



## Welcome from the Office of Human Resource Services!

### New Hire Forms for Faculty Employees (Instructors, Counselors, Librarians)

As a condition of employment, you are required to submit the following documents and information to the [Office of Human Resource Services, Chabot-Las Positas Community College District, 5020 Franklin Drive, Pleasanton, CA 94588](#) before the effective date of employment or as soon as possible. Delay in receiving the attached forms may result in being unable to process a timely salary earnings statement.

**NOTE: It is important that the documents noted below, as applicable, be returned only to the Office of Human Resource Services in Pleasanton.**

1. Personnel Action Form (PAF) – *to be completed by the Hiring Administrator only*
2. Oath of Allegiance - Please have the Administrator who is involved in your hiring administer the Oath or Affirmation of Allegiance. (See Board Manual, Policy 2230)
3. Tuberculosis Certificate Information Form – Please complete form and attach a copy of a current tuberculosis certificate, no older than four years.
4. W-4 Form - Employee's Withholding Allowance Certificate – If your State withholding allowances will be different, a DE-4 form, State Tax Withholding, will be sent upon request.
5. Personal Information Form - This information is used in preparing state and federal mandatory reports. The form will remain in a confidential Payroll file.
6. Confidential Personal Information Form - This information is used in preparing mandatory state and federal statistical reports. The form will remain confidential in the Office of Human Resource Services.
7. Salary Warrant Delivery Request - Please check the method you would prefer to receive your monthly salary warrant.
8. Fingerprint Live Scan Form – Complete live scan form and read instructions. Instructions and nearest Alameda County fingerprinting agency locations are enclosed.
9. I-9 – Complete form with Hiring Administrator showing original identification for proof of eligibility to work in the United States.

The following notices are being provided to you as mandated by State and/or Federal law. Please retain for reference:

- Equal Opportunity Compliance Notice
- Sexual Harassment Policy
- Family Leave Act
- Initial Placement on the Salary Placement of New Contract or Temporary Faculty
- Memo – Deferred Pay Option
- Chabot-Las Positas Community College District Retirement Savings Plans
- Statement Concerning Your Employment in a Job Not Covered by Social Security
- Fair Share Fee
- CLPCCD Faculty Association Membership Application Form

If you have any questions, please contact the Office of Human Resource Services at (925) 485-5240, [www.clpccd.org/hr](http://www.clpccd.org/hr)



**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**

**OATH OF ALLEGIANCE FOR PERSONS EMPLOYED BY A SCHOOL DISTRICT  
IN THE STATE OF CALIFORNIA**

(Required by Section 3 of Article XX Constitution of the State of California and by Chapter 8, Division 4, Title 1 of the Government Code)

(State of California as County of Alameda)

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and  
**(type or print name)**  
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.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Title of position

Taken, subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of Administer)

\_\_\_\_\_  
(Title)

(This oath must be signed by a Chabot-Las Positas Community College District administrator involved in the hiring and payroll process of faculty, classified and student assistance employees of the District (Governing Board Policy 2230), notary public, or other official authorized by law to administer oaths. No fee may be charged for administering this oath (Section 3104 of Government Code).

# 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

## **TB TESTING LOCATIONS**

### **HEALTH CENTERS:**

*Services invoiced to the Chabot-Las Positas Community College District.*

#### **CHABOT COLLEGE HEALTH CENTER**

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

Charge for this service is \$25.00

#### **IMMUNIZATION:**

Please call for an appointment  
Monday through Thursday: 9:00 a.m. – 7:00 p.m.  
Closed for lunch 1:00 – 2:00  
Friday: 9:00 a.m. – 1:00 p.m.

#### **LAS POSITAS COLLEGE HEALTH CENTER**

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

Charge for this service is \$25.00

#### **IMMUNIZATION:**

Please call for an appointment  
Monday through Thursday: 9:00 a.m. to 7:00 p.m.  
Friday: 9:00 a.m. – 2:00 p.m.  
No TB tests conducted on Thursdays, 2<sup>nd</sup>

#### **PLEASANTON URGENT CARE**

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

Charge for this service is \$15.00

Chest x-rays \$55.00

#### **IMMUNIZATION/CHEST X-RAYS:**

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

# Form W-4 (2011)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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

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

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>			
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table> . . . . .	{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}	<b>B</b>	<u>      </u>
{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}				
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>			
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>			
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children . . . . .	<b>G</b>	<u>      </u>			
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>			
	For accuracy, <b>complete all worksheets that apply.</b> <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}		
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----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u>      </u> 6 \$ <u>      </u>
7 I claim exemption from withholding for 2011, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>      </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

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

<b>1</b>	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,700 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1	<b>10</b>	_____

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

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

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



# CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

## CONFIDENTIAL PERSONAL INFORMATION FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Last) (First) (Middle initial)

Sex (M)\_\_\_ (F)\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
(month/day/year)

POSITION TITLE \_\_\_\_\_ Code # \_\_\_\_\_

LOCATION: Chabot College \_\_\_\_\_ Las Positas College \_\_\_\_\_ District \_\_\_\_\_

