driving a requirement for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No | Supervisory Responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Association 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 Manager Signature | Date |
|-----------------------------|------|

OFFICE USE ONLY

| | | | | | | |
|---------------|-------------|-------------------|------------------------|-------------|--------------------|-------------|
| Aux ID: _____ | Date: _____ | Entered by: _____ | Paid Sick Leave: _____ | Date: _____ | Reviewed by: _____ | Date: _____ |
|---------------|-------------|-------------------|------------------------|-------------|--------------------|-------------|

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 | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Address | | | |
| | City, State, Zip | | | |
| | | | | |
| College/ University | Name | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Address | | | |
| | City, State, Zip | | | |
| | | | | |
| Other | Name | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Address | | | |
| | City, State, Zip | | | |
| | | | | |

 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 | Dates of Employment: _____ From _____ To _____ | | |
| Type of Business | Your Supervisor's Name _____ () Telephone No. _____ | | |
| Street Address | Your Reason for Leaving: | | |
| City _____ | State _____ | Zip _____ | |
| Your Position and Duties: | | | |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|--|---|-----------|--|
| Name of Employer | Dates of Employment: _____ From _____ To _____ | | |
| Type of Business | Your Supervisor's Name _____ () Telephone No. _____ | | |
| Street Address | Your Reason for Leaving: | | |
| City _____ | State _____ | Zip _____ | |
| Your Position and Duties: | | | |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|--|---|-----------|--|
| Name of Employer | Dates of Employment: _____ From _____ To _____ | | |
| Type of Business | Your Supervisor's Name _____ () Telephone No. _____ | | |
| Street Address | Your Reason for Leaving: | | |
| City _____ | State _____ | Zip _____ | |
| Your Position and Duties: | | | |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|--|---|-----------|--|
| Name of Employer | Dates of Employment: _____ From _____ To _____ | | |
| Type of Business | Your Supervisor's Name _____ () Telephone No. _____ | | |
| Street Address | Your Reason for Leaving: | | |
| City _____ | State _____ | Zip _____ | |
| Your Position and Duties: | | | |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____



Auxiliary Services

STUDENT CLASS SCHEDULE

Name: _____

Address: _____

Contact Phone: _____

Email Address: _____

Please place an "X" in each box during the time of your class. This indicates when you are not available.

Semester: _____

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------|--------|---------|-----------|----------|--------|----------|--------|
| 8:00 a.m. | | | | | | | |
| 9:00 a.m. | | | | | | | |
| 10:00 a.m. | | | | | | | |
| 11:00 a.m. | | | | | | | |
| 12:00 p.m. | | | | | | | |
| 1:00 p.m. | | | | | | | |
| 2:00 p.m. | | | | | | | |
| 3:00 p.m. | | | | | | | |
| 4:00 p.m. | | | | | | | |
| 5:00 p.m. | | | | | | | |
| 6:00 p.m. | | | | | | | |
| 7:00 p.m. | | | | | | | |
| 8:00 p.m. | | | | | | | |

Voluntary Self-Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Auxiliary Human Resources department. If you choose not to self-identify at this time, the federal government requires the organization to determine this information by visual survey and/or other available information.

Name: _____

Position Title: _____

Gender: Male Female Non-binary

| | | |
|-----------------|--|--|
| Race/Ethnicity: | <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander or Native Hawaiian |
| | <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Two or More Races |
| | <input type="checkbox"/> Native American or Alaskan Native | <input type="checkbox"/> Other / Decline |

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA.

Military Status: I identify as one or more of the classifications of protected veteran
 I am not a protected veteran
 I do not wish to answer

Voluntary Self-Identification of Disability

Federal contractors must take affirmative action to employ and advance certain qualified individuals with disabilities. A disability is a condition that substantially limits one or more “major life activities.” If you have or have ever had such a condition, you are a person with a disability. Disabilities include, **but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one:

Yes, I have a disability or have had one in the past
 No, I do not have a disability and have not had one in the past
 I do not wish to answer

Reasonable Accommodation Notice:

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

FRESNO STATE PROGRAMS FOR CHILDREN, INC.

