

SECTION 7 – Justification

*****Detailed explanation of action (required):** Please provide a SPECIFIC EXPLANATION FOR personnel/position action and qualifications and educations.

SECTION 8 – Signatures for Approval

Name of Person who Prepared Requisition: (if different from Hiring Administrator) _____

Phone Ext: _____

2) _____ /_____/_____
Vice President’s Signature Date

Hiring Administrator: _____
Print Name

1) _____ /_____/_____
Hiring Dean/Administrator’s Signature Date

3) _____ /_____/_____
President’s/Vice Chancellor Signature Date

Phone Extension: _____

FOR SIGNATURES AND OFFICE USE ONLY

FOR LABOR DISTRIBUTION CHANGES ONLY

***VP of Administrative Services Signature:** _____ Date: ____/____/____

***Director of Business Services Signature:** _____ Date: ____/____/____

FOR HUMAN RESOURCE SERVICES ONLY

1) _____ /_____/_____
Human Resource Services Analyst Review Date

Item Number Presented to Board _____ **Date of Board Approval** ____/____/____ **Completed:** I-9 Fingerprints

2) _____ /_____/_____
Director, Human Resource Services Signature Date

HR: Inputted by: _____ Date: ____/____/____ **Payroll:** Inputted by: _____ Date: ____/____/____ **Benefits:** Inputted by: _____ Date: ____/____/____

CHABOT - LAS POSITAS COMMUNITY COLLEGE DISTRICT

Tuberculosis (TB) Certificate Information

SECTION 1: PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

SSN/W#: _____ Position Title: _____

Division/Office: _____ Employee Signature: _____

SECTION 2: TB CERTIFICATE

Have you submitted a clear/negative TB test or X-ray (**no later than 4 years old**) to the [Office of Human Resource Services](#) for work prior to this job?

Yes (If you answered yes, please turn in this form to the Office of Human Resource Services)

No (If you answered no, please proceed to SECTION 3)

SECTION 3: INSTRUCTIONS

- 1) Schedule an appointment with your personal physician or health care center. (List of available locations are listed on the next page for your convenience)
- 2) Take this form with you when you go in for your TB test.
- 3) Your test will require two visits: The first visit will be for taking your TB test and the second visit will be for a follow-up to have the test viewed for results. (You will have to wait 48 to 72 hours before returning for the second visit to review the results. Remember to schedule your initial visit only if you know you will be able to meet the second visit time requirement, otherwise you may be charged to re-test)
- 4) Once you have completed your examination successfully, your physician will give you a copy of the TB / X-ray certificate. Please check to see if the following information is listed on your certificate:
 - Hospital / Health Clinic Name
 - Date of TB examination or X-ray and final date of results
 - Results of the test is marked as either negative or positive(NOTE: if positive, a chest X-ray will be required for continuation of employment with the District. An X-ray may be scheduled at most hospitals and clinics)
- 5) Submit this TB form along with a **copy of your TB / X-ray certificate** to the Office of Human Resource Services after you have received a clear TB test from the physician.
- 6) Expense for the initial examination, including X-rays, if needed, is the responsibility of the employee with the exception of student assistants. Only TB examinations are covered for student assistants, not X-rays examinations. Expenses for renewal tests are paid by the District. Please see board policy: <http://www.clpccd.org/board/documents/4015Policy.pdf>
- 7) Once your TB test has expired, after 4 years, a renewal letter will be sent out to notify you that an updated TB test is required for your personnel file. The letter will state a 3-month due date by which you must submit your test to the Office of Human Resource Services. (A current TB certificate must be on file with Human Resources at all times in order to continue active employment with Chabot-Las Positas Community College District).

CALIFORNIA EDUCATION CODE:

Education Code Section 87408.6 provides that each person employed by a school district shall undergo an examination at least once every four years to determine that he/she is free of active tuberculosis. This examination shall consist of an approved intradermal tuberculin test which, if positive, shall be followed by an x-ray of the lungs. After such examination, each employee shall file with the school district of employment a certificate showing the employee was examined and found free from active tuberculosis. The certificate signed by the examining physician and surgeon or a notice from a public health agency or unit of the Tuberculosis Association which indicates freedom from active tuberculosis will constitute evidence of compliance with this section.

Human Resources

Revised: 12/2/2008

P:\TB\Form - Instructions - Locations.doc

CHABOT - LAS POSITAS COMMUNITY COLLEGE DISTRICT

Tuberculosis (TB) Certificate Information

New employees must pay for their testing (please refer to Section 3, #6 of Instructions on the reverse side). Returning employees need only to bring their TB renewal letter to the appointment for the District to be charged directly for the test. No out of pocket payment is necessary for returning employees. If an employee visits a Health Center not found on this list, then he or she will have to pay the cost and later be reimbursed by the District.

COLLEGE HEALTH CENTERS:

CHABOT COLLEGE HEALTH CENTER

25555 Hesperian Boulevard
Building 100, Room 120
Hayward, CA 94545
(510) 723-7625

Charge for this service is \$15.00

IMMUNIZATION FOR TB TESTS:

Please call for an appointment
Chabot Health Center TB test availability times are:
Monday through Wednesday: 9:00 a.m. – 1:00 p.m.
Thursday: no testing done on this day
Friday: 11:00 a.m. – 1:00 p.m.

