

CALIFORNIA STATE UNIVERSITY, FRESNO ATHLETIC CORPORATION

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"/> STUDENT AT FRESNO STATE	<input type="checkbox"/> CHANGE
<input type="checkbox"/> RE-HIRE	<input type="checkbox"/> Fresno State Faculty	_____ #of units enrolled for:	<input type="checkbox"/> Address
	<input type="checkbox"/> Fresno State Staff	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> Cost Center
	<input type="checkbox"/> Non-Fresno State Employee		<input type="checkbox"/> Pay Increase
			<input type="checkbox"/> Other: _____

TO BE COMPLETED BY EMPLOYEE

Name: _____		Social Security Number: _____	
Mailing Address: _____		Phone Number: _____	
Street	Apt. #	City	State Zip Code
Fresno State Email Address: _____@mail.fresnostate.edu			
<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Male	<input type="checkbox"/> 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?			
<input type="checkbox"/> Yes <input type="checkbox"/> 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:

<input type="checkbox"/> Nature of Employment Agreement	<input type="checkbox"/> CalPERS Exclusion Form
<input type="checkbox"/> AB 469 Rate and Payday Notification	<input type="checkbox"/> Employee Handbook (available on www.Auxiliary.FresnoState.edu)
<input type="checkbox"/> Drug Free Workplace Policy	<input type="checkbox"/> I-9 Employment Eligibility Form
<input type="checkbox"/> CANRA Acknowledgment	<input type="checkbox"/> Federal W-4 and State DE 4
<input type="checkbox"/> Injury and Illness Prevention Program	<input type="checkbox"/> 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)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Confidential Data Access?	Is driving a requirement for this position?	Supervisory Responsibility?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 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: _____
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CALIFORNIA STATE UNIVERSITY, FRESNO ATHLETIC CORPORATION

Hiring Checklist

Name: _____

Date of Hire: _____

Dept: _____

Chartfield: _____

To be returned to Human Resources at Time of Hire:

- Employee Information Sheet
- Application
- Nature of Employment Agreement
- Interim Vaccine Policy
- AB 469 Rate and Payday Notification
- Child Abuse and Neglect Reporting Act (CANRA) Acknowledgment
- Employee Handbook Acknowledgment
- Drug Free Workplace Acknowledgment
- Injury and Illness Prevention Program Acknowledgement
- CalPERS Exclusion Acknowledgment
- Federal W-4 and State DE 4
- I-9 Employment Eligibility Form & Appropriate Identification

Additional Forms Available to Employees by Request:

- Employee Handbook (available on www.Auxiliary.FresnoState.edu)
- Sexual Harassment Brochure
- Employee Assistance & Development Brochure (EA&D)
- Workers' Compensation Informational Brochures
- Workplace Violence Guide
- State Disability Insurance Brochure
- Paid Family Leave Insurance Brochure

Employee Signature

Date

Supervisor's Signature

Date

*Employee **CANNOT** begin work until I-9 form has been verified and completed.



California State University, Fresno Auxiliary Corporations

2771 E. Shaw Avenue, Fresno, CA 93710 · www.auxiliary.com · Fax: (559) 278-0988 · HRAUX@LISTSERV.csufresno.edu

EMPLOYMENT APPLICATION FOR STUDENT/PART-TIME/TEMPORARY POSITIONS

Please Print

Date: _____

Name: _____

Address: _____

(Last)

(First)

(MI)

(Number & Street)

(City)

(State)

(Zip)

Telephone: (_____) _____

(_____) _____

(_____) _____

(Home)

(Work)

(Cell Phone)

Email: _____

Employment Desired

Position applying for: _____ Department: _____

What days and hours are you available for work? _____

Are you available for work on weekends?

☐ Yes ☐ No

☐ Yes ☐ No

Would you be available for overtime, if necessary?

☐ Yes ☐ No

☐ Yes ☐ No

If hired, on 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			
Vocational/ Business	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 at California State University, Fresno Auxiliary Corporations?

☐ Yes ☐ No

☐ 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.

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

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

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

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

Personal Information

Have you ever applied to or worked for California State University, Fresno Auxiliary Corporations (which include the Association, the Agricultural Foundation, and the Foundation) before? ☐ Yes ☐ No
If yes, for which corporation and when? _____

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

Name	Relationship	Organization
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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: _____

Cell Phone: _____

Home Phone: _____

Email Address: _____

Please place an "X" in each box during the time of your class.

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.							
9:00 p.m.							

Equal Employment Opportunity Data

To be completed by applicant:

Application Date

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: _____

Position Applied for: _____

Department: _____

Gender: ☐ Male ☐ Female

Race/Ethnicity: ☐ American Indian/Alaskan Native
☐ Asian/Pacific Islander
☐ Black
☐ Hispanic
☐ White

Method of referral for employment at California State University, Fresno Auxiliary Corporations:

<input type="checkbox"/> Fresno State employee	<input type="checkbox"/> Fresno State Auxiliary Corporations employee
<input type="checkbox"/> Newspaper advertisement	<input type="checkbox"/> Auxiliary Job Announcement
<input type="checkbox"/> Internet	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Other: _____

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. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Other Veteran
<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Individual with a Disability

To be completed by employer:

EEO-1 Category:	<input type="checkbox"/> 1. Officials and managers	<input type="checkbox"/> 6. Crafts – skilled
	<input type="checkbox"/> 2. Professionals	<input type="checkbox"/> 7. Operatives – semi-skilled
	<input type="checkbox"/> 3. Technicians	<input type="checkbox"/> 8. Laborers – unskilled
	<input type="checkbox"/> 4. Sales	<input type="checkbox"/> 9. Service workers
	<input type="checkbox"/> 5. Office and clerical	

Employer information completed by:

Name

Date

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

**CALIFORNIA STATE UNIVERSITY, FRESNO
ATHLETIC CORPORATION**

Compliance with CSU Interim Vaccine Policy

In accordance with CSU Interim Vaccine Policy, every auxiliary employee is required to be fully vaccinated against the COVID-19 virus and to complete the COVID-19 vaccine self-certification form through the MyFresnoState portal in the Employee Self Service section.

As part of the self-certification processes, the following certification options are available:

- Declaration of current COVID-19 vaccination status (with an Approved Vaccine, the last required dose of which was administered at least 14 calendar days prior to the date of Certification);
- Declaration of Medical Exemption;
- Declaration of Religious Exemption; or
- Declaration that the individual does not plan to access Campus/Programs, and that if their plans change, they will submit a revised Certification in advance of any such access.