NATURE OF EMPLOYMENT

The relationship between employees and Fresno State Programs for Children, Inc. (PFC) is for an unspecified term and is considered employment at-will. No supervisor or employee of PFC has the 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 in consultation with the Program 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 PFC, with or without cause or advance notice. PFC can also demote and change pay and duties of any employee at-will.

All employees should be aware that PFC is not governed by collective bargaining. Although some benefits and policies may be the same or similar to those of the University, PFC has developed its own policies and procedures under California law, including the California Code of Regulations, the Education Code, the California Department of Education, Child Development Division-Funding Terms and Conditions, the California Department of Social Services-Community Care Licensing and under directives and policies by the Trustees and the Chancellor of The California State University system. PFC 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 Programs for Children is for a maximum of twenty (20) hours per week during the academic year. If a Programs for Children 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 PFC Center Supervisor, Program Director, Executive Director or the Human Resources Department for clarification. University employees may not be familiar with the policies and procedures of PFC and may not be able to provide accurate information.

Acknowledgment:

I have entered into my employment relationship with PFC voluntarily and acknowledge that there is no specified length of employment. I understand that I or PFC 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: Fresno State Programs for Children, Inc. 2771 E. Shaw Avenue Fresno, CA 93710 Phone: (559) 278-0865 | Workers' Compensation Insurance Carrier (name, address, phone): AmTrust 59 Maiden Lane New York, NY 10038 Toll Free Phone: 877-528-7878 www.amtrustfinancial.com | |
| Wage Information | | |
| Notice Given: <input checked="" type="checkbox"/> At hiring <input type="checkbox"/> Before a change in pay rate(s), allowances claimed or payday Allowances taken: <input checked="" type="checkbox"/> None | Pay is: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input checked="" type="checkbox"/> Semi-monthly <input type="checkbox"/> Other Regular Pay Dates: <u>7th</u> and <u>22nd</u> | |
| Paid Sick Leave | | |
| <p>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:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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. <p>The following applies to the employee identified on this notice: (Check one box)</p> <p> <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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). <input type="checkbox"/> 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption) </p> | | |
| Emergency Disaster Disclosure | | |
| <p><input type="checkbox"/> 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)</p> <hr/> | | |
| Employee Acknowledgment | | |
| <p>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.</p> <hr/> | | |
| Employee Name (Printed) | Date | |
| Employee Signature | | Preparer's Name and Title |

**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: _____

**FRESNO STATE PROGRAMS FOR
CHILDREN, INC.**

**INJURY AND ILLNESS
PREVENTION PROGRAM**

INTRODUCTION

FRESNO STATE PROGRAMS FOR CHILDREN, INC. is concerned about the welfare of all of its employees, and is committed to providing a healthful and safe working environment for everyone. In demonstrating our commitment, and to facilitate achievement of our goal, FRESNO STATE PROGRAMS FOR CHILDREN, INC. has implemented a comprehensive safety plan, including important policies and procedures that all employees are required to follow. Safety, though, is a mutual responsibility. Regardless of how detailed our overall safety program is, it cannot cover every possible work situation. By being alert for possible hazards and unsafe conditions or acts, you can help ensure your safety and that of your co-workers.

This Injury Illness Prevention Program document is a summary of our overall safety and health program. It highlights the general areas of our safety and health plan, and identifies responsible parties. Detailed policies, procedures, and safe practices are available covering our entire program. Any questions or concerns should be addressed to the Director of Human Resources for Auxiliary Services. FRESNO STATE PROGRAMS FOR CHILDREN, INC. expects each employee to understand and follow the guidelines printed on the following pages.

