

# CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATED STUDENTS, INC.

## STUDENT/PART-TIME/TEMPORARY EMPLOYEE INFORMATION SHEET

### PLEASE CHECK THE CORRECT BOX(ES):

<input type="checkbox"/> <b>NEW HIRE</b>	<input type="checkbox"/> <b>PART-TIME</b>	<input type="checkbox"/> <b>STUDENT AT FRESNO STATE</b>	<input type="checkbox"/> <b>CHANGE</b>
	<input type="checkbox"/> Fresno State Faculty	_____ #of units enrolled for:	<input type="checkbox"/> Address
<input type="checkbox"/> <b>RE-HIRE</b>	<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, 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"/> Injury and Illness Prevention Program
<input type="checkbox"/> Interim Vaccine Policy	<input type="checkbox"/> Employee Handbook
<input type="checkbox"/> AB 469 Rate and Payday Notification	<input type="checkbox"/> W-4 and DE-4 Form
<input type="checkbox"/> Drug Free Workplace Policy	<input type="checkbox"/> I-9 Employment Eligibility Form

Dated: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

### TO BE COMPLETED BY SUPERVISOR

Cost Center/Obj. Code/Subsidiary:	Date of Hire or Re-hire:	Mail Stop:
Pay Rate:	Position Title:	
Confidential Data Access? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is driving a requirement for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisory Responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No
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		

**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 Auxiliary Services 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:

### APPROVALS REQUIRED

Employee Signature	Date
Supervisor Signature	Date
Approving Manager Signature	Date

### OFFICE USE ONLY

Aux ID:	Date:	Entered by:	Paid Sick Leave:	Date:	Reviewed by:	Date:
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# California State University, Fresno Auxiliary Corporations

2771 E. Shaw Avenue, Fresno, CA 93710 · [www.auxiliary.com](http://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

Would you be available for overtime, if necessary? .....

☐ 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
<b>High School</b>	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City State Zip			
<b>College/ University</b>	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City State Zip			
<b>Vocational/ Business</b>	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City State Zip			
<b>Other</b>	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

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.							

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## Equal Employment Opportunity Data

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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

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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*

**ASSOCIATED STUDENTS, INC.  
CALIFORNIA STATE UNIVERSITY, FRESNO**

**NATURE OF EMPLOYMENT**

The relationship between employees and Associated Students, Inc., Inc. is for an unspecified term and is considered employment at-will. No manager, supervisor or employee of Associated Students, Inc. 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 of Auxiliary Services has the authority to make any such agreement and then only in writing, signed by the Executive Director of Auxiliary Services 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 Associated Students, Inc., with or without cause or advance notice. Associated Students, Inc. can also demote and change pay and duties of any employee at-will.

All employees should be aware that Associated Students, Inc. is not governed by collective bargaining. Although some benefits and policies may be the same or similar to those of the University, Associated Students, Inc. 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. Associated Students, Inc. 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 Associated Students, Inc. is for a maximum of twenty (20) hours per week during the academic year. If an Associated Students, Inc. 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 Services Human Resources Department or the Executive Director of Auxiliary Services for clarification. University employees may not be familiar with the policies and procedures of Associated Students, Inc. and may not be able to provide accurate information.

**Acknowledgment:**

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

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Employee's Name (Printed)

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Employee's Signature

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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**

<b>Employee Information</b>	
Name:	Start Date:

<b>Employee Rate of Pay Per Hour</b>		
Straight Time Rate:	Time & One Half Rate:	Double Time Rate:

<b>Employer &amp; Worker's Compensation Information</b>	
Employer: Associated Students, Inc. of California State University, Fresno 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):  State Compensation Insurance Fund P.O. Box 4000 Fresno, CA 93755  Phone: (888) 782-8338 Fax: (800) 371-5905

<b>Wage Information</b>	
<b>Notice Given:</b> <input checked="" type="checkbox"/> At hiring <input type="checkbox"/> Before a change in pay rate(s), allowances claimed or payday <b>Allowances taken:</b> <input checked="" type="checkbox"/> None	<b>Pay is:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input checked="" type="checkbox"/> Semi-monthly <input type="checkbox"/> Other <b>Regular Pay Dates:</b> 7 <sup>th</sup> and 22 <sup>nd</sup>

<b>Paid Sick Leave</b>	
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.	
<b>The following applies to the employee identified on this notice: (Check one box)</b> <input type="checkbox"/> 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave. <input type="checkbox"/> 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246. <input checked="" type="checkbox"/> 3. Employer provides no less than 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)	

<b>Employee Acknowledgment</b>	
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



**Employee Emergency Contact Information**

Please complete the following information (please print):

Employee Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Full Address: \_\_\_\_\_

In case of emergency, notify the following:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Additional # (if applicable): \_\_\_\_\_

**Pre-Designation of Physician for Work-Related Injury**

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

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

Please complete below:

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

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

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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](http://ag.ca.gov/childabuse/pdf/ss_8572.pdf)) per the instructions (available online at [http://ag.ca.gov/childabuse/pdf/8572\\_instruct.pdf](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](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: \_\_\_\_\_