Each certification includes an attestation by the employee that the information provided is accurate and truthful.

Additionally, if an employee is not fully vaccinated based on an approved exemption, they will be required to complete weekly mandatory COVID-19 testing. This testing is conducted on-campus by a third party vendor and to be done during work hours.

The California State University and Fresno State is committed to safeguarding the health and well-being of our students, faculty, staff, administrators, and the communities we serve, as well as maintaining higher education access and attainment for our students.

Failure to complete the mandatory self-certification within the first 14 days of your hire date and/or mandatory weekly testing will result in separation of your at-will employment.

Acknowledgment:

Employee's Name (Printed)

Employee's Signature

Date

**Notice and Acknowledgement of Pay Rate and Payday
Under Section 2810.5 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: <input type="checkbox"/> At hiring <input checked="" 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 and 22nd</u>

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 3 days or 24 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) <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 checked="" 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 type="checkbox"/> 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period. <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)	

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

**CALIFORNIA STATE UNIVERSITY, FRESNO
AUXILIARY CORPORATIONS**

EMPLOYEE EMERGENCY INFORMATION

Please complete the following emergency information (please print):

Employee Name _____ Phone _____

Address _____ Cell _____

City _____ Zip _____

In case of emergency, notify the following:

Name _____ Relationship _____

Address _____ Phone _____

City _____ Zip _____ Work _____

PRE-DESIGNATE PHYSICIAN FOR WORK RELATED INJURY

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

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 _____ City _____ Zip Code _____

Employee Signature _____ Date _____

STATEMENT ACKNOWLEDGING REQUIREMENT
TO REPORT CHILD ABUSE AND NEGLECT
[USE FOR LIMITED 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 Limited 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 certain type of Mandated Reporter: a Limited Reporter under Penal Code § 11165.7(a)(41). As a Mandated 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 Limited 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 *on CSU premises or at an official activity of, or program conducted by, the CSU*, you must report the suspected incident (Penal Code §§ 11166(a) and 11165.7(a)(41)).

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 or 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 or 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: _____

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

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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.

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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 _____

Drug Free Workplace Policy

PURPOSE

California State University, Fresno Athletic Corporation (“Athletic Corporation”) is committed to providing a safe, healthy and productive work environment for all employees and other individuals in the workplace. Consistent with this commitment, and its obligations under applicable law, this policy establishes the Athletic Corporation’s intent to provide an alcohol and drug-free environment and to encourage our employees to voluntarily seek help with any alcohol and drug-related problems.

STATEMENT OF POLICY

Any individual who conducts business for the Athletic Corporation, is applying for a position or is conducting business on the Athletic Corporation’s premises is covered by this policy. Specifically, the policy applies to, but is not limited to, managers, supervisors, full-time, part-time, and temporary employees, independent contractors, visitors, volunteers, interns and applicants.

This policy is intended to apply whenever anyone is representing or conducting business for or on behalf of the Athletic Corporation. Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. It is the Athletic Corporation’s intent and obligation to provide a drug free, healthy, safe and secure work environment.

REGULATIONS and PROHIBITIONS

The Athletic Corporation prohibits the following:

- The unlawful possession, manufacture, distribution, dispensation, sale, transportation, offer to sell, promotion, purchase and/or use of drugs, alcohol*, or controlled substance at any Athletic Corporation worksite, at any Athletic Corporation sponsored/sanctioned activities and events, and while employees or other individuals as previously described perform Athletic Corporation-related business, regardless of the location. Employees and other individuals as previously described shall not report for work or work under the influence of any drug or alcohol or other substances that will impair work performance, alertness, coordination or response, or affect the safety and health of others.

- * On campus or Athletic Corporation worksite possession, distribution or use of alcohol is limited to certain approved events and locations covered by the guidelines of Fresno State’s official Policy on Alcohol and Other

Drugs. Apart from said events, such possession, distribution or use of alcohol is strictly prohibited.

- Consistent with federal law and the provisions of the California Adult Use of Marijuana Act, Proposition 64, the Athletic Corporation strictly prohibits the use, consumption, possession, transfer, display, sale, or growth of cannabis, in any form, including but not limited to, smoking, oils, and edibles. This is true even if such use of cannabis is for medicinal purposes authorized and permitted under the California Compassionate Use Act, Proposition 215.
- Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with safe performance of his/her job. If the use of a medication could compromise the safety of the employee, fellow employees or the public, it is the employee's responsibility to use appropriate personnel procedures (e.g., call in sick, use leave, request change of duty, notify supervisor, notify company doctor) to avoid unsafe workplace practices. The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of the Athletic Corporation's policy to intentionally misuse and/or abuse prescription medications. Appropriate disciplinary action will be taken if job performance deterioration and/or other accidents occur.
- If, at any time, an Athletic Corporation representative has a reasonable belief that an employee is in possession, use, or distribution of alcohol and/or drugs in violation of this policy, the Athletic Corporation may notify law enforcement to fully investigate the matter and/or take further corrective action, including but not limited to termination.

Mandatory Obligation to Report Convictions

In accordance with the Drug-Free Workplace Act of 1988, any Athletic Corporation employee must, as a condition of employment, abide by the terms of the policy and report any conviction (including a plea of nolo contendere i.e. no contest) under a criminal drug statute violation occurring at any Athletic Corporation worksite or university or while elsewhere conducting Athletic Corporation or university business. Said conviction must be reported to the Auxiliary Human Resources Department within five (5) days.

As a condition of continued institutional grant or contract eligibility, and as a condition of employment under any federal and/or state contract or grant, employees must not only comply with this policy but also with the requirement of notifying the Auxiliary Human Resources Department within five (5) days of any conviction under a criminal drug statute where the criminal act upon which the conviction is based occurred while on Athletic Corporation worksite or elsewhere

conducting Athletic Corporation or university business, or upon property owned, operated or controlled by the university.

Within ten (10) days after receiving such notice, the Athletic Corporation is required to notify the federal and/or state grant or contract authority. Within thirty (30) days after receiving such notice, the Athletic Corporation may initiate appropriate disciplinary action against the employee, up to and including termination, or require the employee to participate satisfactorily in an approved drug abuse assistance or rehabilitation program.