Is this your first employment in a California school district? Yes \_\_\_ No \_\_\_

### RACE/ETHNICITY AND OTHER INFORMATION:

- |   |  |
|---|--|
| 1. White  | 5. Asian/Pacific Islander                          |
| <input type="checkbox"/> a. White, Non-Hispanic             | <input type="checkbox"/> a. Asian Indian           |
| <input type="checkbox"/> b. Unknown                         | <input type="checkbox"/> b. Cambodian              |
| <input type="checkbox"/> c. Decline to State                | <input type="checkbox"/> c. Chinese                |
|   | <input type="checkbox"/> d. Filipino               |
| 2. <input type="checkbox"/> African American/Black          | <input type="checkbox"/> e. Guamanian              |
|   | <input type="checkbox"/> f. Hawaiian               |
| 3. Hispanic   | <input type="checkbox"/> g. Japanese               |
| <input type="checkbox"/> a. Mexican, Mex. American, Chicano | <input type="checkbox"/> h. Korean                 |
| <input type="checkbox"/> b. Central American                | <input type="checkbox"/> i. Laotian                |
| <input type="checkbox"/> c. South American                  | <input type="checkbox"/> j. Middle Eastern         |
| <input type="checkbox"/> d. Other Hispanic                  | <input type="checkbox"/> k. Samoan                 |
|   | <input type="checkbox"/> l. Vietnamese             |
| 4. <input type="checkbox"/> American Indian/Alaskan Native  | <input type="checkbox"/> m. Other Asian            |
|   | <input type="checkbox"/> n. Other Non-White        |
|   | <input type="checkbox"/> o. Other Pacific Islander |

**HANDICAPPED:** Do you have any physical or mental handicap/disability which may limit your ability to perform the job for which you are being considered? Yes \_\_\_ No \_\_\_

**VETERAN:** Are you a WWII, or other military engagement or campaign veteran? Yes \_\_\_ No \_\_\_

Are you a Vietnam era veteran? Yes \_\_\_ No \_\_\_

Are you a disabled veteran? Yes \_\_\_ No \_\_\_

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**NOTE:** Information on this form is used in preparing State and Federal reports and will be kept confidential in Human Resources.

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PERSON TO NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_





**CHABOT LAS POSITAS COMMUNITY COLLEGE DISTRICT**  
**Office of Human Resource Services**

**INSTRUCTIONS FOR FINGERPRINTING – Faculty**

The State of California Education Code, section 87013 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 like the Chabot - Las Positas Community College District. As such, 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 and a valid photo ID to one of the qualified fingerprinting service facilities 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.
- 5) The agency **must use our billing number for services to be charged to the District** for the exception of the rolling fee. The rolling fee should range between \$15 - \$30. The agency will charge you the rolling fee but should not charge you the processing fee. The processing fee is to be charged to the District's billing number #140127 directly, and is stated so on the live scan forms.  
***HOWEVER, THE \$32 PROCESSING FEE MUST BE PAID (BY YOU) TO THE DISTRICT.***
- 6) Please return the 2<sup>nd</sup> copy of the Live Scan form to the address below **along with your \$32 check or money order made payable to Chabot-Las Positas Community College District.** Keep the 3<sup>rd</sup> copy for your records. An envelope is enclosed for your convenience addressed to:

**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 Lydia Penaflor, Office of Human Resource Services at (925) 485-5240.



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

### Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name  
(AKA or Alias) Last

First Suffix

Date of Birth Sex  Male  Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number  
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number  
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

### Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name  
(AKA or Alias) Last

First Suffix

Date of Birth Sex  Male  Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number  
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number  
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

### Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name  
(AKA or Alias) Last

First Suffix

Date of Birth Sex  Male  Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number  
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number  
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed

**ALAMEDA COUNTY**

<b>Location</b>	<b>Hours</b>	<b>Rolling Fee</b>	<b>Acceptable Forms of Payment</b>
<b>Alameda</b> LSID NT1 A Mobile Live Scan & Notary 638 Eagle Ave. Alameda, CA 94501 Contact: (510) 337-2760	M-F (9:30am-7pm) <b>Wlk</b> Sat-Sun <b>Appt. only</b> Mobile Services & Groups Discounts. E-mail address: <a href="mailto:samythanks@yahoo.com">samythanks@yahoo.com</a>	\$25.00	Cash Cashier's Checks Money Order
<b>Alameda</b> LSID 949 * Alameda Police Dept. 1555 Oak Street Alameda, CA 94501 Contact: (510) 337-8434	M-Th (12-4pm) <b>Appt. only</b> Th (5-9pm) <b>Appt. only</b> Sat (12-4pm) <b>Appt. only</b>	\$23.00 for Residents \$56.00 for Non-Residents	Cash Checks
<b>Alameda</b> LSID NS1 The UPS Store & Live Scan 909 Marina Village Parkway Alameda, CA 94501 Contact: (510) 769-8221	M-F (9am-6pm) <b>Wlk</b> Sat(10 am-4pm) <b>Wlk</b> E-mail address: <a href="mailto:store0578@theupsstore.com">store0578@theupsstore.com</a>	\$ 25.00	Cash Credit Cards
<b>Berkeley</b> LSID FZ1 A1 Photo Lab 1629 University Ave Berkeley, CA 94710 Contact: (510) 841-1233	M-F (9:30-5:45pm) <b>Wlk</b> Sat (10am-4:45pm) <b>Wlk</b> E-mail address: <a href="mailto:a1_berkeley@sbcglobal.net">a1_berkeley@sbcglobal.net</a>	\$25.00 Fee does not include DOJ/FBI Fees.	Cash Cashier's Checks Checks Credit Cards Money Orders
<b>Berkeley</b> LSID S97 Cal Live Scan 2855 Telegraph Ave. Suite 303 Berkeley, CA 94705 Contact: (510) 316-7828	M-F (9:30-6pm) <b>Wlk</b> Sat (11am-4pm) <b>Wlk</b> Mobile Services available. E-mail address: <a href="mailto:info@CalliveScan.com">info@CalliveScan.com</a>	\$20.00	Cash MasterCard Visa
<b>Berkeley</b> LSID UZ1 Live Scan Services	M-F (9am-6pm) <b>Wlk</b> Sat (10am-4pm) <b>Wlk</b> Sun After Hours, Holidays	\$18.00 Appt. \$ 25.00	Cash Cashier's Checks