APPROVAL

The Executive Director of Auxiliary Services has approved this IIPP dated 11/30/01, which has been written according to Cal/OSHA Standard 8, CCR 3203. This summary and all supporting policies and procedures are effective December 1, 2001 and supersede any other written and verbal safety procedures previously implemented.

RESPONSIBILITY

The Director of Human Resources has the responsibility for administering and maintaining the Injury and Illness Prevention Program (IIPP).

All employees are responsible for reading, understanding and following the IIPP in their work areas. A copy of this IIPP is available from the Human Resources Department.

COMPLIANCE

All employees are responsible for complying with safe and healthful work practices. Our system of ensuring that all employees comply with these practices includes the following:

- Informing employees of the provisions of our IIPP.
- Evaluating the safety performance of all employees.
- Recognizing employees who perform safe and healthful work practices.
- Providing training to employees whose safety performance is deficient.
- Disciplining employees for failure to comply with safe and healthful work practices.

COMMUNICATION

The Director of Human Resources is responsible for communicating with all employees about occupational safety and health in a form readily understandable by all employees. Our communications system encourages all employees to inform their immediate supervisor/manager about workplace hazards without fear of reprisal.

Our communication system includes:

- New employee orientations including a discussion of safety and health policies and procedures.
- Review of our IIPP with all employees.
- Workplace safety and health training.
- Effective communication of safety and health.
- Regularly scheduled safety meetings.
- Posted and distributed safety information.
- A safety suggestion box that allows employees to anonymously inform management about workplace hazards.

HAZARD ASSESSMENT

Periodic inspections to identify and evaluate workplace hazards will be performed by the Associated Students, Inc. Safety Committee. Inspections will occur according to the following schedule:

- Quarterly
- When we initially established our IIPP.
- When new substances, processes, procedures, or equipment, which present potential new hazards are introduced into our workplace.
- When new, previously unidentified hazards are recognized.
- When we hire and/or reassign employees to departments, operations or tasks for which a hazard evaluation has not been previously conducted.
- When occupational injuries and illnesses occur.
- Whenever workplace conditions warrant an inspection.

INVESTIGATIONS OF INJURIES, ILLNESS AND ACCIDENTS

Workplace injuries and illnesses will be investigated to determine if any preventable safety or health hazard contributed to the occurrence. The Department Manager will conduct the investigation in a timely manner after being advised of the incident. If a reportable serious injury or death results, the investigator will ensure that a report is made to Cal/OSHA within eight hours. Any hazardous condition or work practice that contributed to the injury, illness or accident will be abated according to the following Hazard Correction Policy.

HAZARD CORRECTION

Unsafe and unhealthy work-conditions, practices or procedures will be corrected in a timely manner based on the severity of the hazards. Hazards will be corrected according to the following procedures:

- When observed or discovered, hazards that do not pose an imminent danger will be corrected as soon as possible. If the hazard cannot be corrected immediately, a safe practice will be established and employees exposed to the hazard will be trained to avoid any injury. In addition, personal protective equipment will be provided as needed. The hazard will be scheduled for correction.
- When an imminent hazard exists which cannot be immediately corrected without endangering employees and/or property, we will remove all exposed employees from the area except those necessary to correct the existing condition. Employees who are required to correct the hazardous condition will be provided with the necessary protection.

TRAINING AND INSTRUCTION

All employees will have training and instruction on general and job specific safety and health practices. Training and instruction is provided as follows:

- When the IIPP is first established.
- To all new employees.
- To all employees given new job assignments for which training has not previously been provided.
- Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
- Whenever the Company is made aware of a new or previously unrecognized hazard.
- To supervisors to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed.
- To all employees with respect to hazards specific to each employees job assignment.