Legal Sanctions under Federal and State Law

Federal and state laws establish severe penalties for any individual convicted of the manufacture, possession, distribution or use of controlled substances. These penalties, upon conviction, may range from a small fine and probation to imprisonment, or both.

For a detailed list of federal penalties related to controlled substances, please refer to the U.S. Department of Justice Drug Enforcement Administration website. For a detailed list of state penalties related to controlled substances, please refer to Health and Safety Code, sections 11350—11356.5 and sections 11377—11382.5.

The Athletic Corporation is required by federal law to take disciplinary action up to and including suspension or termination of employment for any individual convicted of a workplace drug offense.

Drug and Alcohol-Related Health Risks

The use and abuse of drugs and alcohol can have severe negative effects in behavior and physiology. Drugs and alcohol are chemicals, and by their very nature, cause reactions in the body. Possible effects from drug and alcohol use include, but are not limited to, convulsions, memory loss, psychosis, anxiety, delusions, hallucinations, sleep disorders, depression, liver and kidney damage, cardiac irregularities, hepatitis, neurological damage, and even death.

For additional resources that describe the health risks associated with the use of drugs and alcohol, please visit the following websites:

- www.drugabuse.gov/drugs-abuse
- www.dea.gov/druginfo/factsheets.shtml
- www.niaaa.nih.gov/alcohol-health/alphabets-effects-body
- www.rethinkingdrinking.niaaa.nih.gov

Resources, Education and Assistance

The Athletic Corporation recognizes drug and alcohol dependency as treatable conditions and offers its employees services from the Employee Assistance Program (EAP) for substance abuse and/or dependency problems. Employees are encouraged to seek assistance from drug and alcohol-related problems and may request leaves of absence for this purpose, in addition to using approved vacation or sick leave.

Information obtained regarding an employee during participation in EAP will be treated as confidential. Access to this information is limited to those who have a legitimate need to know in accordance with federal and state laws, and management policies.

- Athletic Corporation employees may obtain confidential consultation regarding substance abuse or other personal problems at no cost to the employee or member of his/her immediate family. A careful assessment of the situation will be made and alternatives will be offered that are both appropriate and affordable.
- Community agencies are also available to address drug and alcohol-related problems. Most of the various local drug treatment programs offer no-cost assessment and may be located on the Internet under "Drug Abuse & Addiction Information & Treatment Centers."

Treatment for drug and alcohol-related problems may be covered by the employee's benefit plan. However, the employee bears the ultimate financial responsibility for any recommended treatment.

Shared Responsibility

A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. Both employees and supervisors have important roles to play. All employees are required to not work or be subject to duty while their ability to perform job duties is impaired due to on/or off-duty use of alcohol and/or drugs.

Supervisors are responsible for informing employees of the Athletic Corporation's alcohol and drug-free workplace policy as well as documenting negative changes and/or problems in work performance.

Communication

This policy is included in the Athletic Corporation Employee Handbook and the Employee New Hire Packet. As a condition of employment, all employees are required to review, execute, and date an acknowledgment of having received a copy of said policy. The executed acknowledgment is placed in the employee's personnel file.

IMPLEMENTATION

The Associate Vice President for Auxiliary Operations and Enterprise Development or his/her designee, in accordance with the applicable auxiliary corporation Management Services Agreement, has the authority to implement this policy.

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

INJURY & ILLNESS PREVENTION PROGRAM

MANUAL

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California State University, Fresno Athletic Corporation

Injury and Illness Prevention Policy

INTRODUCTION AND PURPOSE

It is the policy of California State University, Fresno Athletic Corporation (“Corporation”) to maintain a safe and healthful workplace for employees, and to comply with all applicable occupational health and safety regulations. This Injury & Illness Prevention Program (IIPP) is intended to:

1. Establish a system for prompt identification and correction of workplace hazards.
2. Establish an effective system of facility inspection, training and record keeping.
3. Encourage prompt employee reporting of health and safety concerns without fear of reprisal.
4. Provide for the use of personal protective equipment and all necessary mechanical guards.
5. Maintain an education program to provide the following:
 - a) Review and investigate accidents to determine cause and initiate prompt corrective action.
 - b) Hold regularly scheduled safety meetings.
 - c) Use bulletins, posters, and other appropriate visual aids.

RESPONSIBILITY FOR SAFETY - Title 8, Sec 3203 a(1)

Safety and health of all our employees is of primary importance. The company pledges to work diligently and conscientiously to eliminate unsafe and unhealthful conditions and expects equal diligence from all employees in the prevention and elimination of unsafe and unhealthful acts and practices. To achieve this objective, the company shall:

1. Establish a comprehensive safety and health program and designate Human Resources as the administrator.
2. Comply with all safety and health laws, rules and regulations.
3. Establish a safety committee with representatives from management and staff.
4. Conduct periodic safety inspections.

5. Investigate accidents promptly and thoroughly to determine the cause and implement appropriate corrective action to prevent recurrence.
6. Provide periodic employee safety training and education.

MANAGER AND SUPERVISOR RESPONSIBILITY

Managers and supervisors are responsible for (Supervisors are defined in this manual as those who supervise or direct other employees):

1. Communicating to their staff the Corporation's emphasis on health and safety.
2. Providing appropriate employee safety training and personal protective equipment as needed; ensuring that emergency first-aid and hospital phone numbers are posted at each unit.
3. Modeling and enforcing safe and healthful work practices.
4. Ensuring inspection of work areas and equipment under their authority.
5. Promptly correcting identified hazards.
6. Implementing measures to eliminate or control workplace hazards.
7. Stopping any work that poses an imminent hazard.
8. Encouraging employees to report health and safety issues without fear of reprisal.
9. Promptly reporting accidents occurring on the job under their supervision.
10. Enforcing the Corporation's drug-free workplace policy.

EMPLOYEE RESPONSIBILITY

The Corporation expects each employee to:

1. Cooperate with the Corporation's safety program, and comply with all applicable health and safety regulations, policies and established work practices, safe operating procedures and precautions. Observe health and safety-related signs, posters, warning signs and directions.
2. Participate in appropriate health and safety training and learn about the potential hazards of assigned tasks and work areas.
3. Report all injuries and accidents immediately to their supervisor and obtain necessary medical aid without delay.

4. Report hazardous conditions and other safety concerns immediately to their supervisor, and warn coworkers about defective equipment and other hazards.
5. Use proper personal protective equipment.
6. Review the building emergency plan and assembly area information.