131 Berkeley Square Berkeley, CA 94704 Contact: (510) 848-4246	(Additional Fees) <b>Appt. only</b> Mobile Services available, Group Discounts. E-mail address: <a href="mailto:bapi@diabloprotection.com">bapi@diabloprotection.com</a>	Wlk	Checks Credit Cards Money Orders
<b>Castro Valley</b> LSID C68 Castro Valley Adult School 4430 Alma Ave. Castro Valley, CA 94546 Contact: (510) 886-1000	M-Th(9am-7pm) <b>Appt. only</b> F (9am-3pm) <b>Appt. only</b> * Fee does not include DOJ/FBI Fees. E-mail address: <a href="mailto:pevans92@yahoo.com">pevans92@yahoo.com</a>	* \$20.00	Cash Cashier's Check Credit Cards Money Orders
<b>Castro Valley</b> LSID A01 East Bay Regional Park District PD 17930 Lake Chabot Road Castro Valley, CA 94546-1950 Contact: Tuesdays, Wednesday (510) 690-6904	Please call for days/hours <b>Appt. only</b> W (9am-12noon) <b>Appt. only</b> Fee does not include DOJ/FBI fees.	\$25.00	Cash Checks
<b>Castro Valley</b> LSID X93 Valley Business Center 20860 Redwood Rd. Castro Valley, CA 94546 (510) 728-0390	M-F (9am-7pm) <b>Wlk</b> Sat (10am-5pm) <b>Wlk</b> Sun <b>Appt. only</b> E-mail address: <a href="mailto:valleybusinesscenter@yahoo.com">valleybusinesscenter@yahoo.com</a>	\$20.00	Cash Checks Credit Cards
<b>Dublin</b> LSID N77 WePrintU Bay Area Dublin, CA 94568 Contact: (925) 833-8616	7 days a week <b>Appt. only</b> Mobile service available for groups. E-mail address: <a href="mailto:Jeff@weprintu.com">Jeff@weprintu.com</a> <a href="#">WePrintU Mobile Service</a>	\$25.00 Group discounts available.	Billing Accounts Cash Checks Cashier's Checks Money Orders
<b>Dublin</b> LSID RB1 UPS Store & Dublin 7172 Regional Street Dublin, CA 94568 Contact: (925) 828-5638	M-F (8:30am-6:30pm) <b>Wlk</b> Sat (9am-5pm) <b>Wlk</b> Mobile Services Available, Group Discounts. E-mail address: <a href="mailto:store0953@theupsstore.com">store0953@theupsstore.com</a>	\$25.00	Cash Checks Cashier's Checks Credit Cards
<b>Emeryville</b> LSID 958 *	T (9-11am) <b>Appt. only</b> W (8am-12pm) <b>Appt. only</b>	No Rolling	Exact Cash