General workplace safety and health practices include, but are not limited to the following:

- Explanation of the Company's IIPP, emergency action plan, fire prevention plan, hazard communication program and measures for reporting any unsafe conditions, work practices, injuries and when additional instruction is needed.
- Use of appropriate clothing and any additional personal protective equipment.
- Safe lifting, carrying and bending procedures.
- Use of equipment, machinery as applicable
- Ergonomic safety; prevention of repetitive motion injuries and musculoskeletal disorders
- Information about chemical hazards to which employees could be exposed and other hazard communication program information including proper labeling of containers.
- Provisions for medical services and first aid including emergency procedures.
- Availability of restroom and drinking facilities.

RECORDKEEPING

We have taken the following steps to implement and maintain our IIPP:

- Records of hazard assessment inspections, including the person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on a hazard assessment and correction form.
- Documentation of safety and health training for each employee, including the employee's name, training dates, type(s) of training, and training providers are recorded on an employee training and instruction form.

Inspection records and training documentation will be maintained for three (3) years.

FRESNO STATE PROGRAMS FOR CHILDREN, INC.

RECEIPT AND ACKNOWLEDGMENT OF INJURY AND ILLNESS PREVENTION PROGRAM

FRESNO STATE PROGRAMS FOR CHILDREN'S Injury and Illness Prevention Program has been reviewed with me on this day. I acknowledge that I had the opportunity to review the document myself, that I understand it is my responsibility to understand the requirements of the Program, and to ensure that I follow all related safe practices and procedures. I am aware that the IIPP is available for my review at my work site.

Signature _____

Print Name _____

Date _____

Fresno State Programs for Children, Inc. Workplace Violence Prevention Program

INTRODUCTION

The Fresno State Programs for Children (PFC) Workplace Violence Prevention Plan (WVPP) addresses the threat of violence, and its related hazards as required under Labor Code § 6401.9. The plan is reviewed annually and updated as needed, including after any incident of workplace violence, and is always available to employees for review. All employees are encouraged to identify workplace violence hazards and suggest ways to evaluate and correct such hazards.

DEFINITIONS

Emergency - Unanticipated circumstances that can be life threatening or pose a risk of significant injuries to employees or other persons.

Engineering controls - An aspect of the built space or a device that removes a hazard from the workplace or creates a barrier between the employee and the hazard.

Log - The violent incident log required by LC section 6401.9.

Plan - The workplace violence prevention plan required by LC section 6401.9.

Serious injury or illness - Any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.

Threat of violence - Any verbal or written statement, including, but not limited to, texts, electronic messages, social media messages, or other online posts, or any behavioral or physical conduct, that conveys an intent, or that is reasonably perceived to convey an intent, to cause physical harm or to place someone in fear of physical harm, and that serves no legitimate purpose.

Workplace violence - Any act of violence or threat of violence that occurs in a place of employment.

Workplace violence includes, but is not limited to, the following:

- The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.
- An incident involving a threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.
- The following four workplace violence types:
 - **Type 1 violence** - Workplace violence committed by a person who has no legitimate business at the worksite and includes violent acts by anyone who enters the workplace or approaches employees with the intent to commit a crime.
 - **Type 2 violence** - Workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors.
 - **Type 3 violence** - Workplace violence against an employee by a present or former employee, supervisor, or manager.
 - **Type 4 violence** - Workplace violence committed in the workplace by a person who does not work there but has or is known to have had a personal relationship with an employee.

Workplace violence does not include lawful acts of self-defense or defense of others.

Work practice controls - Procedures and rules which are used to effectively reduce workplace violence hazards.

RESPONSIBILITY

The Executive Director, Auxiliary Services has approved this WVPP dated July 1, 2024, which has been written according to Cal/OSHA Standard (and the Federal General Duty Clause) SB 553. This summary and all supporting policies and procedures are effective July 1, 2024, and supersede any other written and verbal workplace violence

prevention procedures previously implemented.

The Director of Human Resources has the responsibility for administering and maintaining the Workplace Violence Prevention Plan (WVPP), and handling of reports. The Human Resources Manager has responsibility for employee involvement and training.