The employee will follow all the Corporation's safety rules. Failure to follow the rules will result in disciplinary action.

SAFETY INSPECTION - Title 8, Sec 3203 a(4)

The Corporation shall conduct periodic safety inspections. Inspections allow for the general review of operations to determine the effectiveness of the overall safety program. Hazards identified during an inspection must be corrected.

HAZARD ABATEMENT PROCEDURE - Title 8, Sec 3203 a(6)

Supervisors are responsible for communicating safety and health issues in a form readily understandable by all workers. Employees are encouraged to communicate safety concerns to their supervisor without fear of reprisal. Supervisors are also responsible for ensuring that employees are supplied with hazard information pertinent to their work assignments.

Hazards can be reported anonymously using the attached "Report of Unsafe Condition or Hazard" form, which is available at each unit location. Hazardous conditions or activities noted should be reported to the Corporation's Human Resources Department. The Safety Committee will periodically review this record. Safety related items will be posted in each unit. Employees may also be informed about safety matters by email, voice mail, or distribution of written memoranda.

Hazards discovered either as a result of periodic inspection or during normal operations must be promptly corrected. Managers or supervisors are expected to correct unsafe conditions as quickly as possible after discovery, based on the severity of the hazard. Corrective actions should be documented. Appropriate corrective action related to training and retraining of employees will be documented on the individual employee's training record.

ACCIDENT INVESTIGATION - Title 8, Sec 3203 a(5)

Employees who are injured at work must report the injury immediately to their supervisor. If immediate medical treatment beyond first aid is needed, call 911. If non-emergency medical treatment for work-related injuries or illnesses is needed, contact San Joaquin Total Care (559) 251-2225.

Supervisors are responsible for investigating industrial injuries to determine and correct the cause(s) of the incident. All accidents shall be investigated promptly regardless of their severity. Supervisors must complete the attached accident investigation form, and promptly submit the

entire workers compensation packet to Human Resources no later than the next business day after the incident. The investigation should include collecting the facts, determining the sequence of events that resulted in the accident, identifying action to prevent recurrence, and providing follow-up to ensure that corrective action was effective.

If the injured employee saw a physician, the supervisor should obtain a medical release form before allowing the employee to return to work. The Safety Committee will periodically review workers compensation reports. Appropriate recommendations for policy changes will be made as necessary.

BASIC RULES FOR ACCIDENT INVESTIGATION

- The purpose of an investigation is to find the cause of an accident and prevent further occurrences, not to fix the blame. An unbiased approach is necessary to obtain objective findings.
- Visit the accident scene as soon as possible - while facts are fresh and before witnesses forget important details.
- If possible, interview the injured worker at the scene of the accident and "walk" him or her through a re-enactment.
- All interviews should be conducted as privately as possible. Interview witnesses one at a time. Talk with anyone who has knowledge of the accident, even if they did not actually witness it.
- Consider taking signed statements in cases where facts are unclear or there is an element of controversy.
- Document details graphically. Use sketches, diagrams and photos as needed, and take measurements when appropriate.
- Every investigation should include an action plan. How will you prevent such accidents in the future?
- If a third party or defective product contributed to the accident, save any evidence. It could be critical to the recovery of claims costs.

RECORD KEEPING - Title 8, Sec 3203 b(1 & 2)

The Corporation will keep safety records, which include but are not limited to:

- Employee training records
- Safety meetings

- Safety inspections
- Safety Committee meetings
- Reports of Unsafe Condition or Hazard
- Accident investigations
- Employee and employer claim forms
- Cal/OSHA required records (Form 200, medical exposure records, injury reports)

EMPLOYEE HEALTH AND SAFETY TRAINING

Safety training will be provided to employees by their supervisor, or by representatives from other relevant Corporation, campus or non-campus personnel. Training will be documented using the “Employee Safety Check List” or an equivalent record. Training will include how to report unsafe conditions.

Supervisors must be trained on the hazards to which employees under their immediate control may be exposed. All supervisors must ensure that the personnel they supervise receive appropriate training on the specific hazards of work they perform, and the proper precautions for protection against those hazards. Training is particularly important for new employees. Personnel hired after the initial group training session will be oriented on this material as soon as possible by the appropriate supervisor. Health and Safety training is also required when employees are given new job assignments on which they have not previously been trained and whenever a supervisor is made aware of a new or previously unrecognized hazard.

CORRECTIVE ACTION - Title 8, Sec 3203 a(2)

All employees are responsible for complying with safe and healthful work practices including applicable regulations, Association policy, and departmental safety procedures. When it becomes necessary, the California State University, Fresno Athletic Corporation reserves the right to discipline employees who knowingly violate company safety rules or policies. Depending on the severity of the violation, disciplinary measures may include but not be limited to:

- Verbal warning for minor offenses,
- Written warning for more severe or repeated violations,
- Suspension without pay, or
- Termination of employment.

SAFETY RULES SECTION

- A. General Safety
- B. Housekeeping
- C. Slips and Falls
- D. Material Handling
- E. Fire Prevention Safety
- F. First Aid/Medical
- G. Emergency Evacuation Procedures
- H. Personal Protective Equipment and Personal Hygiene
- I. Electrical Safety
- J. Hand Tools
- K. Portable Power Tools
- L. Office Safety
- M. Motorized Vehicles

More specific information is included in each unit's own safety rules section, under the appendices.

CODE OF SAFE WORK PRACTICES

A. GENERAL SAFETY

- 1. Be alert for unsafe work methods or unsafe conditions. Either correct them or report them to your supervisor immediately.
- 2. Report every injury immediately, whether serious or not, to your supervisor.
- 3. Observe the Drug-Free Workplace policy.
- 4. Obey warning tags and signs.
- 6. Do not block fire fighting equipment, fire doors, or exits with any material or equipment.
- 7. Obey existing law about smoking in the workplace. Smoking is prohibited in all buildings.

B. HOUSEKEEPING

- 1. Keep your working environment clean and tidy at all times.
- 2. Do not place material or equipment in aisles, corridors, in front of emergency exits, or electrical control panels. Tools, equipment and chemicals shall be stored in designated spaces when not in use.

3. Do not place or stack material or equipment in such a manner that it constitutes a falling hazard.
4. If anything is spilled in the work area, it should be cleaned up as soon as possible after it has been determined if the spilled substance is not hazardous. If it is hazardous call your supervisor.