Emeryville Police Dept. 2449 Powell Street Emeryville, CA 94608 Contact: (510) 596-3712 or (510) 596-3735	F (1-3pm) <b>Appt. only</b>	Fee for Emeryville Residents and \$40 for Non- Residents	
<b>Fremont</b> LSID H73 Overton Security Services, Inc. 39465 Paseo Padre Pkwy St. #2800 Fremont, CA 94538 Contact: (510) 791-7380	M-F (10am-5pm) <b>Wlk</b> (Appointments before and after hours) E-mail address: <a href="mailto:info@overtonsecurity.com">info@overtonsecurity.com</a>	\$25.00	Cash Cashier's Checks Money Orders MasterCard Visa Discover
<b>Fremont</b> LSID U47 Postnet 5178 Mowry Avenue Fremont, CA 94538 Contact: (510) 791-3030	M-F (9am-6pm) <b>Wlk</b> Sat (10am-4pm) <b>Wlk</b> E-mail address: <a href="mailto:AG1942@aol.com">AG1942@aol.com</a>	\$25.00	Cash Cashier's Checks Checks Money Orders
<b>Fremont</b> LSID Y20 UPS Store # 1640 40087 Mission Blvd. Fremont, CA 94539 Contact: (510) 438-9474	M-F (8:30am-6:30pm) <b>Wlk</b> Sat (10am-5pm) <b>Wlk</b> E-mail address: <a href="mailto:store1640@theupsstore.com">store1640@theupsstore.com</a>	\$25.00	Cash Cashier's Checks Checks Credit Cards Money Orders
<b>Hayward</b> LSID K88 A 1 Fingerprinting 24326 Mission Blvd., Ste 3 Hayward, CA 94544 Contact: (510) 733-5707	M-F (9am-5pm) <b>Wlk</b> Closed (12noon-1pm) <b>Lunch</b> Mobile Services Available.	\$18.00	Cash Cashier's Checks Credit Cards MasterCard Visa
<b>Hayward</b> LSID 007 ACOE (Alameda Co. Office of Ed.) 313 W. Winton Ave., Rm 172 Hayward, CA 94544 Contact: (510) 670-7711	M and F (7:35am-2:30pm) <b>Appt. only</b> T, W, Th (7:35am-11am) <b>Wlk</b> T, W, Th (1pm-2:30pm) <b>Appt. only</b> Walk-in closed every 4th Wednesday of each month. Changes in hours of operation are	\$20.00	Cashier's Check Credit Cards Debit Cards Money Orders

	updated on our voice mail message.		
<b>Hayward</b> LSID JB1 Fingerprint Services of America 225 W. Winton Ave, Suite 124 Hayward, CA 94544 Contact: (510) 440-8000 Located accross from the Hayward Police Dept.	7 Days a week <b>Appt. only</b> Mobile & Group Services available. E-mail address: <a href="mailto:mmitzman@email.com">mmitzman@email.com</a>	\$37.00	Cash Checks Cashier's Checks Credit Cards Money Orders
<b>Livermore</b> LSID PH1 Conexion Hispana 4179 First Street Livermore, CA 94551 Contact: (925) 960-9492	M-F (10am-6pm) <b>Wlk</b> Sat (10am-2pm) <b>Wlk</b> E-mail address: <a href="mailto:aochoa90@yahoo.com">aochoa90@yahoo.com</a>	\$23.00	Cash Checks Cashier's Checks Credit Cards Money Orders
<b>Livermore</b> LSID W89 Livermore Livescan 1316 Concannon Blvd. Build J Livermore, CA 94550 Contact: (925) 447-7226	Tu-F (10am-5pm) <b>Wlk</b> E-mail address: <a href="mailto:livermorelivescan@yahoo.com">livermorelivescan@yahoo.com</a>	\$25.00	Cash Checks Credit Cards
<b>Oakland</b> LSID H76 A 1 Fingerprinting 11 Burma Road, Suite B Oakland, CA 94607 Contact: (510) 836-0448	M-F (9am-5pm) <b>Wlk</b> Sat (9am-12pm) <b>Wlk</b> Closed (12noon-1pm) <b>Lunch</b>	\$18.00	Cash Cashier's Check Credit Cards MasterCard Visa
<b>Oakland</b> LSID Y61 A Livescan California Affiliate DBA The Loss Prevention Group 1814 Franklin Street, Suite 903 Oakland, CA 94612	M-F (8am-5pm) <b>Wlk or Appt.</b> Mobile Services available for Groups. E-mail address: <a href="mailto:livescan@thelppgroup.com">livescan@thelppgroup.com</a>	\$20.00	Cash Cashier's Checks Credit Cards Debit Cards Money Orders

One block from <b>Bart.</b> Contact: (510) 836-6011 Ext. 2			
<b>Oakland</b> LSID 900 IBT an L-1 Identity Solutions Company 1515 Clay Street, 11th Floor Oakland, CA 94612 Contact: 1 (800) 315-4507	M-F (9am-4pm) <b>Appt. only</b> Mobile Services available. E-mail address: <a href="mailto:cafingerprint@sylvanidentix.com">cafingerprint@sylvanidentix.com</a> IBT <u>Mobile Service</u>	\$18.00	Cashier's Checks Checks Credit Cards Money Orders IIS Escrow Accounts
<b>Oakland</b> LSID B07 Peralta Community College Dist./Office of Human Resources 333 East 8th Street Oakland, CA 94606 Contact: (510) 466-7293	M, W, F only (9am-12pm, 2pm- 4pm) <b>Appt. only</b>	\$25.00	Cashier's Check Money Orders
<b>Oakland</b> LSID S12 LSID R97 Prints on the Run 580 Grand Avenue Suite 301 Oakland, CA 94610 Contact: (510) 268-9940 Fax (510) 268-9942	M-F (10:30am-5pm) <b>Appt. only</b> Sat (10:30am-3pm) <b>Appt. only</b> After Hours <b>Appt. only</b> Mobile Services Available Closed Sunday E-mail address: <a href="mailto:printsontherun@sbcglobal.net">printsontherun@sbcglobal.net</a> <u>Mobile Services Locations.</u>	\$25.00	Cash Cashiers Check Credit Cards Money Order
<b>Oakland</b> LSID J87 Prominent Services 1440 Broadway Suite # 712 Oakland, CA 94610 Contact: (510) 367-5261	M-Sat (9am-6pm) <b>Appt. only</b> Rolling fee does not include D.O.J. / F.B.I. fees. E-mail address: <a href="mailto:admin@onsitelivescan.com">admin@onsitelivescan.com</a> <u>Mobile Services Locations.</u>	\$20.00	Cash Cashiers Check Checks Money Order
<b>Pleasanton</b> LSID C66 IBT an L-1 Identity Solutions Company 5700 Stoneridge Mall Rd., Ste. 315 Pleasanton, CA 94556 Contact: 1 (800) 315-4507	M, W, F (9am-4pm) <b>Appt. only</b> Mobile Services Available. E-mail address: <a href="mailto:cafingerprint@sylvanidentix.com">cafingerprint@sylvanidentix.com</a>	\$18.00	Checks Cashier's Checks Credit Cards Money Orders IIS Escrow

