



UNIVERSITY CORPORATION AT MONTEREY BAY

100 Campus Center Seaside, CA 93955-9001 831-582-4449

NEW EMPLOYEE SIGN-IN PACKET & ACKNOWLEDGMENT CHECKLIST

Last Name _____ First Name _____ MI. _____

Hire Date: _____ Department: _____ Supervisor: _____

Please bring your ID and your new hire paperwork to Human Resources in Building 201, Suite 101- Or Ryan Ranch- 8 Upper Ragsdale, Monterey ([CSUMB at Ryan Ranch](#))

Required (step 1):

- New Employee Sign-In Packet & Acknowledgement Checklist (*This Page*)
- General Information and Additional Employment Disclosure
- Handbook Acknowledgement & Information Certification and Employment Agreement
- Timekeeping Policy
- Confidential Data Form
- I-9 Form** (*Click link to complete Section 1 of I-9 form*)
- W-4 Form
- Social Security and Medicare Exemption Form (*CSUMB students only*)
- Child Abuse Mandated Reporter

Optional:

- Direct Deposit Authorization

Important Policies and Information – please read links provided and sign acknowledgement below:

- [Employee Handbook](#) (contact HR if you would like a hard copy)
- [Discrimination & Harassment in Employment are Prohibited by Law](#)
- [Sexual Harassment](#)
- [Smoke-free Environment Policy](#)
- [“Notice to Employees” \(SDI, UI, PFL\)](#)
- [Paid Family Leave](#)
- [CSUMB User Guide to Emergencies or Natural Disaster](#)

Please refer to links in (step 2):

- Important Information Regarding YOUR Health Insurance Options
- CSUMB-Campus Resources for all discrimination reporting
- Designated Reporter Guidance
- Pre-designation of Personal Physician

***E-Verify:** University Corporation at Monterey Bay participates in [E-Verify](#), a service of the department of Homeland Security and the Social Security Administration. For additional information, see the E-Verify notices ([English](#)) ([Spanish](#))

I acknowledge receipt of all required new hire paperwork above and I understand it is my responsibility to review the important policies and information listed above and may contact University Corporation HR if I have any questions.

Employee Signature: _____ Date: _____

Miscellaneous Paperwork: (*completed in HR only*)

- Employee Status Form (*from dept*)
- SkillPort Sign-up (*separate email*)
- New Hire email
- Labor Code Notice



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GENERAL INFORMATION & ADDITIONAL EMPLOYMENT DISCLOSURE

CSU policy prohibits faculty and staff of CSU or any of its auxiliaries from holding assignments in the CSU system that total more than the equivalent of one full-time position (15 weighted teaching units for Faculty). CSU employees in non-teaching assignments are, under certain circumstances, allowed additional employment up to 25 percent of a full-time appointment. Management employees may be given adjunct (**volunteer**) appointments only. These policies are strictly enforced by the State Controller's Office through which all paychecks are processed. To ensure compliance with system policy and collective bargaining agreements, CSUMB requires that part-time faculty disclose all CSU employment at the beginning of each semester.

The salary rate for additional employment may be the same as the rate for the primary appointment. In the case of federal grant or contract, the rate of pay for the additional employment must be the same as the CSU base rate of pay for the primary assignment.

Are you currently employed with University Corporation of CSUMB or CSUMB? Yes No

*Title _____ Department _____ University Corporation
 CSUMB

Have you ever been employed by CSU or an auxiliary of CSU? Yes No

*Date(s) _____ Position(s) _____

Campus/Lab/Dept(s) _____

Do you have a(ny) relative(s) employed at CSUMB or University Corporation of CSUMB? Yes No

*Name(s): _____ Dept(s): _____

Relationship(s) _____

ACKNOWLEDGEMENT

Please be aware that it is your responsibility to inform an appropriate Human Resources agent should anything change in your employment status or personal status, which would effect your pay and/or personnel record.

I certify that the information above is a complete and accurate disclosure of my total CSU employment as of the date indicated below by signature.