All employees are responsible for reading, understanding, and following the WVPP in their work areas.

Employees with concerns related to any workplace violence issues or the plan may contact Nicole Lane, Auxiliary HR Director, at (559) 278-0865 or nicolel@csufresno.edu.

Additionally, because workplace violence issues are a serious concern, employees may also report issues to any manager or partner as well. All managers and supervisors should implement and maintain the WVPP in their work areas and consult with the administrator if they have any questions or issues.

EMPLOYEE ACTIVE INVOLVEMENT

Management will work with and allow employees to participate in identifying potential workplace violence hazards and developing corrective measures. Employees are encouraged to recommend improvements in training, reporting and communication of WVPP elements to the campus community.

COMPLIANCE

The WVPP ensures all employees are responsible for complying with the rules and work practices that are designed to make the workplace more secure, and do not engage in threats or physical actions which create a security hazard for others in the workplace, include at a minimum:

- Informing employees of the provisions of our WVPP.
- Evaluating the safe work practices of all employees.
- Recognizing employees who demonstrate safe work practices.
- Providing training to employees whose safety performance is deficient.
- Disciplining employees for failure to comply with the WVPP.

COMMUNICATION

We recognize that open, two-way communication between our management and staff about workplace violence issues is essential to a safe and productive workplace. The following communication system is designed to facilitate a continuous flow of workplace violence prevention information between management and staff in a form that is readily understandable by all employees, and consists of one or more of the following:

- New employee orientation includes WVPP and procedures.
- Workplace violence prevention training programs.
- Effective communication between employees and supervisors.
- Regularly scheduled safety meetings.
- Posted or distributed workplace violence prevention information.
- Employees will not be prevented from accessing their mobile or other communication devices to seek emergency assistance, assess the safety of a situation, or communicate with a person to verify their safety. Employees' concerns will be investigated in a timely manner, and they will be informed of the results of the investigation and any corrective actions to be taken.

INCIDENT REPORTING PROCEDURE

The WVPP implements the following effective procedures to ensure that:

- All threats or acts of workplace violence should be reported to an employee's supervisor or manager, who will promptly inform the HR Director. This will be accomplished by submitting a report via phone or email.
- If that's not possible, employees can report incidents directly to the HR Director.

Any manager who is unsure how best to proceed should promptly contact the HR Director or a partner. Emergency issues should be communicated by phone or in person to ensure prompt attention.

If an employee raises a concern, PFC will conduct a prompt and impartial investigation into the matter and provide a summary of the results of the investigation to the employee, and will discuss corrective actions, if any.

NO RETALIATION

PFC has a strong policy against retaliation, and no retaliation shall be permitted against any employee who makes use of any reporting procedure under the Plan or who reports any good-faith concerns related to workplace violence.

PFC will discipline any employee involved in improper retaliation, up to and including termination of their at-will employment.

COORDINATION WITH OTHER EMPLOYERS

PFC will implement the following effective procedures to coordinate implementation of its plan with other employers to ensure that those employers and employees understand their respective roles, as provided in the plan.

- All employees will be trained on workplace violence prevention.
- Workplace violence incidents involving any employee are reported, investigated, and recorded.
- If there is a multiemployer worksite, PFC will ensure that if its employees experience workplace violence incident that PFC will record the information in a violent incident log and shall also provide a copy of that log to the controlling employer.

EMERGENCY RESPONSE PROCEDURES

PFC has in place the following specific measures to handle actual or potential workplace violence emergencies:

- Effective means to alert employees of the presence, location, and nature of workplace violence emergencies.
- PFC has evacuation/sheltering plans. Managers and employees for each work location should review the plans for their respective work locations as each location has a plan related to that work location.
- How to obtain help from staff, security personnel, or law enforcement:
 - Each work area has information on how to contact University Police.
 - From a campus phone, one should call 9-1-1 or 8-8400 to reach University Police.
 - If 9-1-1 is called from a mobile phone, that will be routed to the local law enforcement dispatch center.
 - If there is immediate danger, call for emergency assistance by dialing 9-1-1, and then notify Auxiliary HR Director, the WVPP Administrator.

