



NEW HIRE ONBOARDING

WORKDAY USER GUIDE FOR NEW HIRES



WORKDAY ONBOARDING CHECKLIST

WORKDAY TERMS & SYMBOLS

ONBOARDING TASKS



WORKDAY ONBOARDING CHECKLIST

Welcome to Grossmont-Cuyamaca Community College District! You will soon receive an email invite from Workday, the online Human Resources (HR)/Payroll System the District uses for all HR and Payroll processes. The invite is sent to the email address you provided upon your initial hiring process. The invite will provide you information on your login credentials and instructions on how to login to Workday to complete your new hire paperwork online.

The Onboarding Checklist below will assist you through the onboarding tasks found in your Workday inbox. Please reference the rest of the Workday Onboarding guide to assist you in navigating through your new hire paperwork online. The hyperlinks included below will take you to the appropriate online user guides or webpages and provide instructions for the various tasks.














If you have questions, you may contact your supervisor, HR (619-644-7572) and/or Payroll (619- 644-7902).

- **Access your Workday self-service web portal:** Follow the directions in the email sent by Workday.
- **Personal Information:** Confirm and enter Personal Information and Contact Change. The address provided must be a California address and your legal name should match exactly what is on your Social Security card.
- **Social Security Number:** Enter your SSN in the Edit Government ID's section. Non-U.S residents must also complete the Additional Government IDs row.
- **Change Emergency Contacts:** At least one emergency contact and one form of contact must be provided.
- **Complete Form I-9:** Section one and two of the I-9 Form must be completed online no later than the third day of employment. We encourage you to complete the form prior to your start date to avoid delays in your hiring. *I-9 Identification Section Two: You will need to provide [work authorization documents](#) to HR to be approved to start work. *Please visit the [hiring process page](#) for walk-in office hours.*
- **Federal Withholding Elections(W-4):** Complete in Workday. Click [here](#) for information.
- **State/Local Withholding Elections:** Complete in Workday. Click [here](#) for information.
- **Manage Payment Elections Enrollment (Direct Deposit & Check).** Direct Deposit will require bank information.
- **Disability Self-Identification:** Complete as appropriate.
- **Veteran Status Identification:** Complete as appropriate.
- **District Policies and Forms:** Download and review all District policies and forms. Complete and upload the required forms as applicable. Screen shots or images of the completed forms are acceptable for upload.
 - District Policies and Procedures
 - Workers Compensation
 - Alternative Benefits & Plans
 - Oath of Allegiance
 - Designation of Beneficiary
 - California Public Retirement System Membership Verification
 - Reciprocal Self-Certification Form
- **Employment Screening Forms:** TB Assessment and LiveScan Fingerprints are required for all District employees **except GCCCD students**. TB Assessment and LiveScan results/receipts must be uploaded if available or provided in person no later than ten days after the first day of employment.
- **Job Specific Forms:** These are forms specific to your job. These forms must be completed and uploaded.



Welcome! The purpose of this guide is to introduce you to the **Workday** system and assist you in learning how to navigate the interface to complete important work-related tasks. Workday enables you to manage your personal work information all in one place. As a new Grossmont-Cuyamaca Community College District employee, Workday is where you will complete your **New Hire** and **Onboarding** tasks, as well as enroll in your benefits (if eligible).

WORKDAY TERMS AND SYMBOLS

	Workday Home Page		The main landing page of Workday that houses all of the icons you will use to access Workday features such as Absence, Pay, Benefits and more.
	Inbox:		Accessible on the left side of your Workday dashboard or in the top right corner of any Workday screen, this is where you will find all of your messages and task notifications.
	Task:		An item that has been assigned to your Workday inbox for you to complete.
	Prompt:		This icon looks like a tiny bulleted list. You can click this button to expand it, and it will give you a list of options.
	Plus:		You can use this symbol to add more row items, such as adding multiple dependents or beneficiaries.
	Minus:		Use this symbol to delete row items such as deleting beneficiaries.
	Edit:		The pencil allows you to make edits to the assigned field.
	Applications:		The blue thumbnails on the Workday home page that represent Workday Icon features like Time, Pay, Personal Information and more.



Getting Started



Career



Pay



Personal Information



Benefits



Time



Time Off



Talent and Performance

COMPLETE ONBOARDING TASKS

Before you may begin working, you must complete several Onboarding tasks in Workday to get you set up in the system. The steps below will help you through the Onboarding process the first time you access Workday.

This is where you'll see important announcements. Click on Onboarding to get started.

This is your inbox where you will find all of your messages and task notifications. Your inbox is accessible on the left side of your Workday dashboard or in the top right corner of any Workday screen.

ONBOARDING DASHBOARD

The names and contact information of your Initiator/Supervisor, HR, and Payroll Technician will appear in this section.

Helpful links and department information.

Click on **Ready** to view the Onboarding Tasks.

Your Onboarding Tasks will appear on the left side of the screen. When you complete the first three tasks you will be prompted to complete additional tasks.

As you complete Onboarding Tasks be sure to click **Submit** and **Done** when finished. The task will not be processed if Submit and Done are not selected.

If you miss a field you will not be allowed to move forward or cause a delay in the hiring process.

Personal Information and Contact Change Onboarding for Scout Finch

1 day(s) ago - Effective 03/01/2019

Instructions

- Home Address should be a California address
- Legal Name should match exactly what is on your Social Security Card

Begin by clicking on the "pencil" symbol in each section to enter your information. When you are done completing the section, you would click on the "check" symbol to save that section.

Note: The task is not submitted and complete until you click on the "Submit" button of each task item.

Change Home Contact Information

Address

Primary

- Yes added

Address

- 123 Maycomb Drive, El Cajon, CA 92020 added

Usage

- (empty) added

Submit Save for Later Close

Instructions on how to complete each task will be located at the top in orange.

Always scroll down to the bottom of the window to avoid missing information.

The Pencil symbol indicates the field is editable.

Edit Government IDs Scout Finch

19 hour(s) ago

Instructions

Under the Proposed IDs section:
For US Residents, please complete the National ID section.
For Non-US residents, please complete both the National ID and Government ID sections.

Begin by clicking on the "plus" symbol in each row to enter in your information. Complete each field as applicable.