Employee Name

Signature

Date:



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HANDBOOK ACKNOWLEDGEMENT and INFORMATION CERTIFICATION and EMPLOYMENT AGREEMENT

HANDBOOK ACKNOWLEDGEMENT

I acknowledge that I have received the electronic version of the [University Corporation Handbook](#) and had an opportunity to examine its content. I also understand that I can request a hard copy to be sent to me by contacting the University Corporation Human Resource office (please contact 831/582-4498 or 831/582-4301).

I understand that the policies contained in the Handbook are not intended to create any contractual obligations, and the University Corporation reserves the right to amend, interpret, modify or withdraw portions of this Handbook at any time.

I acknowledge that my relationship with the University Corporation is “at-will”, which means that my employment may be terminated by me or the University Corporation at any time, for any reason, with or without cause or advance notice, and that my at-will employment relationship can only be modified by a writing signed by the University Corporation Director and by me.

I also understand and acknowledge that I may be required, as a condition of my employment, to submit to drug and/or alcohol testing if the University Corporation determines there is reasonable cause and/or reasonable suspicion to perform such a test.

I understand that this Employee Handbook supersedes all previous policies and practices, whether written or oral, express or implied, relating to the subjects covered in the Handbook.

Employee’s Signature

Date

INFORMATION CERTIFICATION

I hereby certify that the information contained in this packet is true and correct to the best of my knowledge and agree to have any statement checked by the University Corporation unless I have indicated in writing to the contrary. I authorize any reference(s), as well as all other individuals whom the University Corporation contacts, to provide the University Corporation any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the University Corporation or any of its employees, agents, or representatives. I understand that any misrepresentation, falsification, or material omission of information in this packet may result in my failure to receive an employment offer, or if I am hired, my dismissal from employment at any time.

EMPLOYMENT AGREEMENT

In consideration of my employment, I agree to conform to the rules and standards of the University Corporation, as amended by the University Corporation from time to time in its discretion. I further agree that any employment I am offered may or may not be for a specified period of time and that my employment is “at will” and can be terminated at any time with or without cause and with or without advance notice by either myself or the University Corporation. I further understand and agree that the only manner in which the terms of this employment relationship may be altered is by means of a specific written agreement that had been signed by myself and the Director of Human Resources, or the Director of the University Corporation. I further understand that no other employee, agent, or representative of the University Corporation has the authority to enter into any oral or written agreement for employment for any specified period of time or to make any oral or written agreements or statements contrary to the foregoing.

Employee’s Signature

Date



University Corporation at Monterey Bay

100 Campus Center Bldg 201, Suite 101 Seaside, CA 93955

TIMEKEEPING POLICY - Please read carefully.

All hourly (non-exempt) employees, including students and interns, must complete a time sheet at the end of each pay period worked. When completing the time sheet please use the following rules:

The time recorded on the time sheet must accurately reflect the actual hours worked. If you arrive at work at 9:45, you cannot record that you arrived at 9:30. Total hours worked are rounded to the nearest quarter hour.

Overtime for non-exempt employees **must be approved** by the immediate supervisor in the timekeeping system. Overtime is paid for:

- Any time worked over 8 hours a day
- Any time worked over 40 hours a week.
- Any time worked over 12 hours a day is double time
- The first 8 hours worked on the 7th consecutive workday in a defined workweek* is time and a half. Any time worked in excess of 8 hours is double time.

*The University Corporation's workweek begins Monday at 12:01 am and ends Sunday at midnight.

Employees are required to take a **15** minute net rest time per four (4) hours or major fraction thereof. If your workday ends in less than 3.5 hrs, you are not authorized to take a break. Authorized rest period time shall be counted as hours worked and will not be deducted from wages.

An employee working more than 5 hours per day is entitled to at least a half (1/2) hour meal break "no later than the end of the employee's fifth hour of work". This is an unpaid break and is not to be done while working. Clocking out for meal break must be recorded on your time sheet. If your work period is no more than six (6) hours, the meal period may be waived if both you and supervisor agree. **"No Lunch"** written in note section.

The screenshot shows a timekeeping system interface with a table of employee data. Callouts point to drop-down menus in the top left and top right corners of the interface.