C. SLIPS AND FALLS

1. Wear safe, strong shoes which are in good repair.
2. Watch where you step. Be sure your footing is secure.
3. Pick up litter. Don't let tripping hazards exist.
4. Secure cables and extension cords so they don't trip you.
5. If you must climb to reach something, use a sound ladder or step stool, set and properly secured. When climbing, face the ladder and use both hands, and if possible, have someone hold the ladder to insure its steadiness.
6. When reaching from a ladder, keep your shoulder inside the vertical stringer. If you must reach further than this, move the ladder first.

D. MATERIAL HANDLING

1. Don't move it twice if once will do. Plan your work!
2. Don't try to lift objects which may be beyond your physical capacity and training. Get help or use a machine or hand truck.
3. Use gloves, aprons or pads when handling materials which are rough, sharp, hot or cold, or which are covered with hazardous substances. See more regarding hazardous substances in section IV.
4. When moving a load, be sure you can see where you are going. Check for obstructions or tripping hazards in the direction you will be moving. Make multiple trips as is necessary.
5. When carrying long objects like pipe or lumber, keep the leading end just above head height.
6. When lifting heavy objects from the floor, kneel on one knee, roll or tip the object onto the other knee, then pull the load next to your stomach and stand up. Use the reverse procedure to set a load down.

7. Pile material on a strong, level base. Interlock so the pile won't come apart. Chock round stock so it can't roll.

E. FIRE PREVENTION SAFETY

1. Fire fighting equipment and emergency exits must be kept clear and ready for immediate use. Do not block them with equipment or material. All personnel should be familiar with the position of fire fighting equipment.
2. Know where your primary exit route is, and what alternative emergency routes are available. Always use the closest emergency door to exit when evacuating the building.
3. Make sure flammable liquids and vapors are not exposed to ignition sources. All flammable liquids must be dispensed from and transported in approved containers. Glass containers are expressly forbidden.
4. Report all fires, no matter how small, to your Supervisor.
5. Immediate response to fires is essential. If a fire occurs, the first consideration must be the safety of personnel. All employees must be evacuated in the immediate area before attention can be given to the saving of property. Notify your Supervisor and the Campus Police as soon as soon as possible.
6. Instruction and training on the use of fire extinguisher and evacuation procedures is provided. Learn how to use the extinguisher in your area (frequently read the instructions label on extinguisher) and know where they are located. If you are not sure, ask your Supervisor.

F. FIRST AID AND MEDICAL

1. Report all accidents to your supervisor regardless of whether anyone is injured and take steps to correct the factors which can contribute to the accident. If you injure yourself in any way at work, seek first aid treatment. Seek treatment for all injuries, even small cuts, scratches or burns to prevent infection and need for further medical care. An accident report must be completed by your supervisor even if you do not require medical care.
2. Employees must obtain permission from their supervisor and/or Human Resources:
 - a) When leaving work prior to the end of the working day for illness or injury.
 - b) When returning from any absence due to occupational illness or injury.
 - c) When returning from any absence due to non-occupational illness of three days or more, a release from the treating physician may be required.

- d) When wearing a bandage or dressing which obscures vision.
 - e) When wearing a cast or splint; using a cane or crutch.
- 3. Be sure to notify the Human Resources Department of any change in your name, address or telephone number. This is important in order to maintain necessary contact with you and your family.
 - 4. In case of accident or sickness or inability to report to work, phone your Supervisor as soon as possible before the start of your shift. Three days without notification is considered a voluntary termination.

G EMERGENCY EVACUATION PROCEDURES

In the event of fire, earthquake or any other emergency, it may be necessary to quickly evacuate the building in a safe and orderly manner. The evacuation procedure to be followed by all personnel under these circumstances is:

- 1. The instruction to evacuate the building will be given by individual department supervisors.
- 2. Immediately stop work, switch off equipment and leave the building by the nearest emergency exit. All exits have signs and are shown on the building diagram.
- 3. Once outside the building you should proceed to the area designated for your building and wait for instructions from your supervisor.
- 4. Supervisors will check that all their employees are clear of the building.
- 5. Under no circumstances shall you leave the vicinity of the building without reporting to your supervisor.
- 6. If a person is missing, the supervisor will report this information to the appropriate emergency response agency representative.
- 7. Under no circumstances will personnel be permitted to re-enter the building until a safety clearance has been obtained from the facility manager.
- 8. All employees shall follow the directions of the facility manager. Any refusal to follow directions will be reported and disciplinary action will be taken.

H. PERSONAL PROTECTIVE EQUIPMENT AND PERSONAL HYGIENE

Protective equipment such as safety glasses, gloves, aprons and back supports are provided by California State University, Fresno Athletic Corporation. If you require any protective equipment ask your Supervisor to provide it for you.

1. This equipment shall be used whenever it is necessary by reason of hazards of processes or environment.
2. Personal protective equipment must be carefully checked each time before wearing to assure its integrity to provide protection for which it is designed.
3. The employee must check personal protective equipment. If replacement is necessary, the damaged equipment must be exchanged for replacement.
4. Protective equipment must be worn where required. Your supervisor will advise you as to what equipment is necessary for a particular job.
5. Avoid handling chemicals or immersing your hands in chemical solutions without wearing rubber gloves.
6. If you are cut or if you receive a puncture wound, keep cuts and puncture wounds clean to avoid infection. Report any such minor injuries to your supervisor.
7. If skin contact with chemicals occurs, immediately rinse the exposed area with running water. The important factor is always to remove chemical material as quickly as possible.
8. Employees must not clean their hands by washing in oils or solvents. Soap and water is the best and safest to use.
9. Wash hands after using any chemicals or solvents and before smoking, eating or contacting sensitive body areas such as eyes to prevent contamination.
10. Contact lenses increase the danger of eye damage when used in areas of potential eye injury. Contact lenses shall not be worn in any area where chemicals are used.
11. Wear appropriate clothing for the work that you do. Your supervisor will instruct you on the proper clothing and shoes for your department.

I. ELECTRICAL SAFETY

All cases of electrical shock must be reported to your Supervisor. All electrical control panels, switch panels and circuit breaker panels must be kept free of obstruction and remain easily accessible at all time. Periodically check electrical and extension cords to see if they are frayed or worn. Extension cords should not be used as a long-term alternative to permanent wiring. Refer to specific units for additional electrical safety rules.