Proposed IDs

*Country	*National ID Type	Current ID	Add/Edit ID	Issued Date
No Data				

Additional Government IDs

*Country	*Government ID Type	Identification #	Issued Date	Expiration Date	Verification
No Data					

As you complete Onboarding Tasks, the number in your inbox will decrease.

The Plus sign will add row items to input required information.

Edit Government IDs Scout Finch

1 day(s) ago

Instructions

Under the Proposed IDs section:
For US Residents, please complete the National ID section.
For Non-US residents, please complete the Government ID section.

Begin by clicking on the "plus" symbol in each row to enter in your information. Complete each field as applicable.

Proposed IDs

*Country	*National ID Type	Current ID	Add/Edit ID	Issued Date
	United States of America			MM/DD/YYYY

Additional Government IDs

*Country	*Government ID Type	Identification #	Issued Date	Expiration Date	Verification
No Data					

Submit Save for Later Cancel

The Prompt symbol will display a list of options to select from.

Tip: When "Preferred" is shown as an option it will display the most commonly selected options.

You may click on Archive to review items completed.

Additional tasks will display once the initial three tasks have been completed.

Personal information submitted in the first three Onboarding Tasks will auto-populate in later tasks.

ONBOARDING FORMS

In the Onboarding Forms section you will be asked to download and review various forms. There are forms that require you to complete and upload to Workday. If a required form is not uploaded you will not be able to move forward in the Onboarding Process.

*Screen shots and clear photo images will be accepted.

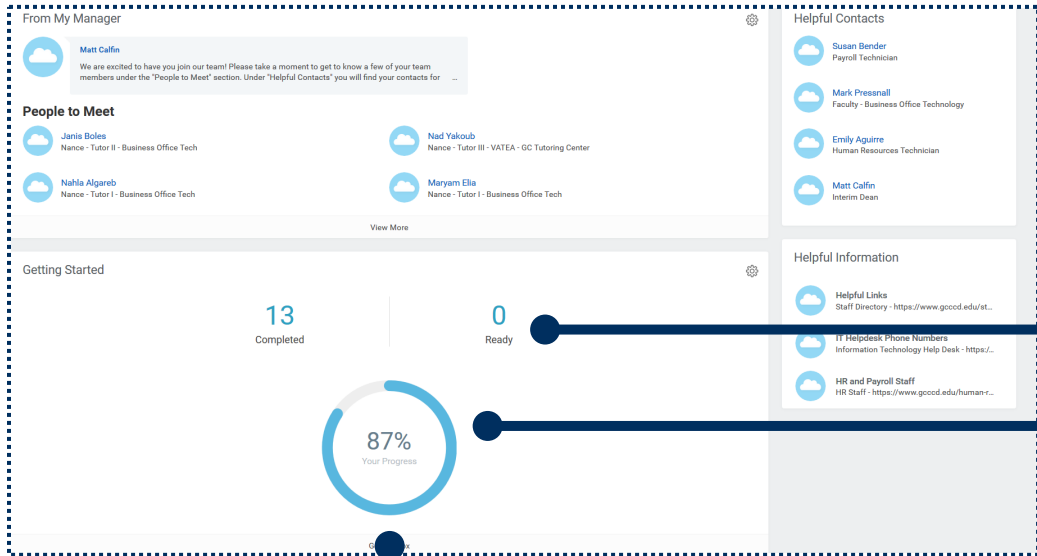
After downloading and reviewing each document. Read each Signature Statement and select the *I Agree* checkbox to continue.

To upload forms, drag your saved form to the box or click on *Select files* to open a search dialogue.

Carefully read all instructions as some documents may not apply to you.

ONBOARDING DASHBOARD-COMPLETION

To verify you have completed all Onboarding tasks, return to the Onboarding Dashboard by clicking on the home button at the top of the page.



If you have successfully completed Onboarding, a zero will display above **Ready**. This indicates there are zero items left for you to complete in Onboarding.

The percentage and completed items displayed will vary by position.

The Onboarding Dashboard will be available to new employees only during their first three months of employment.

Important Note: Once you complete Onboarding, the percentage of **Your Progress** will not display at 100%. This is because HR and Payroll must review the documents you submitted and complete internal processes.



Student Hourly/NANCE Worker

Workday Login & Password Change Guide

Student Workers can have two login accounts: One as a Student and one as a Student Worker. Please note that both accounts are in email address format.

Student Worker Account: Used only to log on to Workday for reporting time worked. The Workday account is not an email account used for sending and/or receiving email as you would with your regular student email account.

Below please see the difference between a Student account vs a Student Worker account. This will help you successfully log into Workday as a new Student Worker.

As a Student:

Email Format: [FirstName.LastName@students.gcccd.edu](#)

- Uses a dot “.” Between the first and last name
- Uses a student account - @ “students.gcccd.edu”

As a Student Worker Logging into Workday:

Email Format: [FirstName_LastName@gcccd.edu](#)

- Uses an underscore “_” Between the first and last name
- The “student” is removed and only shows @ “gcccd.edu”

Logging into Workday – First Time Login

1. Open up a new web browser: Workday recommends Chrome.
2. Enter the following URL: <https://www.myworkday.com/gcccd>
3. Enter your Student Workday Login username: **firstname_lastname@gcccd.edu** and press enter.

Note: Ignore spaces in names. Use the hyphen for a hyphenated name.

4. Enter your password. The default password will be (all lower case):

First Initial + dot + Last Name + dot + last seven digits of the phone number + exclamation point

- a. Example Name: John Smith
- b. Example Phone number is 619-356-2525
- c. Password Example: **j.smith.3562525!**



NOTE: You may be prompted to set up your off campus login. Please refer to the “Setup Workday Access Off Campus” guide found in your Onboarding Welcome email.



Changing your Password

We recommend you change your password as soon as you login to Workday for the first time.

Note: You must be logged in as yourself on a campus computer. A public computer will not work.

1. While logged into the computer, click the CTRL + ALT + DEL keys at the same time.
2. Select **Change Password** from the menu selection.
3. Enter the old password (see above) once and the new password twice. The new password should follow these rules:
 - a. Minimum of 8 characters
 - b. At least one upper case
 - c. At least one lower case
 - d. At least one of either a Special Character or a Number
 - e. The password may not contain the word “pass” or any part of the user name.