Timecard		Totals	Schedule	Time Off Balances						
APPROVE	WEEK 2	IN - OUT	PAY CODE	HOURS	ACCOUNT	FUND	DEPARTMENT	PROGRA		
<input type="checkbox"/>	Mon 04/18	-		0.00	601000	72183	001027	UROC1		
<input type="checkbox"/>	Tue 04/19	-		0.00	601000	72183	001027	UROC1		

Breaks and meal periods may not be combined at the beginning (coming in late) or end of a workday (leaving early).

Employees accruing Sick &/or Vacation leave (excludes students and faculty):

If you need to take time during your shift for illness or injury for yourself or a family member, you must record the time as sick leave. You must present a Dr's note for sick leave absences of **3** or more days. Vacation leave (*if applicable*) should be used for absences other than those listed in the Corporation Sick Leave Policy. You must notify your supervisor, in advance if possible, and leave is recorded on your time sheet or absence report for exempt* employees. You must use all leave credits before going on an unpaid leave. *Exempt employees record full day absences only.

I (Print name) _____ acknowledge that I have read ,understand, and will comply with the above timekeeping policies.

Employee Signature _____

Date _____



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CONFIDENTIAL DATA FORM / SELF IDENTITY

Last Name _____ First Name _____ MI. _____

Street Address _____

City _____	State _____	Zip Code _____
<input type="checkbox"/> Home	<input type="checkbox"/> Home	<input type="checkbox"/> Home
<input type="checkbox"/> Cell	<input type="checkbox"/> Cell	<input type="checkbox"/> Cell
<input type="checkbox"/> Work	<input type="checkbox"/> Work	<input type="checkbox"/> Work

Primary Phone _____ Alternate Phone _____

Gender: Male Female Email: _____

Birth Date: ____/____/____ Social Security #: _____

Education:

Highest Degree Attained: AA BA BS MA
 MBA MS PhD

Educational Institution: _____ Location: _____

Student Section:

CSUMB Student? Yes No If not a CSUMB student, where? _____

Student Status: Full-Time *Part-Time Undergrad Graduate
 *If PART-TIME, how many units? _____ **Otter ID** _____

(Otter ID Sample: Bond1234)

Information needed for annual Federal reporting of EEO1 & VETS100

<i>Ethnicity:</i>	<i>Veteran Status:</i>
<input type="checkbox"/> Hispanic/Latino	Not a Veteran <input type="checkbox"/>
<input type="checkbox"/> White	Disabled Veteran: <input type="checkbox"/>
<input type="checkbox"/> Black/African American	Recently Separated Veteran: <input type="checkbox"/>
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	Discharge Date ____/____/____
<input type="checkbox"/> Asian	Other Protected Veteran <input type="checkbox"/>
<input type="checkbox"/> American Indian/Alaskan Native	I do not wish to identify my veteran status <input type="checkbox"/>

Emergency Contact: _____

Relationship _____ Phone _____

Accommodations:

Do you need special accommodations for your workplace? No Yes.

If yes, please inform your supervisor and contact HR @ 582-4301 or 582-4498.



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DIRECT DEPOSIT AUTHORIZATION

I authorize University Corporation of CSU Monterey Bay (Originator) and Bank of America (Originating Depository Financial Institution) as listed below to initiate electronic entries to the account of my choice indicated below each payday. This authority will remain in effect until I have canceled it in writing.

_____ XXX-XX-_____
 Print Name Social Security Number

Choose type of account: Checking Account Savings Account
 (check all that apply)

My checking account is held with:

_____ FINANCIAL INSTITUTION _____ NAME ON ACCOUNT (PLEASE PRINT)

_____ ROUTING NUMBER _____ ACCOUNT NUMBER

Amount to be deposited \$ _____ (Write "ALL" if entire amount is to be deposited.)

My savings account is held with:

_____ FINANCIAL INSTITUTION _____ NAME ON ACCOUNT (PLEASE PRINT)

_____ ROUTING NUMBER _____ ACCOUNT NUMBER

Amount to be deposited \$ _____ (Write "ALL" if entire amount is to be deposited.)

_____ Signature _____ Date

Please include a voided check with this authorization. A voided check or direct deposit form from your banking institution is mandatory to enroll in direct deposit.

