Payroll Paperwork

This process for completing the payroll paperwork is to ensure the correct information is provided to Payroll Services for accurate and timely payments to State employees.
This cover sheet is used to automatically populate most of the fields with your information in this new hire payroll packet. This packet is designed to print double-sided with the fields that need to be completed highlighted in yellow, with the exception of the I-9 form. Please complete Section 1 of the I-9 (from grey area to grey area).

Please complete the Google doc link sent in your email to set-up an appointment with Faculty Affairs to finalize your new hire paperwork and to present your original documents for I-9 verification.

### Employee Information:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno State ID:</td>
<td></td>
</tr>
<tr>
<td>First Name:</td>
<td></td>
</tr>
<tr>
<td>Middle Initial or Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
</tr>
<tr>
<td>Zipcode:</td>
<td></td>
</tr>
<tr>
<td>Email (used for emailing Background Check)</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Extension:</td>
<td></td>
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</table>

### Used for Date fields in forms:

<table>
<thead>
<tr>
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<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Date for Signature:</td>
<td></td>
</tr>
<tr>
<td>Signature Day:</td>
<td>Month, Year 2017</td>
</tr>
</tbody>
</table>

### Employer Information:

<table>
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<th>Value</th>
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<tbody>
<tr>
<td>Phone Number:</td>
<td>559-278-3027</td>
</tr>
<tr>
<td>Employer:</td>
<td>California State University, Fresno</td>
</tr>
<tr>
<td>Address:</td>
<td>5200 N. Barton Ave. ML-55</td>
</tr>
<tr>
<td>City:</td>
<td>Fresno</td>
</tr>
<tr>
<td>State:</td>
<td>CA</td>
</tr>
<tr>
<td>Zipcode:</td>
<td>97340</td>
</tr>
<tr>
<td>Signing:</td>
<td>Laura C. Gribben</td>
</tr>
<tr>
<td>Title:</td>
<td>Faculty Affairs Analyst</td>
</tr>
</tbody>
</table>
Resource handouts attached in New Hire Reference Packet:

1. New Hire Reference Page and myfresnostate.edu Information
2. Payroll Calendar
3. Creating Fresno State Account (N/A for Unit 11)
4. Accurate Background: Sample Email Screening Information (N/A for Unit 11)
5. Fresno State – a language of our own
6. Policy and Resources Links
7. Federal W-4 Withholding Information
8. California DE-4 Withholding Information
9. New Hire Notice-Injuries Caused By Work
10. Pre-designation of Personal Physician
11. Pre-designation of Personal Chiropractor or Acupuncturist
12. The California State University Office of the Chancellor Executive Order 1096
13. Fresno State Campus Map

Forms for Employees
14. Review Appointment Notice (Contract) Information
15. Lecturer Information Sheet
16. Parking Permit Authorization (take to Cashier’s Window)
17. Faculty/Staff Application (take to Bulldog Card Office)

I ________________________________
acknowledge having received the above informational handouts and resource web links.

Signature ________________________________

ID # ________________________________

Date: ________________________________
Designation of Person Authorized to Receive Warrants

NOT YOU

Sign Here
OATH OF ALLEGIANCE AND DECLARATION OF PERMISSION TO WORK FOR PERSONS EMPLOYED BY THE STATE OF CALIFORNIA

Oath may be administered by a person having general authority by law to administer oaths or may be administered by the appointing power, or by a person for whom written authorization to witness oaths has been executed by the appointing power. The appointing power maintains a file of such authorizations.

PART 1  OATH OF ALLEGIANCE

TO BE COMPLETED BY UNITED STATES CITIZENS ONLY

WHO MUST SIGN OATH - As required in Section 3 of Article XX of the Constitution of the State 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. Noncitizens are required to possess a Declaration of Permission to Work. If an alien employee becomes a naturalized citizen, an oath must then be obtained and filed.

WHEN OATH MUST BE SIGNED - As required in Government Code Sections 18153 and 3102, all public employees and all volunteers in any disaster council or emergency organization accredited by the Office of Emergency Services 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.

OATH OF ALLEGIANCE (Type or print name of employee then complete Part 3.)

I

[Signature]

, 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.

WHERE OATHS ARE FILED - As required in Government Code Sections 18153 and 3105, all oaths for public employees and all volunteers in any disaster council or emergency organization accredited by the Office of Emergency Services shall be filed in the official employee file within 30 days of the date the oath is executed. The oath is considered a public record.