LOG OFF! Always log off your account when you are done using Workday.

Closing the window browser will NOT log you out of Workday. Properly logging out will ensure no other users can access your account and not use your account unknowingly.

- **Sign out by navigating to the top right corner and selecting the cloud icon. At the bottom of the menu, select the “sign out” orange button.**



FORM I-9 INSTRUCTIONS

NEW HIRE ONBOARDING

In response to the COVID-19 pandemic, the Department of Homeland Security has temporarily suspended the requirement for employers to conduct a physical review of documents supporting a new employee's eligibility to work in the United States.

This exception is in effect until May 19, 2020 or within three business days after the termination of the national emergency, whichever comes first.

The District is closed to the public. Please follow the instructions below to complete the Form I-9 requirement to present acceptable document(s) to Human Resources.

WORKDAY

Complete your Workday Onboarding. There are multiple steps and you will need to log in periodically as tasks assigned to you will be delivered to your in-box as other tasks are completed by Human Resources and Payroll.

Electronic Form I-9: This form will appear in your Workday in-box once you have updated your personal information in Workday. Complete Section 1 as instructed.

Form I-9 Documents: You will receive a To Do task in your Workday in-box instructing you to go onsite to present acceptable documents. Do not go onsite.



The District is currently closed and you will not be able to visit the campus. Follow the instructions below on how to present your documents to Human Resources.

UPLOAD FORM I-9 ACCEPTABLE DOCUMENT(S)

Review the list of acceptable documents on the [U.S Citizenship and Immigration Services website](#). Front and back copies are required for all documents.

1. Log into Workday.
2. Click on the **Personal Information** icon.
3. On the **View** column, select **Worker Documents**.
4. Click on the **Add** button.
5. To upload, drag and drop files or search for your document. Please ensure that they are clear images.
6. Choose **ID Verification** for the **Document Category**.
7. Press **OK**.

ZOOM MEETING

Human Resources will reach out to you to schedule a video conference meeting through Zoom. In this meeting, be prepared to show the same document(s) that you uploaded in Workday. Be sure to have a camera available on your device. Zoom is also available as an app on your smartphone.

PHYSICAL INSPECTION OF DOCUMENTS

When normal operations resume, the Department of Homeland Security requires that all employers review documents within three business days of that date. You will be required to visit Human Resources and present your documents within those three business days. Human Resources will contact you and give additional instructions at that time.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



STUDENT ACTION FORM

Student employment is a supportive service, at the same time it remains a complementary part of the educational process. The manager/supervisor is required to understand the hiring process, and follow all manager/supervisor responsibilities, including submitting a Student Worker Personnel Action Form.

This guideline includes information on how to complete the Personnel Action Form.

EMPLOYMENT ELIGIBILITY

Any employee working in the category of student must be selected for the position and complete all required hiring documents prior to the start of work. Student employees may be required to pass a Live Scan background check and Tuberculosis (TB) assessment. Student employees will be limited to a cumulative maximum of 6 academic years within the District. Work for any portion of the academic year constitutes as one year. Summer school will count toward only one academic year.

Federal & State-Funded College Work-Study

To be eligible for the work-study program, GCCCD students must complete the Free Application for Federal Student Aid (FAFSA), and be awarded under federal or state methodology.

They must be enrolled in at least 6 units and must maintain satisfactory academic progress according to federal guidelines.

Student Workers

The District employs students who either attend GCCCD or another accredited college or university. Students eligible to work in this employment category must be enrolled full-time (12 units or equivalent).

Students will be eligible for work during the summer if they meet the full-time eligibility requirements above. Eligibility is based on the most recent semester attended in the current academic year.

HOURS OF WORK

Student employees may not work more than 25 hours per week and no more than 8 hours per day.

International Students

International student workers hired may not work more than 20 hours per week.

DISQUALIFICATIONS

Federal & State-Funded College Work-Study

Students who fall below the required 6 units are not eligible for employment and must stop working immediately.

Student Workers

Students who fall below the full-time threshold (but maintain 6 units) or are academically disqualified or are on academic probation may complete work in the current semester only. Employment will be terminated at the end of the semester.

To be considered for re-hire, the student must meet certain criteria to include:

- Waiting period of one full semester (not to include summer or intersession)
- Full-time student status
- Clearance of any academic disqualification or academic probation
- Interview with Human Resources Director

PERSONNEL ACTION FORM (PAF)

Managers/Supervisors must familiarize themselves with the Personnel Action Form (PAF) and follow all hire guidelines. Failure to do so may delay the hiring process and/or cause the student to no longer be eligible for employment with the District.

The Initiator must complete the PAF at least three weeks prior to the start date.

A PAF will be required every semester/award term for all students (Fall, Spring, Summer).

After the PAF is completed, and all required signatures affixed, forward with completed hire packet materials to Human Resources.



DISTRICT POLICIES AND PROCEDURES

The Grossmont-Cuyamaca Community College District Chancellor's Office maintains the official electronic version of the GCCCD Board Policy Manual, Administrative Procedures Manual, and Operating Procedures Manual. A Board Policy (BP) is a written statement that embodies the interest and philosophy of the Governing Board and exists to provide parameters of governance concerning a particular area or issue of the District.

Board Policies and Administrative Procedures are posted on the District website at www.gcccd.edu.

- Under the "About Us" section, click on "Governing Board".
- Within the menu on the left side, click on "Policies and Procedures".