WORKPLACE VIOLENCE HAZARD IDENTIFICATION AND EVALUATION

The following policies and procedures are established and required to be conducted by PFC to ensure that workplace violence hazards are identified and evaluated:

- Inspections shall be conducted when the plan is first established, after each workplace violence incident, and whenever the employer is made aware of a new or previously unrecognized hazard. Also, periodic inspections of workplace violence hazards will also help in identifying unsafe conditions and work practices.

Examples of periodic inspections include (not a comprehensive list):

- The exterior and interior of the workplace for their attractiveness to theft.
- The need for violence surveillance measures, such as mirrors and cameras.
- Procedures for reporting suspicious persons or activities.
- Posting of emergency telephone numbers for law enforcement, fire, and medical services.
- Whether employees have access to a telephone with an outside line.
- Whether employees have effective escape routes from the workplace.
- Whether employees have a designated safe area where they can go to in an emergency.
- Adequacy of workplace security systems, such as door locks, entry codes or badge readers, security windows, physical barriers, and restraint systems.
- Frequency and severity of threatening or hostile situations that may lead to violent acts by persons who are service recipients of our establishment.
- The use of work practices such as the "buddy" system for specified emergency events.
- How well our establishment's management and employees communicate with each other.
- Access to and freedom of movement within the workplace by non-employees, including recently discharged employees or persons with whom one of our employees is having a dispute.
- Frequency and severity of employees' reports of threats of physical or verbal abuse by managers, supervisors, or other employees.
- Any prior violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace

WORKPLACE VIOLENCE HAZARD CORRECTION

Workplace violence hazards will be evaluated and corrected in a timely manner. PFC will implement the following effective procedures to correct workplace violence hazards that are identified:

If an imminent workplace violence hazard exists that cannot be immediately abated without endangering employee(s), all exposed employee(s) will be removed from the situation except those necessary to correct the existing condition.

Employees that are needed to correct the hazardous condition will be provided with the necessary protection based upon the situation. All corrective actions taken will be documented. Corrective measures for workplace violence hazards will be specific to a given work area.

Some examples of this include:

- Ensure proper lighting around and at the workplace, including the exterior and parking lots.
- Improve workplace violence systems, such as door locks, physical barriers, and other items to mitigate against workplace violence.
- Ensure posting of emergency telephone numbers for law enforcement, fire, and medical services
- Control, access to, and freedom of movement within, the workplace by non-employees, include recently discharged employees or persons with whom one of our employees is having a dispute.
- Ensure employees have access to a telephone with an outside line. Improve how well our establishment's management and employees communicate with each other.
- Ensure adequate employee escape routes.
- Increase awareness by employees, supervisors, and managers of the warning signs of potential workplace violence.

- Ensure that employee disciplinary and discharge procedures address the potential for workplace violence.

PROCEDURES FOR POST INCIDENT RESPONSE AND INVESTIGATION

After a workplace incident, the WVPP administrator or their designee will implement the following post-incident procedures:

- Visit the scene of an incident as soon as safe and practicable.
- Interview involved parties, such as employees, witnesses, law enforcement, and/or security personnel. Work with UPD to review any security footage if available.
- Examine the workplace for security risks associated with the incident, including any previous reports of inappropriate behavior by the perpetrator.
- Determine the cause of the incident.
- Take corrective action to prevent similar incidents from occurring.
- Record the findings and ensure corrective actions are taken.
- Obtain any reports completed by law enforcement.
- The violent incident log will be used for every workplace violence incident and will include full completion of the log requirements.
- Other post-incident procedures will be provided such as support and resources, such as counseling services, provided for affected employees.