J. HAND TOOLS

1. Cutting tools must be dressed at the proper angle cutting away from the body to prevent injury. They should be kept sharp, and in a scabbard or stored in a safe place.

2. The heads of striking tools must be dressed square (with a few exceptions) and without burrs.
3. Use the right kind and size of tool for the job.
4. Hold screwdrivers, wrenches, chisels, etc., in such a way that if there is a slip or a miss, you will not be hurt.
5. Do not use a file without a handle.

K. PORTABLE POWER TOOLS

1. All portable and stationary electric power tools must be properly grounded before and during use. Check the insulation on the wires and the condition of plugs and sockets. If they are frayed, worn, cut or broken, have them repaired before using.
2. String temporary extension cords and power lines so they will not create a tripping hazard and so they are protected from physical damage.
3. Before using a drill on a wall, floor or ceiling be sure electrical wires, gas lines and high pressure lines are not in the way.
4. Circular skill saws shall not be used without the guard. Do not pin the guard back.
5. Do not use power assisted tools for driving nails or spikes in walls, ceilings or floors when people are working on the other side of the partition.

L. OFFICE SAFETY

1. Never leave desk, file or cabinet drawers open since they can create a tripping or bumping hazard.
2. Never open more than one drawer at a time in a file cabinet. If it is necessary to keep books or other objects in a file cabinet, put them in the bottom drawers.
3. Do not extend electrical cord, telephone and equipment cables across aisles or walkways where they create tripping hazards.
4. Do not climb on chairs, up-turned wastepaper baskets, or other improvised hazardous supports.
5. Do not attempt to repair any electrical equipment. Report faults to your supervisor or maintenance.
6. Do not store materials on top of filing cabinets and open shelve units where they are likely to fall and injure someone.

M. **MOTORIZED VEHICLES**

1. Only authorized employees will operate company vehicles, including autos, trucks, forklifts, powered carts and other equipment requiring a driver.
2. Drivers shall possess a valid California Driver's License where necessary and such will be documented by the supervisor.
3. Drivers must meet the Corporation's Defensive Driving requirements and receive certification from Environmental Health and Safety.
4. Drivers required to have special class licenses shall possess these endorsements.
5. Any driver known to be under the influence of drugs or intoxicating substances is subject to immediate termination.
6. Passengers are forbidden to ride on vehicles not equipped with seats for passengers.
7. Do not get on or off a vehicle while it is in motion -- even slow motion.
8. Overloading a vehicle with passengers or materials is forbidden.
9. Vehicles will be maintained in a safe operating condition. It is the responsibility of the driver to report any defective conditions immediately. Guidelines for powered carts shall be posted in the cart.
10. No vehicle shall be driven in a reckless manner. The maximum speed any vehicle shall be driven at any time shall be subject to posted speed limits if driving on public roads, and such that the driver can stop the vehicle within the clear unobstructed distance ahead of him giving due regard for possible unforeseen obstructions and the condition of the road surface and the vehicle.
11. All vehicle accidents, whether involving injury or not, shall be reported to your supervisor.

HAZARD COMMUNICATION PROGRAM

California State University, Fresno Athletic Corporation has developed a Hazard Communication Program to provide employees with information about the hazardous materials present in our workplace. The information includes container labeling, Material Safety Data Sheets (MSDS) and employee training.

I. **CONTAINER LABELING**

It is our policy that before use, each secondary container of hazardous materials must possess a label with the following information:

- Name of the contents
- Appropriate hazard warnings

The Facility Manager will ensure that each container has a label with the appropriate information.

II. MATERIAL SAFETY DATA SHEETS (MSDS)

Material Safety Data Sheets for each hazardous material to which our employees may be exposed are filed in an MSDS binder located within the unit. Facility Managers will review newly arriving data sheets for significant health and safety information and see that new information is passed on to the appropriate employees. If an MSDS is missing a new one will be requested.

The Material Safety Data Sheets are available to all employees during regular business hours. If an MSDS is not available for a particular material, contact the Human Resources department.

III. EMPLOYEE INFORMATION AND TRAINING

Employees will be trained in general and specific hazard communication procedures and regulations. The training content will address the following areas:

- 1. The Employee's Right to Know" Law**
- 2. Product Labels and Material Safety Data Sheets**
- 3. Specific Chemical Training**

It is important that all of our employees understand the training. If you have questions, please contact your Supervisor.

IV. LIST OF HAZARDOUS MATERIALS

A Hazardous Materials Inventory listing all known hazardous materials used in our workplace is located in each MSDS binder. The Inventory Chart lists the material name, manufacturer name, phone number, and revision date. A sample inventory chart is attached. Specific information for each hazardous material can be found in the Material Safety Data Sheet binder.

Unit Managers are responsible for updating the Hazardous Materials Inventory and making employees aware of the new materials being used in the workplace.

V. INFORMING CONTRACTORS

The Facility Manager will ensure that outside contractors are informed about the hazardous materials to which they may be exposed while working in our workplace.

Contractors having questions about this plan may contact Human Resources.

1. All Material Safety Data Sheets (MSDS) are available for review, and are kept in the Unit Manager's office.
2. Know the hazardous properties of all the chemicals you work with.
3. Read the label on the containers and follow the manufacturer's instructions to the letter.
4. Know what the first aid treatment is and be prepared to carry it out immediately if necessary.
5. Store chemicals in a safe manner and in accordance with the manufacturer's recommendations.
6. Keep containers closed when not in use.
7. Use goggles, gloves, masks, and other protective equipment as required.
8. Do not smoke, eat, or drink in areas where chemicals are used.
9. Use appropriate disposal methods for chemicals.

SAFETY COMMUNICATION - Title 8, Sec 3203 a(3 & 7)

It is our company policy to maintain open communication between management and staff on matters pertaining to safety and we encourage your active participation in our company safety program. Please feel free to express any of your safety concerns or suggestions individually to your supervisor, or in writing on the attached Hazard Report form. (This will allow you to remain anonymous if you so desire.)

SAFETY AND HEALTH TRAINING (NEW HIRES)

All new employees must undergo an initial orientation in order to receive instruction in:

- General company rules and policies.
- Safe work procedures.

In addition, other work related education will be included in the orientation process.