The following policies and operating procedures must be read and reviewed by all new District employees:

COMPUTER SYSTEM SECURITY AND USE STATEMENT

<https://www.gcccd.edu/governing-board/documents/procedures/ch3/AP%203720.pdf>

DRUG FREE ENVIRONMENT AND DRUG PREVENTION PROGRAM

<https://www.gcccd.edu/governing-board/documents/policies/ch3/BP%203550.pdf>

PROHIBITION OF HARASSMENT

<https://www.gcccd.edu/governing-board/documents/policies/ch3/BP%203430.pdf>

EQUAL EMPLOYMENT OPPORTUNITY

NOTICE TO EMPLOYEES REGARDING EQUAL EMPLOYMENT OPPORTUNITY

<https://www.gcccd.edu/governing-board/documents/dockets/2012/october/201a.pdf>

EQUAL EMPLOYMENT OPPORTUNITY PLAN

<https://www.gcccd.edu/human-resources/documents/employment-opportunity/2016%20EEO%20Plan%20-%20GCCCD.pdf>

SAFETY TIPS: "RIGHT TO KNOW" EMPLOYEE TRAINING PROGRAM

<https://www.gcccd.edu/formsdepot-district/documents/Safety.Tips.RTK.02-0153.pdf>



STATE OATH OF ALLEGIANCE

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

California Government Code Section 3100-3109

It is hereby declared that the protection of the health and safety and preservation of the lives and property of the people of the state from the effects of natural, manmade, or war-caused emergencies which result in conditions of disaster or in extreme peril to life, property, and resources is of paramount state importance requiring the responsible efforts of public and private agencies and individual citizens. In furtherance of the exercise of the police power of the state in protection of its citizens and resources, all public employees are hereby declared to be disaster service workers subject to such disaster service activities as may be assigned to them by their superiors or by law.

Printed Name

Signature of Authorized Official

Signature of Employee

Vice Chancellor-Human Resources

Title

Date

WHO MUST SIGN THE OATH: As required in Section 3 of Article XX of the Constitution of California, every State employee except legally employed noncitizens, must sign the following oath or affirmation before he or she enters upon the duties of his or her State employment. (Calif. Constitution, Article XX, Section 2, Calif. Government Codes, Sections 3 100-3 102).

WHEN OATH MUST BE SIGNED: As required in Government Code Section 3102, all public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council must sign an oath or affirmation before entering upon the duties of their employment. For intermittent, temporary or emergency employments, an oath or affirmation may, at the discretion of the employing agency, be effective for all successive periods of employment which commence within one calendar year from the date of the oath.(Calif. Constitution, Article XX, Section 3: Calif. Government Code Section 3102).

WHERE OATHS ARE FILED: The Oaths of all employees shall be filed with Human Resources. The oath is considered a public record.

FAILURE TO SIGN THE OATH: As stated in Government Code Section 3107, no compensation or reimbursement for expenses incurred shall be paid to any public employee or any volunteer in any disaster council or emergency organization accredited by the California Emergency Council unless such public employee has taken and subscribed to the oath or affirmation

PENALTIES: "Every person who, while taking and subscribing to the Oath or affirmation required by this chapter, states as true and material which he/ she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one or more than 14 years." (Calif. Government Code, Sect. 3102).



NOTICE OF EXCLUSION FROM CalPERS MEMBERSHIP

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

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

- 1. Your full-time seasonal or limited term appointment is limited to 6 months or less.
- 2. Your part-time appointment is limited to less than an average of 20 hours per week for less than one year.
- 3. Your appointment is an on-call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) this fiscal year.
- 4. Your position is excluded by law or by contract agreement which excludes:
_____ Enter contract exclusion (for Public Agencies only).
- 5. You are an independent contractor.
- 6. You are employed to render professional legal service to a city.
Exceptions: Persons holding the office of city attorney, deputy city attorney, or assistant city attorney.
- 7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district (for County Schools only).

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

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

SIGNATURE OF CERTIFYING OFFICER	TITLE	DATE
SIGNATURE OF EMPLOYEE		DATE

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



Reciprocal Self-Certification Form

*Complete the following information and return this form to your personnel office **within 10 business days**. To ensure this form is completed correctly, please reference the enclosed List of Qualifying Public Retirement Systems and instructions.*

Section 1. Member Information	
Member Name:	(Last) (First) (Middle)
Date of Birth:	CalPERS ID:
Membership Status in Qualifying Public Retirement Systems: <input type="checkbox"/> I have not been a member of a qualifying public retirement system in California. (skip to section 3) <input type="checkbox"/> I have membership in a defined benefit plan under a qualifying public retirement system in California other than CalPERS. (complete section 2 with membership information for each qualifying public retirement system)	

Section 2. Qualifying Reciprocal Membership Information			
Name of Most Recent Public Retirement System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date: / /
Name of Prior Public Retirement System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date: / /
Name of Prior Public Retirement System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date: / /

**Please provide dates, if applicable. Not all sections may be applicable for each Public Retirement System.*

Section 3. Sign and Certify	
I understand that by accepting employment in a qualified public retirement system, I am subject to the applicable laws and regulations of that system. I also understand that completing this form is not a request to establish reciprocity.	
I hereby certify that the foregoing information has been verified with the qualifying public retirement system as true and correct and any information found to be incorrect may require corrections to my CalPERS account including, but not limited to, my retirement enrollment level and adjustments to my member contributions. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.	
<i>Member Signature:</i>	<i>Date:</i>

Section 4. To Be Completed by Employer Only	
Name of CalPERS Agency:	
CalPERS Business Partner ID:	Member's Enrollment Eligibility Date:
Designee of Employer: (print name)	Designees' Title:
<i>Designee Signature:</i>	<i>Date:</i>
The employer must retain this form in the member's file for auditing purposes.	
<i>For more direction regarding how to process the Reciprocal Self-Certification Form, please refer to our employer reference guides.</i>	