Ensure that no personal identifying information is recorded or documented in the violent incident log. This includes information which would reveal the identification of any person involved in a violent incident, such as the person's name, address, electronic mail address, telephone number, social security number, or other information that, alone or in combination with other publicly available information, reveals the person's identity.

TRAINING AND INSTRUCTION

All employees, including managers and supervisors, will have training and instruction on general and job-specific workplace violence practices. These sessions could involve presentations, discussions, and practical exercises. Training and instruction will be provided as follows:

- When the WVPP is first established.
- Annually to ensure all employees understand and comply with the plan.
- Whenever a new or previously unrecognized workplace violence hazard has been identified and when changes are made to the plan. The additional training may be limited to addressing the new workplace violence hazard or changes to the plan.
- Training will include all the components included in this plan.

EMPLOYEE ACCESS TO THE WRITTEN WVPP

PFC ensures that the WVPP plan shall be in writing and shall be available and easily accessible to employees, authorized employee representatives, and representatives of Cal/OSHA at all times. This will be accomplished by posting the plan on Auxiliary HR website, which allows an employee to review, print, and email the current version of the written WVPP; providing plan when requested by employee.

RECORDKEEPING

PFC will:

- Create and maintain records of workplace violence hazard identification, evaluation, and correction, for a minimum of five (5) years.
- Create and maintain training records for a minimum of one (1) year and include the following:
 - Training dates.
 - Contents or a summary of the training sessions.
 - Names and qualifications of persons conducting the training.
 - Names and job titles of all persons attending the training sessions.

- Maintain violent incident logs for minimum of five (5) years.
- Maintain records of workplace violence incident investigations for a minimum of five (5) years.
 - The records shall not contain medical information per subdivision (j) of section 56.05 of the Civil Code.
- All records of workplace violence hazard identification, evaluation, and correction; training, incident logs and workplace violence incident investigations required by [LC section 6401.9\(f\)](#), shall be made available to Cal/OSHA upon request for examination and copying.

EMPLOYEE ACCESS TO RECORDS

The following records shall be made available to employees and their representatives, upon request and without cost, for examination and copying within **15 calendar days of a request**:

- Records of workplace violence hazard identification, evaluation, and correction.
- Training records.
- Violent incident logs.

REVIEW AND REVISION OF THE WVPP

PFC's WVPP will be reviewed for effectiveness:

- At least annually.
- When a deficiency is observed or becomes apparent.
- After a workplace violence incident.
- As needed.

Review and revision of the WVPP will include the procedures listed in the employee active involvement section of this WVPP, as well as the following procedures to obtain the active involvement of employees and authorized employee representatives in reviewing the plan's effectiveness:

- Review of PFC's WVPP should include, but is not limited to:
 - Review of incident investigations and the violent incident log.
 - Assessment of the effectiveness of security systems, including alarms, emergency response, and security personnel availability (if applicable).

Review that violence risks are being properly identified, evaluated, and corrected. Any necessary revisions are made promptly and communicated to all employees. These revisions could involve changes to procedures, updates to contact information, and additions to training materials.

EMPLOYER REPORTING RESPONSIBILITIES

As required by California Code of Regulations (CCR), Title 8, Section 342(a). Reporting Work-Connected Fatalities and Serious Injuries, PFC will immediately report to Cal/OSHA any serious injury or illness (as defined by CCR, Title 8, Section 330(h)), or death (including any due to Workplace Violence) of an employee occurring in a place of employment or in connection with any employment.

I, Nicole Lane, Executive Director, Auxiliary Services hereby authorize and ensure, the establishment, implementation, and maintenance of this written workplace violence prevention plan and the documents/forms within this written plan. I am committed to promoting a culture of safety and violence prevention in our workplace and believe that these policies and procedures will help us achieve that goal.



Nicole Lane
Executive Director, Auxiliary Services

ACKNOWLEDGMENT

This Employee Handbook describes important information about the Fresno State Programs for Children (PFC). I understand that I should consult Auxiliary Human Resources regarding any questions not answered in this Handbook.