			Accounts
<b>Pleasanton</b> LSID JS1 PostNet 2843 Hopyard Rd. Pleasanton, CA 94588 Located at the corner of Valley & Hopyard. Contact: (925) 461-9838	M-F (8:30am-5:30am) <b>Wlk</b> Saturday (10am-2pm) <b>Wlk</b> Same day service available at most locations. Mobile Services Available. E-mail address: <a href="mailto:cal12@postnet.com">cal12@postnet.com</a>	\$22.50	Cash Checks Cashier's Checks Credit Cards
<b>Pleasanton</b> LSID Z85 The UPS Store # 3714 4000 Pimlico Dr. Ste 114 Pleasanton, CA 94588 Contact: (925) 467-1927	M-F (8:30am-7pm) <b>Wlk</b> Sat (9am-4pm) <b>Wlk</b> E-mail address: <a href="mailto:store3714@theupsstore.com">store3714@theupsstore.com</a>	\$20.00	Cash Checks Cashier's Checks Credit Cards Money Orders
<b>San Leandro</b> LSID D34 IBT an L-1 Identity Solutions Company 15942 Foothill Blvd. San Leandro, CA 94578 Contact: 1 (800) 315-4507	M-F (9am-4pm) <b>Appt. only</b> Mobile services available. E-mail address: <a href="mailto:cafingerprint@sylvanidentix.com">cafingerprint@sylvanidentix.com</a>	\$18.00	Checks Cashier's Checks Credit Cards Money Orders IIS Escrow Accounts
<b>San Leandro</b> LSID 746 * San Leandro Police Dept. 901 E. 14th Street San Leandro, CA 94577 Contact: (510) 577-3279 E-mail address: <a href="mailto:pneal@ci.san-leandro.ca.us">pneal@ci.san-leandro.ca.us</a>	M-F (10am-4pm) <b>Appt. only</b> Days & Hours varies 2 Sundays each month.	\$25.00 San Leandro Residents \$35.00 Non- residents Plus \$5.00 for each additional level of service.	Cash Checks

**Instructions****Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

**What Is the Purpose of This Form?**

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

**When Should Form I-9 Be Used?**

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

**Filling Out Form I-9****Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

**Preparer/Translator Certification**

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

**Section 2, Employer**

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

**Employers must record in Section 2:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

**For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."**

### Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverifiy employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  - 2. Record the document title, document number, and expiration date (if any) in Block C; and
  - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

#### What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

#### USCIS Forms and Information

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

#### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

#### Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last First Middle Initial Maiden Name
Address (Street Name and Number) Apt. # Date of Birth (month/day/year)
City State Zip Code Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
A noncitizen national of the United States (see instructions)
A lawful permanent resident (Alien #)
An alien authorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year)

Employee's Signature Date (month/day/year)

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature Print Name
Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A OR List B AND List C
Document title:
Issuing authority:
Document #:
Expiration Date (if any):
Document #:
Expiration Date (if any):

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Print Name Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: Document #: Expiration Date (if any):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative Date (month/day/year)

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
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	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
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	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

## CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

### COMPLIANCE NOTICE

Chabot-Las Positas Community College District is an equal opportunity institution in its policies, procedures, and practices relating to access, admission, and employment in its programs, services and activities.

In compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1974, Americans with Disabilities Act, Fair Employment and Housing Authority, and other relevant legislation in regards to fair employment practices and equal opportunities, its own statements of philosophy and objectives, and with the regulations affecting community colleges in the State of California, Chabot-Las Positas Community College District does not discriminate on the basis of race, color, national origin, religion, sex, marital status, sexual preference, age, or disability. We encourage individuals of both sexes, ethnic minorities, Vietnam Era Veterans and the disabled to attend our institution and to file applications for employment.

#### INQUIRIES ON

1. Equal Opportunity, Student Policies and Procedures (for student matters).

2. Equal Opportunity, Faculty/Staff Policies and Procedures (for faculty, classified staff and public employment).

3. Non-Compliance with Section 504 Provisions (Policy of Non-Discrimination on the Basis of Disability) and the Americans with Disabilities Act.