FAILURE TO SIGN - 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 Office of Emergency Services unless such public employee has taken and subscribed to the oath or affirmation.

PENALTIES (Government Code)

"3108. Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for two, three, or four years."

PART 2  DECLARATION OF PERMISSION TO WORK

TO BE COMPLETED BY LEGALLY EMPLOYED NONCITIZENS ONLY

I am a lawful permanent resident alien of the United States.  [YES]  [NO]

If NO, please read the following:

I hereby certify that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.

PART 3  SIGNATURE AND CERTIFICATION (No fee may be charged for administering)

TO BE COMPLETED BY UNITED STATES CITIZENS AND LEGALLY EMPLOYED NONCITIZENS

[Signature]

[Date]

[Name]

[Title]

[State/Department or Agency]

[Division/Unit]

California State University, Fresno
DRUG FREE WORKPLACE

• Unlawful
• Prohibited in Workplace
• Violation = disciplinary action
• Conviction notify University
• University must notify Federal Agency (10) days
• Within 30 days, University will initiate appropriate personnel action.

POLICY

The Drug Free Workplace Act of 1988, effective March 18, 1989, requires that the University certify that it will provide a drug-free workplace.

In compliance with the Act, employees are hereby notified that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in our workplace. Violation of this policy may result in disciplinary action, including but not limited to suspension and/or termination or a requirement to participate in an approved drug abuse assistance or rehabilitation program.

Employees must be aware that as a condition of employment they will abide by the terms of this policy and will notify the University of any criminal drug statute conviction for a violation occurring in the workplace within five (5) days after such conviction.

The University must notify the federal agency involved of the conviction within ten (10) days of receiving such a notice. Within 30 days, the University will initiate the appropriate personnel action or require satisfactory participation in an approved drug abuse assistance or rehabilitation program.

ACKNOWLEDGEMENT

I hereby certify that I have read, understand and will abide by the conditions of this policy.

Employee Name: ________________________________ (Print)

Employee Signature: ____________________________ Date: ____________
**Employee Action Request**

**Complete Yellow Highlighted Areas**

**Sign Here**

---

**California State University, Fresno – Office of Faculty Affairs**
The I-9 Employment Eligibility Verification Form
Complete grey area to grey area

Sign Here

California State University, Fresno – Office Faculty Affairs
Direct Deposit

Complete Yellow Highlighted Areas

Start pulling out checkbooks, or cell phones and locate routing/account numbers.
CalPERS Reciprocal Self-Certification Form

RECIPIENT SELF-CERTIFICATION FORM

Complete the following information and return this form to your Personnel Office within 10 business days.

Employee Name: [First] [Last]
Date of Birth: [Date]
Social Security #: [Number]

Check the applicable statement:
1. I have not been a member of a qualifying Public Retirement System in California.
2. I have prior membership under another Public Retirement System in California. [Complete the box below with verified dates including month, day, and year. If you are unsure of the dates, please contact the Public Retirement System to confirm information prior to completing form.]

Name of Most Recent Reciprocal System: [System Name]
Membership Date: [Date]
Separation Date: [Date]
Retired? [Yes/No]
Refunded? [Yes/No]

Name of Prior Reciprocal System: [System Name]
Membership Date: [Date]
Separation Date: [Date]
Retired? [Yes/No]
Refunded? [Yes/No]

*Please provide dates, if applicable. Not all reasons may be applicable for each Reciprocal System.

I understand that by accepting employment in a qualified retirement system, I am subject to the applicable laws and regulations of that system. I also understand that completing this form does not constitute a request to establish reciprocity.

I hereby certify that the foregoing information has been verified as true and correct and any information found to be incorrect may require corrections to my account in the California Public Employees' Retirement System including, but not limited to, my retirement enrollment level. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.

Employee Signature: [Signature]
Date: [Date]
Cell/Phone Number: [Number]

TO BE COMPLETED BY EMPLOYER ONLY:

Name of CalPERS Agency: California State University, Fresno
California State University, Fresno
6930813478
Designee of Employer: [Print Name]
[Signature]
Designee of Employer: [Name]
[Signature]
Employee's CalPERS Original Hire Date: [Date]
Employee's CalPERS Membership Eligibility Date: [Date]

The employer must retain this form in the employee's file for auditing purposes.
About Your Appointment Notice