Note: A pre-note with the amount of zero dollars will be processed to your account before a real transfer can occur. The University Corporation cannot guarantee that funds will be credited to your account on the scheduled date; therefore, you should always verify with your bank that funds are available before issuing transactions against your payroll deposit.

Please Turn This Completed Form and Voided Check To University Corporation Payroll - Bldg. 201, Suite 101.

Accepted by: _____ Date: _____

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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 who claims no withholding allowances; 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.



UNIVERSITY CORPORATION AT MONTEREY BAY

100 Campus Center Seaside, CA 93955-9001 831-582-4449

Student Name (Please Print)

Student Employment Acknowledgement of Social Security & Medicare Exemption

****CSUMB STUDENTS ONLY****

I am a student at CSUMB and enrolled in at least 6 undergraduate units or 4 graduate units. All statements made are true and complete to the best of my knowledge, I understand that any false statements on this document may result in termination.

By signing below, I understand that I will be exempt from Social Security and Medicare taxes during Fall and Spring semesters.

I understand that neither my employer, University Corporation of CSUMB, nor I has a FICA tax liability while my exemption continues to be in effect. I will notify the University Corporation immediately should my enrollment status change. Further, I understand that this exemption, if accepted, will remain in effect only for the duration of my employment with the University Corporation in connection with my student status as listed above.

Employee Signature

Date

_____ I **do not** wish to participate in the exemption mentioned above.
initial



University Corporation at Monterey Bay

100 Campus Center Bldg 201, Suite 101 Seaside, CA 93955

TO: All Corporation Employees (Staff, Students and Faculty)
FROM: Gigi Kiama -Corporation Human Resources Manager
DATE: February 8, 2013

**SUBJECT: Important Employee Information Regarding Executive Order 1083 -
Mandatory Reporting of Child Abuse and Neglect**

The California Child Abuse and Neglect Reporting Act (CANRA) was recently amended by the state legislature to expand the legal obligation to report suspected child abuse or neglect. As a result, the Chancellor's Office has issued Executive Order 1083, which designates all CSU employees as mandated reporters who must report known or suspected child abuse or neglect to the **campus police**. While the legal mandate does not extend to Auxiliary (University Corporation) employees, the expectation is that all Auxiliary employees will comply with EO 1083

Attached is the following form that needs to be signed and returned to the Corporation HR Office:

- 1) Acknowledgment of Mandated Reporter Status and Legal Duty to Report Child Abuse and Neglect (Attachment A)

You can view and download the following:

- [California Child Abuse and Neglect Reporting Act, Penal Code § 11165.7, 11166, and 11167](#) (Attachment C)
- [Form SS 8572, Suspected Child Abuse Report](#) (Attachment D)
- [Executive Order 1083](#)

Executive Order 1083 describes the responsibilities of the mandated reporter and requires compliance with the Executive Order as a condition of employment. The Mandated Reporting Coordinator functions reside in Human Resources as follows:

Mandated Reporting Coordinator: Gigi Kiama HR Manager - 831/582-4301 gkiama@csumb.edu

As a Corporation employee with a reporting obligation under this EO, you are required to sign and return the attached 'Acknowledgement of Mandated Reporter Status and Legal Duty to Report Child Abuse and Neglect (Attachment A)' to Corporation Human Resources, acknowledging notification of your reporting responsibility and assuring your compliance. You may submit this acknowledgement via one of the following:

Mail: - 100 Campus Center, Bldg 201, Suite 119 Seaside, CA 93955

Delivery: - Corporation Building (Bldg 201)

Fax: - 831/582-4493

OR

email: - HR_Corporation@csumb.edu

The Chancellor's Office will provide mandatory online training to all employees. You will be advised when training is available and given adequate time to complete the training and submit your Certificate of Training Completion. Thank you for your cooperation. Your prompt attention to this matter will help you stay in compliance with the law and help keep our campus safe.

If you have any questions, please contact Gigi Kiama at the contacts indicated above.

Attachment: *Acknowledgment of Mandated Reporter Status and Legal Duty to Report Child Abuse and Neglect (Attachment A)*

**UNIVERSITY CORPORATION AT MONTEREY BAY
ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS
AND LEGAL DUTY TO REPORT CHILD ABUSE AND NEGLECT**

California law **requires** certain people to report known or suspected child abuse or neglect. For purposes of Executive Order 1083, which implements California law, you are such a person, known in the law as a “mandated reporter”. The law requires that you, as a mandated reporter, sign this statement that you know your legal reporting obligations, summarized below, and will comply with them.