4. Alleged Discrimination per Government Code 11135 (code which prohibits unlawful discrimination on the basis of ethnic group identification, religion, age, sex, color or disability, in programs or activities receiving state assistance) and Non-compliance with Title IX Provisions (Policy of Non-Discrimination on the Basis of Sex).

#### CONTACT

Dr. Howard J. Irvin, Vice President, Student Services,  
Chabot College, 25555 Hesperian Blvd., Hayward, CA 94545  
Telephone: (510) 723-6744

Dr. Janice E. Noble, Vice President of Student Services,  
Las Positas College, 3033 Collier Canyon Road, Livermore, CA 94551  
Telephone: (925) 373-5805

Dr. Mary Anne Gularte, Vice Chancellor of Human Resource Services and  
Organizational Development  
Chabot-Las Positas Community College District  
5020 Franklin Drive, Pleasanton, CA 94588  
Telephone: (925) 485-5236 or (925) 485-5506; or

Dr. Howard J. Irvin, Vice President, Student Services,  
Chabot College, 25555 Hesperian Blvd., Hayward, CA 94545  
Telephone: (510) 723-6744; or

Ms. Sylvia Rodriguez, Dean, Student Services - Enrollment  
Las Positas College, 3033 Collier Canyon Road, Livermore, CA 94551.  
Telephone: (925) 424-1542; or

Regional Director of the Office of Civil Rights, Region 9  
50 United Nations Plaza, Suite #329, San Francisco, CA 94102.  
Telephone: (415) 556-7000; or

Department of Fair Employment and Housing  
1330 Broadway, Oakland, CA 94612. Telephone: (510) 286-4095; or

The U.S. Equal Employment Opportunity Commission, Washington, D.C. 20507

Dr. Howard J. Irvin, Vice President, Student Services,  
(Coordinator of Section 504) Chabot College, 25555 Hesperian Blvd.,  
Hayward, CA 94545. Telephone: (510) 723-6744

Dr. Janice E. Noble, Vice President of Student Services,  
Las Positas College, 3033 Collier Canyon Road, Livermore, CA 94551  
Telephone: (925) 373-5805

Dr. Mary Anne Gularte, Vice Chancellor of Human Resource Services and  
Organizational Development  
(District Unlawful Discrimination Complaint Officer, Coordinator  
Title IX). Chabot-Las Positas Community College District  
5020 Franklin Drive, Pleasanton, CA 94588  
Telephone: (925) 485-5236 or (925) 485-5506

## **Personnel – General**

### **C. Employee Rights**

#### **4027 Sexual Harassment \***

In accordance with federal and state law, the Chabot-Las Positas Community College District provides a school and working environment free from all forms of sexual harassment. The District will also maintain an environment in which all students and employees model this behavior, and are treated with dignity and respect.

Sexual harassment is set forth in Education Code Section 212.5 as follows:

Sexual harassment means unwelcome sexual advances, requests for sexual favors, and other verbal, visual, or physical conduct of a sexual nature, made by someone from or in the work or educational setting, under any of the following circumstances:

(a) Submission to the conduct is explicitly or implicitly made a term or a condition of an individual's employment, academic status, or progress.

(b) Submission to, or rejection of, the conduct by the individual is used as the basis of employment or academic decisions affecting the individual.

(c) The conduct has the purpose or effect of having a negative impact upon the individual's work or academic performance, or of creating an intimidating, hostile, or offensive work or educational environment.

(d) Submission to, or rejection of, the conduct by the individual is used as the basis for any decision affecting the individual regarding benefits and services, honors, programs, or activities available at or through the education institution.

Such conduct by employees or students is deemed unacceptable behavior, will not be tolerated by the District, and is considered a serious offense. Violation of this policy will constitute cause for disciplinary action. Specific disciplinary action shall be related to the severity of the incident and/or the degree to which repeated incidents have occurred. Such disciplinary actions for employees may include, but are not limited to, verbal warnings, letters of reprimand, suspension without pay and

## **Personnel – General**

### **C. Employee Rights**

#### **4027 Sexual Harassment \***

dismissal. Such disciplinary actions for students may range from counseling to suspension and/or expulsion.

Examples of conduct constituting sexual harassment, as well as the procedures for filing, processing and resolving sexual harassment complaints in accordance with Title 5 of the California Code of Regulations, Section 59320, et seq. are found in Chabot-Las Positas Community College District Administrative Rules and Procedures for this policy. Additionally, each College and the District Office will designate the responsible officer for enforcement of this policy. Each College and the District Office will ensure that there is adequate communication of this policy and the accompanying procedures to all students and employees.

# EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

## Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

## Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

## Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

## Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

## Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

## Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

## Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

## Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

## Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

## Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.**



For additional information:  
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627  
[WWW.WAGEHOUR.DOL.GOV](http://WWW.WAGEHOUR.DOL.GOV)





**To:** New Full-time Faculty

**From:** Lydia E. Penafior, Supervisor  
Human Resource Services

**Subject:** Initial Placement on the Salary Schedule of New Contract or Temporary Faculty

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All new Contract or Temporary Faculty are initially placed on the salary schedule at the minimum column of the instructor position and Step 1. Enclosed is the salary schedule, see page 2. Please view Article 21D of the Faculty Association contract by visiting our website at [www.clpccd.org/HR/HRCcontactsandSalarySchedules](http://www.clpccd.org/HR/HRCcontactsandSalarySchedules)

Column Placement:

Placement on the full-time salary schedule will be based upon receipt of official transcripts that verify all degrees.

Step Placement:

Entering faculty may be placed as high as step 7 on the salary schedule based on experience. It is the responsibility of the faculty member to provide their Dean or Office of Human Resource Services verification of teaching and/or work experience.

Credit for previous experience shall, for placement purposes, be granted within 120 calendar days from date of hire.

Should you have questions, please don't hesitate to call me at 925/485-5240.

# Memorandum

**TO:** Full-Time Faculty  
**FROM:** Human Resources  
**SUBJECT:** **Deferred Pay Option**

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As a full-time faculty member you have the option of receiving your salary over 10 months or 12 months. You will be automatically set up for a 10-pay salary cycle unless you have already submitted a written request to be paid over 12 months. The 10-pay period is from August through May. Should you prefer the deferred pay option, your annual salary will then be divided and paid out in equal installments from August through July each year.

To elect the deferred pay option, complete the bottom portion of this memo and return it to my attention, 5020 Franklin Drive, Pleasanton, CA 94588, **no later than July 15<sup>th</sup>**.

If you have any questions, feel free to give me a call at (925) 485-5240.

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**Deferred Pay Option Election**

I, \_\_\_\_\_ SSN \_\_\_\_\_, elect the deferred pay option

**(Print Full Name)**

beginning with the August payroll. I understand that my annual salary will be paid to me in 12 installments from August through July each year.

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**Signature**

---

**Date**

**For Human Resources Office Use Only**

\_\_\_\_\_ Banner \_\_\_\_\_ Payroll

# **Chabot-Las Positas Community College District**

## **Retirement Savings Plans**

We would like to make our employees aware of the voluntary retirement plans that we sponsor which include a 403(b) Tax Sheltered Annuity Plan (TSA/403(b) Plan) and a 457(b) Deferred Compensation Plan (DCP/457(b) Plan) (the Plans). Participation is voluntary, allowing you to make pre-tax salary deferral contributions. One of the benefits of participating in the Plans is the ability to defer from current taxation salary that would otherwise be currently taxable and also defer income taxes on the earnings credited to your account.

The amount you contribute to the 430(b) Plan is subject to an annual dollar limit, and if you are age 50 or older you may contribute an additional amount. See the chart below for the maximum contribution limits for 2011. The maximum limits for the 2012 calendar year will be issued by the IRS in October, 2011. The new limits will be posted at the website of our retirement plan administrator, Envoy Plan Services, Inc. at [www.envoyplanservices.com](http://www.envoyplanservices.com).

The amounts you contribute to the TSA/403(b) Plan have an independent limit from the amounts that you contribute to the DCP/457(b) Plan. You may make pre-tax salary deferral contributions to the TSA/403(b) Plan, the DCP/457(b) Plan only, or you may make pre-tax contributions to both Plans simultaneously. See the chart below for the maximum contribution limits for 2011. The maximum limits for the 2012 calendar year will be issued by the IRS in October, 2011. The new limits will be posted at the website of our retirement plan administrator, Envoy Plan Services, Inc. at [www.envoyplanservices.com](http://www.envoyplanservices.com).

Year	403(b) TSA	457(b) DCP	Total
2011 Basic Limit	\$16,500	\$16,500	\$33,000
Age 50+ Catch-up	\$5,500	\$5,500	\$11,000
Total	\$22,000	\$22,000	\$44,000

We are pleased to be able to offer the benefits of this voluntary pre-tax savings plan for you, because we recognize that many of you wish to defer current income taxes to your post retirement years, while accumulating additional savings for retirement.

Please note that if you also make contributions, or have contributions made for you, to a 401(a) or 401(k) plan you are limited by the overall 415(c)(1)(A) limit of \$49,000 for all plans including 403(b), 401(a) and 401(k). If you are a participant in another retirement plan (excluding CalSTRS or CalPERS), please advise Envoy Plan Services, Inc.

**If you wish to learn more about participating in the 403(b) Plan or the 457(b) Plan, please visit the website of our retirement plans administrator Envoy Plan Services, Inc. at [www.envoyplanservices.com](http://www.envoyplanservices.com).**

The website will provide you information about:

- Plan Highlights providing an overview of plan features
- The investment and insurance companies that are available for the 403(b) Plan and the 457(b) Plan
- Enrollment procedures
- Salary Reduction Agreement form (SRA)
- Toll free phone and fax numbers as well as an email address to ask questions and seek assistance
- Internet Links and other information
- Transaction Request Form and Instructions to request loans, distributions, transfers, exchanges and financial hardship withdrawals.