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## *ACKNOWLEDGMENT*

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

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

No manager, supervisor, or employee of ASI 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** \_\_\_\_\_

## **HARASSMENT POLICY - ASSOCIATED STUDENTS, INC.**

California State University, Fresno, Associated Students, Inc. is committed to providing a work environment free of unlawful harassment for its employees, customers and visitors. Associated Students, Inc. policy prohibits sexual harassment and discrimination based on pregnancy, childbirth, or related medical conditions, race, religious creed, color, national origin, ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation or any other basis protected by federal, state or local law or ordinance or regulation. **All such harassment is unlawful.**

Prohibited unlawful harassment or discrimination because of sex, race, ancestry, religion, physical or mental disability, medical condition, marital status, age or any other protected basis includes, but is not limited to, the following behavior:

1. Verbal conduct such as epithets, derogatory jokes or comments, slurs or unwanted sexual advances, invitations or comments;
2. Visual conduct such as derogatory and/or sexually-oriented posters, photography, cartoons, drawings or gestures;
3. Physical conduct such as assault, unwanted touching, blocking normal movement or interfering with work because of sex, race or any other protected basis;
4. Threats and demands to submit to sexual requests as a condition of continued employment, or to avoid some other loss, and offers of employment benefits in return for sexual favors; and
5. Retaliation for having reported or threatened to report harassment.

Employees who believe they have been harassed on the job should provide a written or verbal complaint to the Associated Students, Inc. Human Resources Department or the Executive Director of Auxiliary Services. Complaints should include details of the incident(s), name of the individual(s) involved and names of any witnesses.

Any supervisor of any Associated Students, Inc. employee(s) having knowledge of a harassment complaint must refer such complaint to the Human Resources Department or the Executive Director of Auxiliary Services. California State University, Fresno, Associated Students, Inc. will immediately undertake an effective, thorough and objective investigation of the harassment allegations. If Associated Students, Inc. determines that a violation of this policy has occurred, effective remedial action will be taken in accordance with the circumstances involved. Any employee determined by Associated Students, Inc. to have violated this policy will be subject to appropriate disciplinary action, up to and including termination.

Whatever action is taken will be made known to the reporting employee. Associated Students, Inc. will not retaliate against you for filing a complaint and will not tolerate or permit retaliation by management, employees or coworkers. Any allegation of retaliation must be immediately reported to the Human Resources Department or the Executive Director of Auxiliary Services. California State University, Fresno, Associated Students, Inc. cannot address possible violations of this policy if it is not aware of the allegation. This policy is applicable to all Associated Students, Inc. employees and persons providing services to Associated Students, Inc. pursuant to a contract.

ASSOCIATED STUDENTS, INC.  
CALIFORNIA STATE UNIVERSITY, FRESNO

**Acknowledgement, Confirmation, and Receipt of Harassment Policy**

This is to certify that I have on this day received the Harassment Policy of the Associated Students, Inc. I understand, acknowledge, and confirm that I must at all times adhere to the policy, and my failure to adhere to the policy may be subject to disciplinary action, up to and including termination.

\_\_\_\_\_  
Executive Officer (Please Print)

\_\_\_\_\_  
Executive Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources' Signature

**California State University, Fresno  
Associated Students, Inc.**

**INJURY AND ILLNESS  
PREVENTION PROGRAM**



## **INTRODUCTION**

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

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

## **APPROVAL**

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

---

Deborah S. Adishian-Astone  
Executive Director of Auxiliary Services

Date \_\_\_\_\_

## **RESPONSIBILITY**

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

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

## **COMPLIANCE**

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

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

## **COMMUNICATION**

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

Our communication system includes:

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

## **HAZARD ASSESSMENT**

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

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

## **INVESTIGATIONS OF INJURIES, ILLNESS AND ACCIDENTS**

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

### **HAZARD CORRECTION**

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

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

### **TRAINING AND INSTRUCTION**

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

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

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

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

## **RECORDKEEPING**

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

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

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

**CALIFORNIA STATE UNIVERSITY, FRESNO  
ASSOCIATED STUDENTS, INC.**

**EMPLOYEE RECEIPT AND ACKNOWLEDGMENT OF  
INJURY AND ILLNESS PREVENTION PROGRAM**

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

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

# **Associated Students Inc. of California State University, Fresno**

## **Workplace Violence Prevention Program**

### **INTRODUCTION**

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

### **DEFINITIONS**

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

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

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

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

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

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

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

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

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

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

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

### **RESPONSIBILITY**

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

prevention procedures previously implemented.