Instructions for Completing the Reciprocal Self-Certification Form

<p>Section 1. Member Information</p>	<ul style="list-style-type: none"> • Complete the required fields with your name, date of birth, and CalPERS ID. • Check one of the appropriate boxes to indicate if you have had membership in a defined benefit plan in one of the qualifying public retirement systems named on the enclosed list. <ul style="list-style-type: none"> – If you have not been a member of any of the qualifying public retirement systems, mark the first box and skip to section 3. – If you have membership in a defined benefit plan of any of the qualifying public retirement systems on the enclosed list, mark the second box and continue to section 2. – This form is to obtain information regarding your membership in <u>other</u> qualifying public retirement systems; do not include CalPERS membership on this form.
<p>Section 2. Qualifying Reciprocal Membership Information</p>	<ul style="list-style-type: none"> • In the first column, titled “Name of Public Retirement System,” list the name of any qualifying public retirement systems you are a member of a defined benefit plan. <ul style="list-style-type: none"> – If you are a member of multiple qualifying public retirement systems, please provide the name of each system beginning with the most recent in descending order. – Please reference the enclosed List of Qualifying Public Retirement Systems in California. Only systems named on this list should be provided on the Reciprocal Self-Certification Form. • In the second column, titled “Membership Date,” list your membership date in the qualifying public retirement system. <ul style="list-style-type: none"> – You must provide a full date, including month, date, and year, which corresponds to each qualifying public retirement system listed. – If you are unsure of your membership date, please contact the qualifying public retirement system to confirm information prior to completing the form. • In the third column, titled “Separation Date,” list your separation date from the qualifying public retirement system. <ul style="list-style-type: none"> – This section may not be applicable for all qualifying public retirement systems. If you have not separated from the qualifying public retirement system, leave this field blank. – If you have separated from the qualifying public retirement system, you must provide a full date including month, date, and year. – If you are unsure of your separation date, please contact the qualifying public retirement system to confirm information prior to completing the form. • In the fourth column, titled “Retired or Refunded,” indicate if you have retired or refunded from the qualifying public retirement system. <ul style="list-style-type: none"> – This section may not be applicable for all qualifying public retirement systems. If you have not retired or refunded from the qualifying public retirement system, leave this field blank. – If you have retired or refunded from the qualifying public retirement system, mark the appropriate box and provide a full date including month, date, and year. – Retired: You have separated from the qualifying public retirement system and receive a monthly retirement allowance. – Refunded: You have terminated your membership in the qualifying public retirement system by withdrawing your contributions.
<p>Section 3. Sign and Certify</p>	<ul style="list-style-type: none"> • Please read the statement. Then, sign your name and date the document before returning it to your personnel office.



California Public Employees' Retirement System
P.O. Box 942709 Sacramento, CA 94229-2709
888 CalPERS (or 888-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-4166
www.calpers.ca.gov

Employer Account Management Division

Dear Member,

The California Public Employees' Retirement System (CalPERS) requires all members hired after January 1, 2013 complete the **Reciprocal Self-Certification Form (PERS-EAMD-801)** to provide essential information that will be used by your employer to enroll you in CalPERS membership.

This form obtains information regarding your membership in other qualifying public retirement systems and *must be returned to your employer within 10 business days of receipt*. Use the instructions provided on the back of the form and reference the List of Qualifying Public Retirement Systems for assistance. Information regarding your membership in a defined benefit plan for any of the listed qualifying public retirement system must be provided. **However, information related to CalPERS membership should not be included when completing this form, as this data is already stored in the CalPERS system.**

It is your responsibility to ensure the accuracy and completeness of the information you provide. Inaccurate information may result in adjustments to your account which could lead to adverse impacts such as incurring financial obligations that you and your employer will be responsible to fulfill.

For more information regarding the **Reciprocal Self-Certification Form**, please visit our website at www.calpers.ca.gov.

Please note: The completion of the **Reciprocal Self-Certification Form** does not establish [reciprocity](#), nor is it a request to establish reciprocity. To request that reciprocity be established, download the **When You Change Retirement Systems (PUB 16)** publication to obtain the **Confirmation of Intent to Establish Reciprocity When Changing Retirement Systems (PERS-CASD-255)** form. This publication is available at www.calpers.ca.gov.

Sincerely,

Membership Services

Enclosures: List of Qualifying Public Retirement Systems in California, **Reciprocal Self-Certification Form**, and Directions for Completing Reciprocal Self-Certification Form

List of Qualifying Public Retirement Systems in California

Name of Public Retirement System	Qualifications:
Alameda County Employees' Retirement Association [^]	
City and County of San Francisco Employees' Retirement System*	
City of Concord Retirement System*	
City of Costa Mesa Public Retirement System*	Safety only
City of Fresno Retirement System	
City of Pasadena Fire and Police Retirement System	Fire and police only
City of San Clemente*	Non-safety (miscellaneous) only
Contra Costa County Employees' Retirement Association [^]	
Contra Costa Water District	
East Bay Municipal Utility District	
East Bay Regional Park District	Safety only
Fresno County Employees' Retirement Association [^]	
Imperial County Employees' Retirement Association [^]	
Judges Retirement System II	
Kern County Employees' Retirement System [^]	
Legislators' Retirement System	
Los Angeles City Employees' Retirement System	Non-safety (miscellaneous) only; L.A. Fire and Police Pension System and L.A. Water and Power Employees' Retirement System not eligible
Los Angeles County Employees' Retirement Association [^]	
Los Angeles County Metropolitan Transportation Authority	Non-contract Employees' Retirement Income Plan, formerly Southern California Rapid Transit District
Marin County Employees' Retirement Association [^]	
Mendocino County Employees' Retirement Association [^]	
Merced County Employees' Retirement Association [^]	
Oakland Municipal Employees' Retirement System (City of Oakland)	Non-safety (miscellaneous) only
Orange County Employees' Retirement System [^]	
Sacramento City Employees' Retirement System*	
Sacramento County Employees' Retirement System [^]	Defined benefit plan only; cash balance plans not eligible
San Bernardino County Retirement Association [^]	
San Diego City Employees' Retirement System	Defined benefit plan only; cash balance plans not eligible
San Diego County Employees' Retirement Association [^]	
San Joaquin County Employees' Retirement Association [^]	
San Jose Federated City Employees' Retirement System	
San Luis Obispo County Pension Trust	
San Mateo County Employees' Retirement Association [^]	
Santa Barbara County Employees' Retirement System [^]	
Sonoma County Employees' Retirement Association [^]	
Stanislaus County Employees' Retirement Association [^]	
State Teachers' Retirement System	Defined benefit plan only; cash balance plans not eligible
Tulare County Employees' Retirement Association [^]	
University of California Retirement Program	Defined benefit plan only; cash balance plans not eligible
Ventura County Employees' Retirement Association [^]	
*= ^{Also CalPERS-covered agency}	[^] =1937 Act Counties

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).