LAS POSITAS COLLEGE HEALTH CENTER

3033 Collier Canyon Road
Building 1700
Livermore, CA 94550
Telephone: (925) 424-1830

Charge for this service is \$15.00

IMMUNIZATION FOR TB TESTS:

Please call for an appointment
Las Positas Health Center TB test availability times are:
Monday through Wednesday: 9:00 a.m. to 7:00 p.m.
Thursday: no testing done on this day
Friday: 9:00 a.m. – 2:00 p.m.

OTHER HEALTH CENTERS:

ALAMEDA COUNTY MEDICAL CENTER/WINTON WELLNESS CENTER

24100 Amador St
Suite 250
Hayward, California 94544
Telephone: (510) 266-1700

Charge for standard TB service is \$72.00
Chest x-ray service cost may vary

IMMUNIZATION/CHEST X-RAYS:

By appointment only.
Monday through Friday, 8:30 a.m. to 11:00 a.m.
and 1:00 p.m. to 4:00 p.m.
No TB tests conducted on Thursdays.

ST. ROSE HOSPITAL

Occupational Health Services
27200 Calaroga Avenue
Hayward, CA 94545
Telephone: (510) 264-4046 option 4

Charge for this service is \$25.00
Chest x-ray services \$79.00, plus \$39.10 for evaluation

IMMUNIZATION/CHEST X-RAYS:

No appointment necessary
Monday, Wednesday, Friday 7:30 a.m. to 5:00 p.m.
Tuesday, Thursday 7:30 a.m. to 7:00 p.m.

PLEASANTON URGENT CARE

3128 Santa Rita Road
(near Nob Hill Foods)
Pleasanton, CA 94588
Telephone: (925) 462-9300

Charge for this service is \$24.00
Chest x-rays \$55.00

IMMUNIZATION/CHEST X-RAYS:

No appointment necessary
Monday through Friday, 8:00 a.m. to 6:00 p.m.

Please send completed information to:

Office of Human Resource Services
5020 Franklin Dr., Pleasanton, CA 94588
(925) 485-5236 – main



CHABOT LAS POSITAS COMMUNITY COLLEGE DISTRICT Office of Human Resource Services

INSTRUCTIONS FOR FINGERPRINTING – Volunteers

The State of California Education Code, section 88024 mandates employees of a community college district shall be fingerprinted within ten (10) working days of employment.

Under California law a plea or verdict of guilty or finding of guilt by the court is deemed to be a conviction, irrespective of a subsequent order under Penal Code section 1203.4 and Education Code sections 87008(a), 87009, 87013, 87405, 88022, and 88024. Relief under Penal Code section 1203.4 does not remove the fact of conviction as they relate to applications or questionnaires to public entities such as the Chabot - Las Positas Community College District. As a result, you are required to reveal any past conviction on your employment application.

Fingerprinting may only be completed by an agency qualified to perform fingerprinting services. **Attached is a listing of qualified agencies in Alameda County. Fees listed are the last known and subject to change. Qualified agencies in other counties will be made available upon request.**

STEPS TO FOLLOW:

- 1) Fingerprinting should be accomplished as soon as possible to meet Board deadlines.
- 2) Complete the middle section of the three Request for Live Scan Service forms by filling in your name, date of birth, sex, height, weight, eye and hair color, place of birth, driver's license number, and home address.
- 3) Take the Request for Live Scan Service forms to one of the qualified fingerprinting service agencies to have the printing service performed.
- 4) Have the fingerprint processing agent complete and acknowledge the service by filling in the appropriate section at the bottom of the Request for Live Scan Service forms.

There are two charges to be paid for fingerprinting. **The Processing Fee is billed to the district and the fingerprinting processing agent must use our billing number for charging this fee.** The second fee is the rolling fee of \$15 - \$30, and is paid by the employee, but later reimbursed by the District. Please request a separate receipt as reimbursement may be delayed without it.

- 5) The agent will keep one of the three forms. Return one form to the address below. An envelope is enclosed for your convenience. (Keep the third form for your records).

Office of Human Resource Services
Chabot - Las Positas Community College District
Attention: Fingerprint Processing
5020 Franklin Drive
Pleasanton, CA 94588

For additional information or questions please contact Carolyn Scott, Office of Human Resource Services at (925) 485-5292.

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

City State Zip Code

() _____
Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Home Address: _____

Eye Color: _____ Hair Color: _____
Street No. Street or PO Box

Place of Birth: _____
City, State and Zip Code

Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

() _____
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____ Mail Code (five-digit code assigned by DOJ) _____
Agency authorized to receive criminal history information

 Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
 _____ () _____
 City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Home Address: _____
 Eye Color: _____ Hair Color: _____
Street No. Street or PO Box

Place of Birth: _____
City, State and Zip Code

Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

 Street No. Street or PO Box Mail Code (five digit code assigned by DOJ) _____
 _____ () _____
 City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____ Mail Code (five-digit code assigned by DOJ) _____
Agency authorized to receive criminal history information

 Street No. Street or PO Box Contact Name (Mandatory for all school submissions)

 _____ () _____
 City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Home Address: _____

Street No. Street or PO Box

Eye Color: _____ Hair Color: _____

Place of Birth: _____
City, State and Zip Code

Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

 Street No. Street or PO Box Mail Code (five digit code assigned by DOJ) _____

 City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____