I have entered into my employment relationship with PFC voluntarily, and acknowledge there is no specified length of employment. I understand PFC 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 PFC has similar rights.

No manager, supervisor, or employee of PFC 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 _____



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 | Filing Status Single or Married (with two or more incomes) Married (one income) Head of Household |
| City | State ZIP Code |

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 _____ |
|---|---|

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.

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.

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) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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
- (b) Multiply the number of other dependents by \$500

| | |
|------|----|
| 3(a) | \$ |
| 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
employmentEmployer identification
number (EIN)



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.): <input type="checkbox"/> 1. A citizen of the United States <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any) _____ | | |
| 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) | | | Additional Information | | |
| 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) | | | | | |

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 | |

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 | OR | 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: |
| 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 | (1) NOT VALID FOR EMPLOYMENT |
| 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 | (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | | 4. Voter's registration card | (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: | | 5. U.S. Military card or draft record | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| a. Foreign passport; and | | 6. Military dependent's ID card | 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 |
| b. Form I-94 or Form I-94A that has the following: | | 7. U.S. Coast Guard Merchant Mariner Card | 4. Native American tribal document |
| (1) The same name as the passport; and | | 8. Native American tribal document | 5. U.S. Citizen ID Card (Form I-197) |
| (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. | | 9. Driver's license issued by a Canadian government authority | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| 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 | | For persons under age 18 who are unable to present a document listed above: | |
| | | 10. School record or report card | 7. Employment authorization document issued by the Department of Homeland Security |
| | | 11. Clinic, doctor, or hospital record | For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . |
| | | 12. Day-care or nursery school record | The Form I-766, Employment Authorization Document, is a List A, Item Number 4 , document, not a List C document. |

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. | 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. |
| • 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. | | | |

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

Dear Employee:

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or Contact Auxiliary Human Resources at (559) 278-0865.

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

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

PART B: Information About Health Coverage Offered by Your Employer

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

| | | |
|--|--|-----------------------------|
| 3. Employer Name <i>Fresno State Programs for Children, Inc.</i> | 4. Employer Identification Number (EIN) <i>77-0443565</i> | |
| 5. Employer Address <i>2771 E. Shaw Avenue</i> | 6. Employer Phone Number <i>(559) 278-0865</i> | |
| 7. City <i>Fresno</i> | 8. State <i>CA</i> | 9. ZIP Code <i>93710</i> |
| 10. Who can we contact about employee health coverage at this job? <i>Nicole Lane</i> | | |
| 11. Phone Number (if different than above) | 12. Email address <i>nicolel@csufresno.edu</i> | |

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

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

- All employees
- Some employees. Eligible employees are:

Benefited employees (also called regular or full time employees).

- With respect to dependents:

- We do offer coverage. Eligible dependents are:

A spouse, a domestic partner of the same sex as the Employee, or a domestic partner of the opposite sex of the Employee provided the partner is over age 62 and is registered with the California State Registry; and a child, stepchild or other eligible dependent up to age 26.

- We do not offer coverage

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

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

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

FRESNO STATE

Auxiliary Services

Authorization for Direct Deposit of Payroll

| | | | |
|--|--|--------|-------|
| Type of Enrollment Action: | Social Security Number OR Auxiliary ID Number: | | |
| <input type="checkbox"/> NEW | | | |
| <input type="checkbox"/> CHANGE | Name: (First) | Middle | Last) |
| <input type="checkbox"/> CANCEL | | | |

To be Completed by Employee if NEW or CHANGE is Checked

| | | | | | | | | | | |
|---|---|----------------------------------|--|--|--|--|--|--|--|-----------------|
| Type of Account: | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | | | | | | | | |
| Numbers on Form Must Match Supporting Documentation | | | | | | | | | | |
| Routing Number: | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | 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