CALIFORNIA PUBLIC RETIREMENT SYSTEM - MEMBERSHIP VERIFICATION

If you are a current member of CalSTRS or CalPERS and do not indicate so on this form, you are immediately liable for retirement contributions not deducted from your earnings. Your status in CalSTRS or CalPERS will determine whether 3121 Plan retirement contributions will be deducted.

First Name

Middle Initial

Last Name

Are you now or have you ever been a member of a California Public Retirement System such as CalSTRS or CalPERS or a retirement plan under a public agency? (Check One):

Yes No

If you checked "Yes", please check retirement system to which you contributed:

CalSTRS CalPERS Other: _____

Are you currently a member of the system you checked above? Yes No

Please note: If you are a CalSTRS retiree the Education Code prohibits employment in a classified position. You may be employed in any certificated position, kindergarten through community college; however, there is a restriction on the amount you can earn without affecting your CalSTRS retirement allowance.

The facts you have furnished as to your public agency retirement membership status are to enable the Grossmont-Cuyamaca Community College District to verify your retirement status with the retirement systems.

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ **Employee ID#** _____

Employer Name Grossmont-Cuyamaca Community College District **Employer ID#** 956006652

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ **Date** _____

MANAGE PAY INFORMATION

VIEW PAYMENT ELECTIONS

From the **Home** page:



1. Click on the **Pay** worklet.

Payment Elections

2. Click on [Payment Elections](#) under the Action section.
3. Your current Payment elections will display in the **Payment Elections** page.

CHANGE YOUR PAYMENT ELECTIONS

From the **Payment Elections** page:

Edit

1. Click the [Edit](#) button at the top left of the page.
2. This will take you to the **Manage Payment Elections** page.

Used by Pay Types Payroll Payments

Sample Check

NAME	0123
ADDRESS	01-23456789
CITY, STATE, ZIP	
DATE	
PAY TO THE ORDER OF	\$
	DOLLARS
BANK NAME	
ADDRESS	
CITY, STATE, ZIP	
FOR	
⑆0123456789⑆ 01234567890123⑆ 0123	
Routing Number	Account Number

Account Information

Account Nickname (optional)

Account Type Checking Savings

Bank Name * JPMORGAN CHASE BANK, NA

Routing Transit Number * 322271627

Account Number * 12345678910

If you are changing an existing account:

Change Account

3. Click [Change Account](#) next to the account that you wish to change.
4. This will take you to the **Change Account Information** page.

5. Type your changes.

OK

6. Click .

If you are adding a new account:

Add Account

7. Click under the Accounts table.

8. This will take you to the **Add Account** page.

9. Type in the Bank Name, Routing and Account numbers.

OK

10. Click .

11. The new account will display in the Accounts table.

Accounts 2 items

Account Nickname
JPMORGAN CHASE BANK, NA ***** 1234
JPMORGAN CHASE BANK, NA *****4321

Add Account

If you are changing the Payment Elections:


12. Scroll down to the Payment Elections section table. The original account will display.

Change Election

13. Click .

14. The Payment Election page will display.

15. Remove the old account under the Account column.

16. Use the **Prompt** icon  or type to indicate the newly-added account.

Next

17. Click .

Submit

18. Review your changes and click .

Done

19. Click .

If you are deleting an account:

Delete Account

20. Click next to the appropriate account. Make sure that this is

not the same account that is listed as the Payment Election account. If it is, then you will need to change the payment elections first.

21. Click



OK



DESIGNATION OF BENEFICIARY

Under Government Code Section 53245*

Legal restrictions prohibit the District from releasing checks or warrants to another person in case of an employee's death unless a designation has been made in accordance with Government Code 53245.

Please elect to file a Warrant Designation Form with Human Resources designating a person to immediately receive paychecks or other monies, which may be owed to you.

This is to inform you that in the event of my death I, _____ hereby designate,
Employee Name

Name of Designee

As the person entitled to receive and negotiate all warrant or checks that will be payable to me from the Grossmont-Cuyamaca Community College District.

This designee is my:

- Spouse
- Child
- Parent
- Other (Relative) _____
- Other (non-related) _____

And he or she may be identified as follows:

Date of Birth: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

***Government Code, § 53245**

"Any person now or hereafter employed by county, city, municipal corporation, district or other public agency may file with his appointing power a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the decedent had he/she survived. The employee may change the designation from time to time. A person so designated shall claim such warrant or checks from the appointing power. On sufficient proof of identify, the appointing power shall deliver the warrants or paychecks to the client. A person who receives a warrant or check pursuant to this section is entitled to negotiate it as if he/she were the payee."



EMPLOYEE NOTICE WORKERS' COMPENSATION BENEFITS

In the event of a work related injury, as an employee of the Grossmont-Cuyamaca Community College District, benefits are available to you through the California Workers' Compensation system.

Most California workers are protected in the event of job-related injuries and illness by workers' compensation, which is paid for by your employer. If you are injured or become ill as a result of your job, this coverage pays for medical care, necessary rehabilitation services, income in case you are disabled and can't work, or death benefits to your dependents.

It is your responsibility to notify your supervisor immediately of any work related injury or illness. Your employer will notify the claims administrators. If you have questions or need help, please contact the Human Resources department.



FACTS ABOUT WORKER'S COMPENSATION

York Risk Services Group, Inc.
P.O. Box 619079 Roseville, CA 95661
Phone (866) 221-2402 Fax (866) 548-2637



What is workers' compensation? Its purpose is to insure that an employee who is found to sustain an industrial injury or illness will be provided with benefits to medically cure or relieve them from the effects of the injury/illness, provide temporary compensation when they are medically unable to perform any occupational function, compensation for any residual handicap and/or impairment of bodily function, benefits for dependents if an employee dies as a result of an injury/illness, protection from discrimination by his/her employer because of the injury/illness.

Am I Covered? Nearly every person employed in California is protected by workers' compensation, however there are a few exceptions. People that are self-employed or volunteer workers may not be covered. Similar laws cover federal and maritime workers. York Risk Services Group (York) is your employer's claims administrator. Your employer or York can answer any questions you might have about coverage.