The definition of mandated reporter (Penal Code § 11165.7), along with the law describing your reporting obligations (Penal Code § 11166) and the law describing the content of reports and the confidentiality of those who report (Penal Code § 11167) is provided in Attachment C to CSU Executive Order 1083. The Executive Order and all its attachments are available at <http://calstate.edu/eo/EO-1083.html>.

WHEN REPORTING ABUSE IS REQUIRED

As a mandated 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 (Penal Code § 11166).

PROCEDURE FOR REPORTING

To make a report, you **must** use the following procedure:

- **Immediately, or as soon as practically possible**, contact the **campus police** by telephone. If it is an **emergency or crime in progress dial 9-1-1**. For 24 hour non-emergency, call **831/655-0268**.
- **Within 36 hours of receiving the information concerning the incident** prepare a written report* and submit the report to the **campus police** via one of the following methods:

Delivery: University Police – Valley Hall, Suite E

Fax: 831/582-3384

Electronic transmission: upd@csumb.edu

*The report must be filed using Form SS 8572 - Suspected Child Abuse Report ([Penal Code § 11166](#)). This form is available online at: http://ag.ca.gov/childabuse/pdf/ss_8572.pdf and also provided in Attachment D to CSU Executive Order 1083.

The CSU encourages, but does not require, mandated reporters to also report suspected child abuse or neglect to their supervisors. **Reporting to a supervisor, a coworker, or other person shall not be a substitute for making a mandated report to the campus police as described above.**

MANDATED REPORTING COORDINATOR

A Mandated Reporting Coordinator is available to assist you in answering your questions and helping you fill out the incident form. The Coordinator can be reached in Human Resources (Corporation Bldg. 201) at 831/582-4301. The Coordinator can help with identifying whether there is a reasonable suspicion that abuse has occurred and how to report it, as well as provide you with appropriate resources.

ABUSE THAT MUST BE REPORTED

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

Sexual abuse meaning sexual assault or sexual exploitation of a child (Penal Code § 11165.1).

Neglect meaning the negligent treatment or maltreatment of a child by a parent 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 or injury willfully inflicted upon a child and resulting in a traumatic condition (Penal Code § 11165.4).

WHAT IS NOT CHILD ABUSE?

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

- Corporal punishment that is not cruel or inhumane or does not result in a traumatic condition
- Injuries caused by two children fighting during a mutual altercation (Penal Code § 11165.4)
- 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 (Penal Code § 11165.4)
- Voluntary sexual conduct between minors
- Not receiving medical treatment for religious reasons (Penal Code § 1165.2(b))
- An informed and appropriate medical decision made by a parent or guardian after consultation with a physician who has examined the child (Penal Code § 11165.2(b))

IMMUNITY AND CONFIDENTIALITY OF REPORTER

No mandated reporter shall be civilly or criminally liable for any report required or authorized by law (Penal Code § 11172(a)). The identity of a mandated reporter who makes a report, and the report itself, is confidential and disclosed only among appropriate agencies (Penal Code § 11167(d)(1)).

PENALTY FOR FAILURE TO REPORT ABUSE

A mandated reporter who fails to make a required report is guilty of a **misdemeanor** punishable by up to six months in jail, a fine of \$1,000, or both. Any mandated reporter who willfully fails to report abuse or neglect, or any administrator or supervisor who impedes or inhibits a report of abuse, where that abuse results in death or great bodily injury, shall be punished by up to one year in jail, a fine of \$5,000, or both.

COPY OF THE LAW

I acknowledge being provided with copies of Penal Code § 11165.7, 11166, and 11167.

ACKNOWLEDGEMENT OF RESPONSIBILITY

I have read the above statement and will comply with the applicable reporting requirements.

Employee's Name: _____ Dept.: _____
Please print legibly

Signature: _____ Date: _____

NOTE: The employee should make a copy and retain it for his/her personal record.

Original: Official Personnel File (in Corporation Human Resources)