Upon the recommendation of the Department of Department of Biology, I am pleased to extend to you an offer of employment to a temporary position in a Semester Appointment. You will be notified of your specific assignment by the department chair. This employment automatically expires at the end of the period stated and does not establish consideration for subsequent appointments or any other appointment rights. No other notice shall be provided. Part-time temporary faculty appointments are conditional upon budget and enrollment.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Rank</th>
<th>Base Rate</th>
<th>WTU</th>
<th>Fraction</th>
<th>Time Base</th>
<th>Monthly Rate</th>
<th># of Pay</th>
<th>Semester Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2018</td>
<td>B</td>
<td>$4,757.00</td>
<td>7.00</td>
<td>7/15</td>
<td>0.47</td>
<td>$2,219.93</td>
<td>6</td>
<td>$13,319.58</td>
</tr>
</tbody>
</table>

In this assignment, you are considered a non-exempt employee. Your timebase and the number of hours associated with this assignment are below. As soon as you anticipate you cannot perform your assigned duties within the number of hours you have been assigned, you must initiate discussions with your supervisor. Once you reach the maximum number of hours you have been assigned in any given week, you must stop working and immediately contact your supervisor. No further work above the hours provided below should be performed without the written authorization of your supervisor. You will be provided a fifteen (15) minute paid break for each four (4) hours worked. Work with your supervisor to determine break schedules if needed. Is it a campus policy that Teaching Associates and Graduate Assistants are not assigned to work more than a 20 workweek (APM 311) [www.fresnostate.edu/academics/facultyaffairs/documents/apm/311.pdf](http://www.fresnostate.edu/academics/facultyaffairs/documents/apm/311.pdf). Your scheduled work days are set by the Academic Payroll Calendar, Dean’s pre-approval will be required to work on a holiday, here is a link: [http://fresnostate.edu/adminserv/hr/payroll/news/calendars.html](http://fresnostate.edu/adminserv/hr/payroll/news/calendars.html)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Base Rate</th>
<th>WTU</th>
<th>Fraction</th>
<th>Time Base</th>
<th>Weekly Hours</th>
<th>Semester Hours</th>
<th>Monthly Rate</th>
<th># of Pay</th>
<th>Semester Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2018</td>
<td>$2,758.00</td>
<td>3.90</td>
<td>13/50</td>
<td>0.26</td>
<td>10.40</td>
<td>176.80</td>
<td>$717.08</td>
<td>6</td>
<td>$4,302.48</td>
</tr>
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</table>
Lecturer Information - Spring 2018

Page 1 of 2

Department: Department of Plant Science
Appointment Type: Semester Appointment
Email address: @mail.fresnostate.edu
Rank/Title: Lecturer - R
Years of Continuous Service: 0 years (since 3/1/2018)
Base Rate: $4,140.00

The faculty members are recognized under the CFA/CSU Collective Bargaining Agreement-Unit 3. The following contains Articles pertinent to Appointments, Salary, Retirement program and Evaluations. The complete CBA can be found at the California State University website: http://www.calstate.edu/hr/employee-relations/bargaining_agreements/contract/cfa/index.shtml

**Appointments - Article 12**

Our records indicate that you are Part-time; you have less than 30 WUEs for the Academic Year. Part-time appointments are conditional based on budget and enrollment. Article 12.8

**Service Salary Increase (SSI) eligibility after Feb 2017 - Article 12.10 & Article 31**

At the current time, the CSU/CFA Bargaining agreement does not have any SSI’s scheduled. Upon completion of twenty-four (24) units in the same department, temporary employees are eligible to receive negotiated salary increases, equivalent to the percentage of 2.65% (Article 31.24), provided that they meet the requirements of Article 31.

**Fee Waiver eligibility, Article 25:**

Appointments made for Continuous Service is:

You are not eligible for Fee Waiver; you have less than 6 years of continuous service. Temporary faculty unit employees (excluding coaches - coaches must have an equivalent of more than 6 years full-time equivalent service in the department) with 5 years or more in the current range, are eligible to receive a fee waiver. Forms and other information can be found here: http://fresnostate.edu/admissions/hr/benefits/fee-waiver.html

**Range Elevation - Article 17 and APM 552**: Date used for Years in Range is:

Eligibility: See APM 332 for Range Elevation information, application, and review criteria. Specifically, instructional faculty see Table 1, non-instructional faculty see Table 2.

Standard Eligibility - Lecturers who have no more eligibility for service increases (SSI) pursuant to provision 12.12 and whose unit has served five (5) years in the current range. Receipt of a previous PVI may affect your eligibility.