What Does Workers' Compensation Cover? If you have an injury/illness due to your job, it is covered. The cause can be a single event, like a fall or it can be due to repeated exposures, such as hearing loss due to constant loud noise. Injuries ranging from first-aid to serious accidents are covered. Even injuries related to a workplace crime, such as psychological or physical injuries, are covered under workers' compensation. Some injuries that result from voluntary activity, such as off duty social or athletic activities may not be covered. Check with your employer or York if you have questions. Coverage begins the moment you start your job. There is no probationary period or wage rate.

Duty Of The Employee. Immediately notify your employer or York so you can get the medical help that you need without delay. If your injury is greater than a first-aid injury, your supervisor will give you a Claim Form (Form DWC-1) for you to describe where, when and how it happened. To submit a claim, fill out the "Employee" section of the DWC-1. Keep one copy of this form and give the remaining pages to your supervisor. Your employer will fill out the "Employer" section and return a signed and dated copy of the form to you. Your employer will keep a copy of this form and forward another to York. York is in charge of handling your claim and informing you about your eligibility for benefits. Your claim benefits do not start until your employer knows about your injury, so report and file the DWC-1 as quickly as possible. California law requires your employer to authorize medical treatment within one working day of receipt of your Claim Form. Employers are liable for up to \$10,000 in treatment pending a decision by York for a claim to be accepted or rejected. Waiting to report may delay workers' compensation benefits. You may not receive benefits if you fail to file a claim within one year of the date of injury, the date you know the injury was work related, or the date benefits were last provided.

Duty of the Employer: Provide this form to every employee at the time of hire or by the end of their first pay period.

Within one working day, upon knowledge or notice from any source of a work injury/illness greater than first-aid, provide the employee with a Claim Form (DWC-1) and authorize medical treatment and report the claim to York Risk Services Group.

What are the benefits? You may be entitled to various kinds of benefits under California workers' compensation law including:

Medical Care: Medical treatment that is reasonably required to cure or relieve the injured worker from the effects of the injury/illness. There is no deductible or co-payment. These medical benefits may include lab tests, physical therapy, hospital services, medication and treatment by a doctor. State law limits certain medical services as of January 1, 2004. You should

never receive a medical bill. If additional treatment is necessary, York will coordinate medical care that meets applicable treatment guidelines for the injury. The doctor may be a specialist for your specific type of injury, and he or she will be familiar with workers' compensation requirements and will report promptly to York so your benefits can be paid. The physician with overall responsibility for treating your injury/illness is your primary treating physician (PTP). The PTP decides what kind of medical care you need and if you have work restrictions. If necessary, the PTP will review your job description with you and your employer to define any limitation or restrictions that you may have. This doctor also is responsible for coordinating care between other medical providers and will write reports about any permanent impairment of bodily function(s) or the need for future medical care. Generally, your employer selects the PTP you will see for the first 30 days, but if you want to change doctors for any reason, ask your employer or York. They're as interested as you are in your prompt recovery and return to work and will select a different doctor for you. If your employer has a Medical Provider Network (MPN) you will be directed to treat with a physician within the MPN and different rules apply regarding changing your physician. You can be treated by your personal physician or medical group immediately if you have health care insurance for injuries or illness that are not work related, and your physician agrees in advance to treat you for any work injuries/illnesses and has previously directed your treatment and retains your medical records and agrees, prior to your injury/illness, to treat you for workplace injuries/illnesses and you gave your employer your physician's name and address in writing before the injury. You may use the form inside of this pamphlet or your employer may have a form for you to use. If you give the name of your personal chiropractor or acupuncturist, different rules apply, and you may need to see an employer-selected physician first.

Temporary Disability Benefits: If you are not medically able to work for more than three days due to your work-related injury, counting weekends, you have a right to temporary disability (TD) payments to assist substituting your lost wages. After two weeks from reporting the injury, you will receive a check. If your employer has a salary continuation plan, your benefit may be included in your regular paycheck. TD is payable every 14 days until the doctor states you can return to work (Payments won't be made for the first three days, though, unless you're hospitalized as an inpatient or unable to work more than 14 days). The amount of the payments will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. Although the TD payment will not be the full amount of your regular paycheck, there are no deductions and the payments are tax-free. For injuries occurring on or after January 1, 2008, TD payments are limited to 104 compensable weeks within five years of date of injury. For a few long-term injuries such as chronic lung disease or severe burns, TD payments can last up to 240 weeks within five years from the date of injury. If you reach the maximum TD payment period before you can return to work or before your condition becomes permanent and stationary. See the "Other Benefits" section of this pamphlet for additional information. A timely filing with Employment Development Department may result in additional State Disability benefits when TD benefits are delayed, denied, or terminated.

Permanent Disability: If your doctor says your injury will always leave you with some permanent impairment of bodily function(s), you may receive permanent disability (PD) payments. The amount depends on the doctor's report, how much of the PD was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. State law

determines minimum and maximum amounts, and they vary by injury date. If you are entitled to PD, York will send you a letter explaining how the benefit was calculated. If the injury causes PD, the first payment of PD benefits is made within 14 days after the last payment of TD, unless your employer has offered you a position that pays at least 85% of your date of injury wages or if you are returned to a position that pays you 100% of the wages and, compensation paid to you on the date of injury, the PD would be paid after an Award issues.

Supplemental Job Displacement Benefit (SJDB): If you have a permanent whole person impairment, the eligibility for SJDB begins when your employer does not offer regular work, permanent, modified, or alternative work within 60 days of the receipt of a doctor's Medical Maximum Improvement (MMI) report. This is a nontransferable voucher for education-related retraining and/or skill development at state-approved schools, tools, licensing, certification fees and other resources as possible benefits. If you qualify for the supplemental job displacement benefit, York will provide a voucher up to a maximum of \$6,000.

Death Benefits: If the injury/illness causes death, payments may be made to your dependents. State law sets these benefits and the total benefit depends on the number of dependents. The payments are made at the same rate as TD payments. In addition, workers' compensation provides a burial allowance.

Discrimination: It is a violation of Labor Code Section 132(a) and illegal for your employer to punish or fire you for having a workplace injury/illness, for filing a claim or for testifying in another person's workers' compensation case. If your employer is found guilty of discrimination, you would be entitled to increased benefits, reinstatement and reimbursement for lost wages and benefits.