The Safety Training Program for all new employees will include:

- An initial training period including instruction on the safe use and operation of equipment, accident reporting procedures, and other miscellaneous safe work practices.
- Proper use and care of required protective equipment.
- Hazard communication when hazardous chemicals are to be used.
- Safe lifting techniques.
- Other specific safety information pertinent to the employee's job.
- Employee Safety Check Sheet used to document the training (see attached sample)

SAFETY AND HEALTH TRAINING (EXISTING EMPLOYEES)

The Safety Training Program is also intended to provide general and specific job safety training to existing company personnel. To insure that employees receive appropriate job safety training, all employees will participate in:

- Scheduled safety meetings.
- Additional training as job duties or work assignments are expanded or changed, or whenever employees are exposed to new processes, machinery, chemicals, or when previously unrecognized hazards will have an effect on their safety and health.
- Training for driving company vehicles and powered carts.

An employee training record will be kept for all employees. Those records will be kept by individual facility managers in the unit office (a sample employee training record is attached).

EMPLOYEE SAFETY MEETING - Title 8, Sec 3203 a(3)

Safety meetings will be conducted periodically in each department, by the department supervisor. These meetings will be brief and will cover 1-2 specific subjects. Safety meetings are required by CAL/OSHA in order to successfully communicate important information to employees, as well as promote safety awareness. These meetings will be documented.

SAFETY COMMITTEE - Title 8, Sec 3203 a (3)

The Safety Committee will consist of members from management and staff. This committee will meet on at least a quarterly basis and follow an agenda. Minutes of the meeting will be documented.

The committee will generally or specifically address safety topics as necessary, as outlined in the Safety Committee Policy and Procedures Manual.

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



NOTICE OF EXCLUSION FROM CalPERS MEMBERSHIP

1. SOCIAL SECURITY NUMBER		Your employer has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit package which includes service retirement, death, and disability benefits.	
2. CURRENT NAME (LAST)		(FIRST)	(MIDDLE)
3. NAME OF PUBLIC AGENCY California State University, Fresno Athletic Corp.		4. DEPARTMENT OR SCHOOL DISTRICT	5. JOB OR POSITION TITLE
6. TERM OF APPOINTMENT <input type="checkbox"/> PERMANENT <input checked="" type="checkbox"/> TEMPORARY		7. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST. MONTHS	
9. TIME BASE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> INDETERMINATE <input checked="" type="checkbox"/> PART-TIME IF PART TIME, ENTER THE FRACTION OF FULL TIME:		8. APPOINTMENT DATE MM DD YYYY	

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

- ☐ 1. Your full-time seasonal or limited term appointment is limited to 6 months or less.
- ☐ 2. Your part-time appointment is limited to less than an average of 20 hours per week for less than one year.
- ☐ 3. Your appointment is an on-call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) this fiscal year.
- ☒ 4. Your position is excluded by law or by contract agreement which excludes:

Student employees, part-time temporary employees

- ☐ 5. You are an independent contractor.
- ☐ 6. You are employed to render professional legal service to a city.
Exceptions: Persons holding the office of city attorney, deputy city attorney, or assistant city attorney.
- ☐ 7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district (for County Schools only).

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

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

SIGNATURE OF CERTIFYING OFFICER	TITLE	DATE
SIGNATURE OF EMPLOYEE		DATE

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

Employee's Withholding Certificate

OMB No. 1545-0074

► **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.**

2022

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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.)		

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, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ► ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ► \$		
	Multiply the number of other dependents by \$500 ► \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . .	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	California State University, Fresno Athletic Corporation 1620 E. Bulldog Lane Fresno, CA 93740		94-2874546

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

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

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

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

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



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4** **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

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

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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

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

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

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

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

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

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

- Total Number of Allowances you're claiming (Use Worksheet A for regular withholding allowances. Use other worksheets on the following pages as applicable, Worksheet A+B).
- Additional amount, if any, you want withheld each pay period (if employer agrees), **(Worksheet B and C)**
OR

Exemption from Withholding

- I claim exemption from withholding for 2020, and I certify I meet both of the conditions for exemption.
OR
- 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.

Write "Exempt" here

(Check box here) ☐

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

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number
--	--

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

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

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

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

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

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

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

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

- your spouse is a member of the armed forces present in California in compliance with military orders;
- you are present in California solely to be with your spouse; and
- you maintain your domicile in another state.

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

The **California Employer's Guide (DE 44) (PDF, 2.4 MB)** (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication may be found by visiting **Forms and Publications** (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, please visit the **Franchise Tax Board (FTB)** (ftb.ca.gov).

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

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

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

WORKSHEETS

INSTRUCTIONS — 1 — ALLOWANCES*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

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

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

MARRIED BUT NOT LIVING WITH YOUR SPOUSE: You may check the "Head of Household" marital status box if you meet all of the following tests:

- (1) Your spouse will not live with you **at any time** during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
- (3) You will file a separate return for the year.

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

WORKSHEET A

REGULAR WITHHOLDING ALLOWANCES

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

INSTRUCTIONS — 2 — (OPTIONAL) ADDITIONAL WITHHOLDING ALLOWANCES

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

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

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

WORKSHEET B

ESTIMATED DEDUCTIONS

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

- | | |
|---|------------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 | 1. _____ |
| 2. Enter \$9,074 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$4,537 if single or married filing separately, dual income married, or married with multiple employers | — 2. _____ |
| 3. Subtract line 2 from line 1, enter difference | = 3. _____ |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) | + 4. _____ |
| 5. Add line 4 to line 3, enter sum | = 5. _____ |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) | — 6. _____ |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]);
Subtract line 6 from line 5, enter difference | = 7. _____ |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number
Add this number to Line F of Worksheet A and enter it on line 1 of the DE 4. Complete Worksheet C, if needed, otherwise stop here . | 8. _____ |
| 9. If line 6 is greater than line 5;
Enter amount from line 6 (nonwage income) | 9. _____ |
| 10. Enter amount from line 5 (deductions) | 10. _____ |
| 11. Subtract line 10 from line 9, enter difference | 11. _____ |