2017/18, 18/19, and 19/20 Temporary Range Elevation - The enclosed sheet explains the temporary range elevation provision and provides employment information applicable to qualifying for this limited provision based on status at the beginning of 2017/18.

**Benefits Information - Article 32**: Your current appointment in this Department DOES NOT meet the minimum of 6 WUE assignment to be eligible for benefits. If you have appointment(s) in another Department and your total WUE is 6 or more, contact Benefits Office in Human Resources at (559) 278-2032 to discuss benefit options and effective dates.

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Lecturer Information - Spring 2018

Page 2 of 2

**Retirement Programs**

More information can be found at Benefits website

http://www.fresnostate.edu/administrative/hr/benefits/retirement/index.html

**Part-time, Seasonal, and Temporary Employees Retirement Program**

The Part-time, Seasonal, and Temporary Employees Retirement Program (PST Program) is a savings program created by federal law for employees who are not members of a retirement system. The PST Program provides an opportunity for state and California State (CSU) employees not covered by Social Security and by the California Public Employees' Retirement System (CalPERS) to save for retirement. More information is available from the Savings Plans Web site at https://www.calperspublic.com/apps/rrs/CalpersPublic/index.jsp or call (800) 421-7776 to request that it be mailed to you.

**CalPERS Retirement System**

Full-time appointments that exceed six months and half time appointments averaging 20 hours per week for one year or longer require membership in the California Public Employees Retirement System (CalPERS).

Employees excluded from CalPERS membership are covered by the CSU Part Time Retirement Plan. CalPERS eligible employees are encouraged to set-up their account online through myCalPERS.

**Periodic Evaluations**

- Article 15.11 (PT) and 15.24 (FT) and APM 106 and 527

These evaluations shall include student evaluations, peer reviews and appropriate administrator reviews. Departments may choose to enhance the requirements in APM 322; however, Departments may not choose to decrease the minimum requirements.

**Evaluations**

- Article 15.2B and 15.2C

Temporary faculty unit employees eligible for a three-year appointment pursuant to provision 12.12 and Temporary faculty unit employees holding a three-year appointment pursuant to provision 12.13 shall be evaluated in the academic year preceding the issuance of a three-year appointment. Where the appropriate administrator determines that a temporary faculty unit employee has not performed his/her duties in a satisfactory manner, then the reasons for such determination shall be written and placed in the Personnel Action file.

**Monthly Pay and Adjustments for July 2018 and August 2018**

- Fall 2017 Monthly Pay: $0.00
- Spring 2018 Monthly Pay: $0.00
- Estimated August 2018 Pay: $0.00

**Pay Calendar**

Pay dates can be found at http://www.fresnostate.edu/administrative/hr/payroll/news/calendar.html

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
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</tbody>
</table>

**Academic Policy Manual**

http://www.fresnostate.edu/academics/facultyaffairs/policies/apm/index.html

- APM 241: Interim Policy on Course Syllabi and Grading Interim
- APM 556: Policy on Online and Consultation Hours
- APM 339: Policy on Final Exams
Additional Benefits Information

>= 6-units

TEMPORARY FACULTY BENEFITS ELIGIBILITY INFORMATION

Human Resources
8150 North Maple Avenue, Room JA211
Fresno, CA 93740-8026  (559) 278-2032     FAX (559) 278-7785

Benefits eligibility is based upon your contract(s) as a Lecturer. The number of teaching units and the duration of your appointment will determine your benefits eligibility. Once you are enrolled in benefits, you must maintain a minimum of six weighted teaching units (9/15 time base) per semester to continue coverage. If your appointment falls under Section B, please contact Human Resources at (559) 278-2032 to discuss benefit options and effective dates.

SECTION A

If your Appointment is LESS THAN 6-WTU(s):
- Less than six weighted teaching units (.40 time base)
- AND
- One Semester or Academic Year (AY) appointment

SECTION B

If your Appointment is 6-WTU(s) or MORE:
- More than six weighted teaching units (.40 time base)
- AND
- One Semester or Academic Year (AY) appointment

GAIN OR LOSS OF BENEFITS ELIGIBILITY: During any Semester if you have a change in time base, appointment type (duration), OR receive an additional appointment in another department with the same duration (i.e., One semester or AY), please contact our office immediately as it may affect your benefits eligibility.

NOTE: Your appointment is NOT averaged in order to qualify for benefits. Once you qualify for benefits, Human Resources will monitor your appointment on an ongoing basis to determine continued eligibility.