Other Benefits: Sometimes people confuse workers' compensation with State Disability Insurance (SDI). Workers' compensation covers on-the-job injuries/illnesses and is paid for by your employer or their insurance. On the other hand, SDI covers off-the-job injuries or sicknesses, and is paid for by deductions from your paycheck. If you are not getting workers' compensation benefits, you may be able to get State Disability benefits. Contact the local office of the State Employment Development Department listed in the government pages of your phone book for more information. You may be eligible to access the return-to-work fund, for the purposes of making supplemental payments to injured workers whose PD benefits are disproportionately low in comparison to their earnings loss. If you have questions or think you qualify, contact the Information & Assistance office listed in this pamphlet or visit the DIR website at: www.dir.ca.gov.

If You Still Have Questions... ask your supervisor or employer representative. Or contact York at the number indicated on workers' compensation posters at work and on this brochure. You can also contact the State Division of Workers' Compensation (DWC) and speak with an Information and Assistance Officer. These officers are available to review problems, answer questions and provide additional written information about workers' compensation at no charge. The local office is listed below and posted at your workplace. You can also call 800-736-7401 or visit the DWC website at: <http://www.dir.ca.gov/dwc>.

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony. Fines can be up to \$150,000 and imprisonment up to five years.



PREDESIGNATION OF PERSONAL PHYSICIAN (OPTIONAL)

You may use this form to notify GCCCD if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the requirements below are met.

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for no occupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To Grossmont-Cuyamaca Community College District, If I have a work-related injury or illness, I choose to be treated by:

Name of doctor/M.D., D.O., or medical group: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Employee Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Physician: I agree to this Pre-designation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).



PAID SICK LEAVE

The Healthy Workplaces, Healthy Families bill provides paid sick leave to non-bargaining unit employees. This category includes the following: substitutes, student workers, Federal Work Study, NANCE, Professional Expert, etc.

Employees who work 30 or more days within a year from commencement of employment are eligible for sick leave. Employees earn a minimum of one hour of paid sick leave for every 30 hours worked.

Entitlement of Paid Sick Leave

Sick Plan Year – Begins July 1 – June 30 (same as fiscal year)

Eligible Employees – Only Employees solely hired in a non-bargaining unit position are eligible for this sick leave plan.

- Note: Bargaining Unit employees with an additional non-bargaining position are not eligible for this plan.

Eligibility for the Plan – Employees are eligible for the sick leave plan 30 days from hire date.

Accrual Rate – Paid sick leave accrues at the rate of one hour per every 30 hours worked and recorded as paid time.

- Example: Timesheet hours recorded as 30 hours of paid time will result in 1 hour of sick leave accrual.
- Example: Timesheet hours recorded as 40 hours of paid time will result in 1.33 hours of sick leave accrual ($40/30=1.33$)

Accrual Maximum – Employees are eligible for a maximum accrual of 48 hours per plan year.

Accrual Carryover Maximum – Employees can carryover a maximum of 48 hours from one plan year to the next plan year.

Rate of Pay for Sick Leave – Employees will be paid at the current rate of pay for any sick leave usage.



Usage

Usage of Plan – Employees may begin using accrued sick leave on the 90th calendar day of employment.

Usage of Sick Leave – Employees may use their paid sick leave for the following:

- Themselves or a family member for the diagnosis, care or treatment of an existing health condition or preventative care. Family member means the following:
 - Child biological, adopted, or foster child, stepchild, legal ward or child to whom the employee stand in loco parentis, regardless of the child's age or dependence status
 - Biological adoptive, or foster parent, stepparent or legal guardian of an employee of the employee's spouse or registered domestic partner, or a period who stood in loco parentis when the employee was a minor child.
 - A spouse, registered domestic partner, grandparent, grandchild, or sibling.
- Specified purposes for an employee who is a victim of domestic violence, sexual assault or stalking.

Yearly Limit on usage – Employees are limited to a maximum of 24 hours of paid sick leave per plan year.

Daily Limit on Usage – Employees will be required to use the sick leave in the following increments of time so long as the employee has the available balance available.

- Minimum of 2 hours
- Employees can use a minimum of 2 hours of paid sick leave up to scheduled hours.
- Employees using paid sick time will not be able to use the sick absence for any time less than 2 hours per paid time off request such as 1 ½ hour, 1 hour, or ½ hour

Limit on Available Balance – In addition to the yearly limit, employees will not be able to use paid sick leave when there is no sick leave balance available. Neither the district nor the department may advance paid sick leave to an eligible employee of this plan.

How to use the benefit

If the use of sick leave is foreseeable, employees must provide their supervisor with advance notice. If the need for the leave is unforeseeable, the employee shall provide notice as soon as practicable and report their absence to their supervisor.

It is the responsibility of the employee to enter and record their absence on their timesheet. The employee's supervisor may enter this absence on the behalf of the employee when notified.

If the absence is not recorded on their timesheet, the absence will not be considered as paid sick leave.



Separation from employment

No Payoffs – This sick leave plan is not compensable wages at the time of termination. Employees with a balance of this sick leave plan will not have any sick leave balance paid out at the time of separation from the district.

Transfers of Sick Leave – This sick leave plan is not transferrable.

Balance Available – the sick leave balance is available to the employee for one year from the date of separation with the district. If the employee is rehired within one year into a non-bargaining position they will have previously accrued and unused paid sick leave balances reinstated and available for use upon re-employment. After one year of separation the unused and accrued sick leave will be deleted from the employee's previous sick leave balance.

Pension Plan and Sick Leave

Service Credit – CalPERS will not recognize this paid time off as creditable service. Employees who are also members of CalPERS will not have this paid time reported to CalPERS for service during employment or reported as unused sick leave at the time of retirement. Therefore, no retirement contributions will be withheld from the employee's paycheck for this sick leave plan.

Protection from Retaliation

Provisions of the law prohibit an employer from denying an employee the right to use the paid sick leave, discharging, threatening to discharge, demoting, suspending, or in any manner discriminating against an employee. There is a rebuttable presumption of unlawful retaliation if the employer acts in a manner described above within 30 days of the employee's request for leave or other protected activity.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

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

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

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

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

All employees. Eligible employees are:

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)