Complete Worksheet C

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

WORKSHEET C
ADDITIONAL TAX WITHHOLDING AND ESTIMATED TAX

1. Enter estimate of total wages for tax year 2020.	1. _____
2. Enter estimate of nonwage income (line 6 of Worksheet B).	2. _____
3. Add line 1 and line 2. Enter sum.	3. _____
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest).	4. _____
5. Enter adjustments to income (line 4 of Worksheet B).	5. _____
6. Add line 4 and line 5. Enter sum.	6. _____
7. Subtract line 6 from line 3. Enter difference.	7. _____
8. Figure your tax liability for the amount on line 7 by using the 2020 tax rate schedules below.	8. _____
9. Enter personal exemptions (line F of Worksheet A x \$134.20).	9. _____
10. Subtract line 9 from line 8. Enter difference.	10. _____
11. Enter any tax credits. (See FTB Form 540).	11. _____
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability.	12. _____
13. Calculate the tax withheld and estimated to be withheld during 2020. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2020. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2020.	13. _____
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld.	14. _____
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4.	15. _____

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

THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2020 ONLY

**SINGLE PERSONS, DUAL INCOME
MARRIED WITH MULTIPLE EMPLOYERS**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
\$0	\$8,809	1.100%	\$0	\$0.00
\$8,809	\$20,883	2.200%	\$8,809	\$96.90
\$20,883	\$32,960	4.400%	\$20,883	\$362.53
\$32,960	\$45,753	6.600%	\$32,960	\$893.92
\$45,753	\$57,824	8.800%	\$45,753	\$1,738.26
\$57,824	\$295,373	10.230%	\$57,824	\$2,800.51
\$295,373	\$354,445	11.330%	\$295,373	\$27,101.77
\$354,445	\$590,742	12.430%	\$354,445	\$33,794.63
\$590,742	\$1,000,000	13.530%	\$590,742	\$63,166.35
\$1,000,000	and over	14.630%	\$1,000,000	\$118,538.96

MARRIED PERSONS

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
\$0	\$17,618	1.100%	\$0	\$0.00
\$17,618	\$41,766	2.200%	\$17,618	\$193.80
\$41,766	\$65,920	4.400%	\$41,766	\$725.06
\$65,920	\$91,506	6.600%	\$65,920	\$1,787.84
\$91,506	\$115,648	8.800%	\$91,506	\$3,476.52
\$115,648	\$590,746	10.230%	\$115,648	\$5,601.02
\$590,746	\$708,890	11.330%	\$590,746	\$54,203.55
\$708,890	\$1,000,000	12.430%	\$708,890	\$67,589.27
\$1,000,000	\$1,181,484	13.530%	\$1,000,000	\$103,774.24
\$1,181,484	and over	14.630%	\$1,181,484	\$128,329.03

UNMARRIED HEAD OF HOUSEHOLD

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
\$0	\$17,629	1.100%	\$0	\$0.00
\$17,629	\$41,768	2.200%	\$17,629	\$193.92
\$41,768	\$53,843	4.400%	\$41,768	\$724.98
\$53,843	\$66,636	6.600%	\$53,843	\$1,256.28
\$66,636	\$78,710	8.800%	\$66,636	\$2,100.62
\$78,710	\$401,705	10.230%	\$78,710	\$3,163.13
\$401,705	\$482,047	11.330%	\$401,705	\$36,205.52
\$482,047	\$803,410	12.430%	\$482,047	\$45,308.27
\$803,410	\$1,000,000	13.530%	\$803,410	\$85,253.69
\$1,000,000	and over	14.630%	\$1,000,000	\$111,852.32

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

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



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

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

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


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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

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

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

<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 (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
<div>QR Code - Section 1 Do Not Write In This Space</div> 	

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

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page






Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

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

Section 2. Employer or Authorized Representative Review and Verification

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

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority		<div>QR Code - Section 2 Do Not Write In This Space</div> 		
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name CSU, Fresno Athletic Corp.	
Employer's Business or Organization Address (Street Number and Name) 1620 E. Bulldog Lane	City or Town Fresno	State CA	ZIP Code 93740

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

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

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

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

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 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 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

FRESNO STATE

Auxiliary Services

Agreement for Waiver of Meal Period

Employee Name: _____

Employee and Employer agree to the following regarding the Employee's meal period:

Initial appropriate paragraph(s):

Employee's Initials

The nature of the Employee's work prevents the Employee from being relieved of all duty during the Employee's meal period and that the Employee shall work an on-the-job meal period that shall be paid for by the Company.

Employer's Initials

And/or

Employee's Initials

The Employee's work shift for the day's work does not exceed six (6) hours. The employee waives any meal period on the work shift.

Employer's Initials

And/or

Employee's Initials

The Employee's work shift for the day is 10 hours or more (but does not exceed 12 hours). The employee waives the second meal break.

Employer's Initials

This agreement is freely and voluntarily entered into.

This agreement is valid during the following dates: from _____ to _____

Employee Signature

Date:

Company/Unit

Employer Signature

Date:

Employer Name (Print)

2022 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.

<u>Pay Period</u>	<u>Time-Sheet Due</u>	<u>Date Paychecks Available</u>
December 16-31	January 3	Friday, January 7
January 1-15	January 18	Friday, January 21
January 16-31	February 1	Monday, February 7
February 1-15	February 16	Tuesday, February 22
February 16-28	March 1	Monday, March 7
March 1-15	March 16	Tuesday, March 22
March 16-31	April 1	Thursday, April 7
April 1-15	April 18	Friday, April 22
April 16-30	May 2	Friday, May 6
May 1-15	May 16	Friday, May 20
May 16-31	June 1	Tuesday, June 7
June 1-15	June 16	Wednesday, June 22
June 16-30	July 1	Thursday, July 7
July 1-15	July 18	Friday, July 22
July 16-31	August 1	Friday, August 5
August 1-15	August 16	Monday, August 22
August 16-31	September 1	Wednesday, September 7
September 1-15	September 16	Thursday, September 22
September 16-30	October 3	Friday, October 7
October 1-15	October 17	Friday, October 21
October 16-31	November 1	Monday, November 7
November 1-15	November 16	Tuesday, November 22
November 16-30	December 1	Wednesday, December 7
December 1-15	December 16	Thursday, December 22

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

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 USE				
Date	Hours Used	Reason	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	
<p>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.</p>	
EMPLOYEE SIGNATURE	DATE

SUPERVISOR CERTIFICATION		
<p>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.</p>		
SUPERVISOR NAME	SUPERVISOR SIGNATURE	DATE

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><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.

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>California State University, Fresno Athletic Corp.</i>	4. Employer Identification Number (EIN) <i>94-2874546</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.