E. YOU ARE ELIGIBLE FOR THE FOLLOWING BENEFITS:
- Catastrophic Leave Donation Program
- Dependent Care Account
- Health Care Account
- Family Medical Leave
- Fee Waiver Program
- Long-Term Care
- Non-Industrial Disability
- Retirement
- Workers’ Compensation
- Voluntary Miscellaneous Programs

E.1 Lecturers and Coaches with appointments in classifications 2231, 2375, 2770, 2311 or 2504.

Eligibility for these benefits has specific requirements. Contact Human Resources for further information.

B. YOU ARE ELIGIBLE FOR THE FOLLOWING BENEFITS:
- Catastrophic Leave Donation Program
- Dependent Care Account
- Health Care Account
- Family Medical Leave
- Fee Waiver Program
- Long-Term Care
- Non-Industrial Disability
- Retirement
- Workers’ Compensation
- Voluntary Miscellaneous Programs
- Voluntary Single-Life/Group Insurance
- Voluntary/Supplemental Insurance (Health & Dental, Accident, Life Care, etc.)
Social Security SSA-1945

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

Information about Social Security Form SSA-1945

Legal Requirement

The Social Security Protection Act of 2004 (EPPA), Public Law 108-203, requires state, including the California State University (CSU), and local government employees to provide a statement to employees hired January 1, 2005, or later, in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

CSU Form SSA-1945, Statement Concerning Your Employment in a Job Not Covered by Social Security, is the document that should be used to meet the requirement of the law. CSU Form SSA-1945 explains the potential effects of two provisions of the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker’s Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or ex-spouse.

In accordance with the Social Security Protection Act of 2004, employers must:

- Give the statement to the employee prior to the start of employment.
- Obtain the employee’s signature on the form.
- Submit a copy of the signed form to the pension-paying agency, if appropriate.

Social Security will not be signing any additional guidelines concerning the use of this form.

Who Must Sign the Form

All new hires who fall into the following categories must complete the form:

- Public safety employees who participate in the CalPERS public safety retirement plan and do not pay Social Security taxes;
- Student employees who are exempt from paying social security taxes, including those who do not contribute to a retirement system;
- Employees who are exempt from paying social security taxes due to non-exempt aliens status; or
- Part-time, seasonal and temporary employees who participate in a defined contribution plan in lieu of Social Security (DPART Retirement Plan and the UCDC Plan) authorized by the Governor's Budget and Reconciliation Act (OBRA).

Form Completion Deadline

Employees in above categories must receive, complete, and sign the form prior to the start of employment. Please note, an employee must complete the form each time he or she is newly hired or rehired in a new appointment in one of the above categories.

Completing the Form

The designated University representative responsible for disseminating the form must ensure that the form is filled out completely and includes a signature and date.

Distribution of Signed Form

For employees eligible for the UCDC plan, please mail form to:
UC HR-Benefits - Records Management
P.O. Box 24570
Oakland, CA 94625-1570

For employees eligible for CalPERS membership, please mail form to:
CalPERS - Form SSA-1945
P.O. Box 942715
Sacramento, CA 95229-2715

Note: Do not mail forms for the DPART Plan, as this plan does not meet the criteria of a pension-paying agency.

Additional Instructions

Provide a photocopy of the form to the employee.

Please be advised that your earnings from this position are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this position. 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 benefit 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 (2) ways your Social Security benefit amount may be affected:

1. 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 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is $133.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit.

2. 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 (2/3) 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 offset to 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, refer to Social Security Publications “Windfall Elimination Provision,” and “Government Pension Offset Provision.” These publications, and additional pertinent information, including information about exceptions to each provision, are available at www.ssa.gov. You may also call toll free at (800) 772-1213, or the FTC number at (800) 322-0778, or contact your local Social Security Office.

Required Signature

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

Signature of Employee

Date

Employee ID

CSU Form SSA-1945

California State University, Fresno – Office Faculty Affairs
Executive Order 1083
Revised July 21, 2017
Attachment C

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE AND NEGLECT
USE FOR LIMITED REPORTERS ONLY

INSTRUCTION FOR HUMAN RESOURCES: Please provide this form, as well as Attachments A and B of Executive Order 1083 Revised July 21, 2017, to employees who are identified as Limited Reporters. Retain the completed form in the employee’s official personnel file.