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

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

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

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

## **EMPLOYEE ACTIVE INVOLVEMENT**

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

## **COMPLIANCE**

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

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

## **COMMUNICATION**

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

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

## **INCIDENT REPORTING PROCEDURE**

The WVPP implements the following effective procedures to ensure that:

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

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

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

## **NO RETALIATION**

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

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

## **COORDINATION WITH OTHER EMPLOYERS**

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

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

## **EMERGENCY RESPONSE PROCEDURES**

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

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

## **WORKPLACE VIOLENCE HAZARD IDENTIFICATION AND EVALUATION**



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

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

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

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

## **WORKPLACE VIOLENCE HAZARD CORRECTION**

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

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

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

Some examples of this include:

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

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

## **PROCEDURES FOR POST INCIDENT RESPONSE AND INVESTIGATION**

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

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

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

## **TRAINING AND INSTRUCTION**

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

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

## **EMPLOYEE ACCESS TO THE WRITTEN WVPP**

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

## **RECORDKEEPING**

ASI will:

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

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

### **EMPLOYEE ACCESS TO RECORDS**

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

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

### **REVIEW AND REVISION OF THE WVPP**

ASI's WVPP will be reviewed for effectiveness:

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

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

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

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

### **EMPLOYER REPORTING RESPONSIBILITIES**

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

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



Nicole Lane  
Executive Director, Auxiliary Services

**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.****2025****Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

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

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

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

Do **only one** of the following.

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

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

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

**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.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$

**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)



## Employee's Withholding Allowance Certificate

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

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

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.

1a. Number of Regular Withholding Allowances (**Worksheet A**)

1b. Number of allowances from the Estimated Deductions (**Worksheet B**)

1c. Total Number of Allowances you are claiming

2. Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**)

OR

### Exemption from Withholding

3. I claim exemption from withholding for 2025, and I certify I meet both conditions for exemption.

(Check box here)

OR

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

(Check box here)

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

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Employer's Section:</b> Employer's Name and Address	California Employer Payroll Tax Account Number
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The *Employee's Withholding Allowance Certificate* (DE 4) is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

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

If you do not provide your employer a completed DE 4, your employer must use Single with Zero withholding allowance.

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

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

1. You did not owe any federal and state income tax last year, and
2. You do not expect to owe any federal and state income tax this year.

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

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

- (i) Your spouse is a member of the armed forces present in California in compliance with military orders;
- (ii) You are present in California solely to be with your spouse; and
- (iii) You maintain your domicile in another state.

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



# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

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

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

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

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

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

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

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

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

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

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

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-top: 10px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p>The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
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\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Dear Employee:

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

### **PART A: General Information**

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

#### **What is the Health Insurance Marketplace?**

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

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

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

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

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

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

#### **How Can I Get More Information?**

For more information about your coverage offered by your employer, please check your summary plan description or Contact 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](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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



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

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

3. Employer Name <i>Associated Students Inc. of California State University, Fresno</i>	4. Employer Identification Number (EIN) <i>94-2371885</i>	
5. Employer Address <i>2771 E. Shaw Avenue</i>	6. Employer Phone Number <i>(559) 278-0865</i>	
7. City <i>Fresno</i>	8. State <i>CA</i>	9. ZIP Code <i>93710</i>
10. Who can we contact about employee health coverage at this job? <i>Nicole Lane</i>		
11. Phone Number (if different than above)	12. Email address <i>nicolel@csufresno.edu</i>	

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

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

☐ All employees

☒ Some employees. Eligible employees are:

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

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

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

☐ We do not offer coverage

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

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

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

# FRESNO STATE

## Auxiliary Services

### Authorization for Direct Deposit of Payroll

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

### To be Completed by Employee if NEW or CHANGE is Checked

Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings									
Numbers on Form Must Match Supporting Documentation											
Routing Number:	<table><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.

# 2025 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 2, by 5:00 p.m.	Tuesday, January 7
January 1-15	January 16, by 5:00 p.m.	Wednesday, January 22
January 16-31	February 3, by 5:00 p.m.	Friday, February 7
February 1-15	February 18, by 5:00 p.m.	Friday, February 21
February 16-28	March 3, by 5:00 p.m.	Friday, March 7
March 1-15	March 17, by 5:00 p.m.	Friday, March 21
March 16-31	April 1, by 5:00 p.m.	Monday, April 7
April 1-15	April 16, by 5:00 p.m.	Tuesday, April 22
April 16-30	May 1, by 5:00 p.m.	Wednesday, May 7
May 1-15	May 16, by 5:00 p.m.	Thursday, May 22
May 16-31	June 2, by 3:30 p.m.	Friday, June 6
June 1-15	June 16, by 3:30 p.m.	Friday, June 20
June 16-30	July 1, by 3:30 p.m.	Monday, July 7
July 1-15	July 16, by 3:30 p.m.	Tuesday, July 22
July 16-31	August 1, by 3:30 p.m.	Thursday, August 7
August 1-15	August 18, by 5:00 p.m.	Friday, August 22
August 16-31	September 2, by 5:00 p.m.	Friday, September 5
September 1-15	September 16, by 5:00 p.m.	Monday, September 22
September 16-30	October 1, by 5:00 p.m.	Tuesday, October 7
October 1-15	October 16, by 5:00 p.m.	Wednesday, October 22
October 16-31	November 3, by 5:00 p.m.	Friday, November 7
November 1-15	November 17, by 5:00 p.m.	Friday, November 21
November 16-30	December 1, by 5:00 p.m.	Friday, December 5
December 1-15	December 16, by 5:00 p.m.	Monday, December 22

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