California law requires certain people, known as “Mandated Reporters,” to report known or suspected child abuse or neglect. You have been identified as a Mandated Reporter: a Limited Reporter under Penal Code § 11165.7(a)(41). As a Mandated Reporter, you are required by the law to sign this statement acknowledging your legal reporting obligations.

A copy of the relevant provisions of the law explaining the definition of “Mandated Reporter” (Penal Code § 11165.7), the reporting obligations (Penal Code § 11166), penalty for failure to report abuse or impeding report (Penal Code § 11166.01), the contents of the reports, and the confidentiality of the Mandated Reporter’s identity (Penal Code § 11167) is attached.

Online training is available to you at https://di.csufresno.edu/?tvc=blkoff (under keyword search “Mandated Reporter”).

Immunity and Confidentiality of Reporter

Mandated Reporters cannot be held civilly or criminally liable for their reports. Instead, they enjoy immunity from prosecution for their reporting of suspected child abuse (Penal Code § 11172(a)). Both the identity of the person who reports and the report itself are confidential and disclosed only among appropriate agencies (Penal Code § 11167(d)).

Penalty for Failure to Report Abuse or Impeding Report

A Mandated Reporter who fails to make a required report of abuse, or any administrator or supervisor who impedes or inhibits a report, is guilty of a misdemeanor punishable by up to six months in jail, a fine of $1,000, or both (Penal Code Sections 11166(c) and Section 11166.01(a)). Where the abuse results in death or great bodily injury, the Mandated Reporter who fails to make a required report or administrator or supervisor who impeded or inhibited the report is subject to punishment of up to one year in jail, a fine of $5,000, or both (Penal Code Sections 11166.01(b)).

Acknowledgment

I acknowledge being provided with copies of Penal Code Sections 11165.7, 11166, 11166.01, and 11167. I acknowledge and understand my responsibility and legal obligation to report known or suspected child abuse or neglect in compliance with Penal Code Section 11166.

Employee’s Name: ____________________________ Dept.: ____________________________

Signature: ____________________________ Date: ____________________________
Statement Acknowledging Requirement to Report Child Abuse and Neglect

INSTRUCTION FOR HUMAN RESOURCES: Provide this form, as well as Attachment A and B of Executive Order 1083 Revised July 21, 2017, to employees who are identified as Limited Reporters. Keep the completed form in the employee’s official personnel file.

*Exception: Non-Management Personnel Plan employees hired prior to January 1, 1985

California law requires certain people, known as “Mandated Reporters,” to report known or suspected child abuse or neglect. You have been identified as a certain type of Mandated Reporter: a Limited Reporter under Penal Code § 11165.7(a)(4)(A). As a Mandated Reporter, you are required by the law to sign this statement acknowledging your legal reporting obligations.

A copy of the relevant provisions of the law explaining the definition of “Mandated Reporter” (Penal Code § 11165.7), the reporting obligations (Penal Code § 11166), penalty for failure to report abuse or impeding report (Penal Code § 11166.01), the contents of the reports, and the confidentiality of the Mandated Reporter’s identity (Penal Code § 11167) is attached.

Online training is available to you at https://do.csuf.edu/TVORskillsoft (under keyword search “Mandated Reporter”).

Immunity and Confidentiality of Reporter

Mandated Reporters cannot be held civilly or criminally liable for their reports. Instead, they enjoy immunity from prosecution for their reporting of suspected child abuse (Penal Code § 11172(b)). Both the identity of the person who reports and the report itself are confidential and disclosed only among appropriate agencies (Penal Code § 11167(d)).

Penalty for Failure to Report Abuse or Impeding Report

A Mandated Reporter who fails to make a required report of abuse, or any administrator or supervisor who impedes or inhibits a report, is guilty of a misdemeanor punishable by up to six months in jail, a fine of $1,000, or both (Penal Code Sections 11165(c) and Section 11166.01(a)). Where the offense results in death or great bodily injury, the Mandated Reporter who fails to make a required report or administrator or supervisor who impeded or inhibited the report is subject to punishment of up to one year in jail, a fine of $5,000, or both (Penal Code Section 11166.01(c)).

Acknowledgment

I acknowledge being provided with copies of Penal Code Sections 11165.7, 11166, 11166.01, and 11167. I acknowledge and understand my responsibility and legal obligation to report known or suspected child abuse or neglect in compliance with Penal Code Section 11166.
Bulldog Card
Fresno State ID

- Property of Fresno State
- If lost or stolen, inform immediately
- There is a fee to replace