## ***Plan Participant/Employee Contact Information***

Salary Reduction Agreement, Transaction Form, Providers, and other Forms and Information are all available on the website. (see instructions below)

[www.envoyplanservices.com](http://www.envoyplanservices.com)

For inquiries regarding General Customer Service please contact:

### **Salary Reduction Agreements (SRAs):**

For general information regarding SRAs call us at 1-800-248-8858 or email us at [Info@envoyplanservices.com](mailto:Info@envoyplanservices.com)

To obtain an SRA form log on to website at [www.envoyplanservices.com](http://www.envoyplanservices.com)

- a. Click on Customer Service Center
- b. Click on your state
- c. Click on your county
- d. Click on your employer's section
- e. Click on the Forms tab
- f. Click on Salary Reduction Agreement

Complete the SRA form (it is a fillable PDF file), print it, sign and date and fax it to Envoy's toll free fax number 877-513-2272

### **Transactions:**

Transactions include Contract Exchanges, Transfers, Loans, Rollovers, Hardship Withdrawals, all Distributions and Qualified Domestic Relations Orders (QDROs).

All transactions must be sent to Envoy Plan Services for approval on behalf of your employer.

To submit a transaction request to Envoy for approval:

- a. Contact your provider and request their specific paperwork.
- b. Go to Envoy's website and obtain the Transaction Request Form and Instructions (located from Envoy's website home page under Forms and Tools
- c. Complete and MAIL all of the paperwork to Envoy at:

### **Customer Service Center**

**Mailing Address:** Envoy Plan Services, Inc.  
c/o MidAmerica  
211 E. Main Street - Suite 100  
Lakeland, FL 33801

**Corporate Office:** Envoy Plan Services, Inc.  
23332 Mill Creek Drive – Suite 170  
Laguna Hills, CA 92653

### **Local Personalized Service Contact:**

*Chad Weber*

Call: 310-528-9643

Email: [cweber@zukfinancial.com](mailto:cweber@zukfinancial.com)

*Dan Buster*

Call: 310-765-0877

Email: [dbuster@zukfinancial.com](mailto:dbuster@zukfinancial.com)

## Getting Started

- ❑ Go to [www.envoyplanservices.com](http://www.envoyplanservices.com)
- ❑ Click onto Client Center; then Click onto your State, County and Employer.
- ❑ You are now on your Employer's home page on the Envoy Plan Services Website
  - **403(b) & 457(b) Providers** – A complete list of Approved 403(b) and 457(b) Providers currently available in the Plan are listed on the Employer's home page.
  - **Forms Tab** – A Forms Tab is at the top of the home page. Clicking on this tab will provide you with Definitions, Enrollment Procedures, Plan Highlights, Salary Reduction Agreements (SRAs), Transaction Request Instructions and the Transaction Request Form. Please download all forms and read carefully!
  - **Frequently Asked Questions** – A list of frequently asked questions and the responses to these questions is provided for your reference.
  - **Educational videos are provided for your viewing.**

**NOTE: IT IS IMPORTANT WHEN ESTABLISHING A CONTRIBUTION TO A NEW PROVIDER THAT YOU ESTABLISH A NEW 403(b) and/or 457(b) ACCOUNT WITH THE PROVIDER AND COMPLETE A SALARY REDUCTION AGREEMENT FORM (SRA).**

### Enrolling with a Provider

- ❑ Locate the provider of your choice from the list on your Employer's home page.
- ❑ Contact information and a link to their website is listed for each approved provider.
- ❑ Contact that Provider directly to request enrollment forms.
- ❑ **Complete the necessary enrollment forms with that provider and mail it back to them directly. (Envoy Plan Services will not accept Provider enrollment forms).**

### Setting up your Salary Reduction Agreement (SRA)

- ❑ Click on the **Forms** tab and download the SRA form, which you will use for any changes in your monthly contributions to your provider.
- ❑ The signed SRA form must be completed in its entirety and include the **Provider name**, your **account number** with that provider, the **per pay period contribution amount**, and the **effective payroll date** you would like contributions to begin.
- ❑ New Accounts (annuities only) must include the Agent's signature on the bottom of the SRA form.
- ❑ Fax or mail the completed SRA form to Envoy Plan Services, Inc. – c/o MidAmerica
- ❑ The SRA must be received by Envoy no later than **the last business day of the month prior to the month that you want** your first deduction or the date you would like the change made.

### Transfers / Exchanges (Reference to Transfers Includes Exchanges)

- ❑ Contact the receiving provider to open an account and request Transfer paperwork.
- ❑ Complete the Transfer paperwork and the Transaction Request Form (available on the Forms tab of the Envoy's home page at [www.envoyplanservices.com](http://www.envoyplanservices.com)) and Mail or Fax to Envoy Plan Services.
- ❑ If an Information Sharing Agreement (ISA) between your Employer and the 403(b) company is on file, Envoy will approve the Transfer and forward the paperwork based on your instructions given on the Transaction Request Form. Envoy must receive and review ALL Transfer paperwork.
- ❑ If you elect to have the paperwork sent to you, you will be responsible for forwarding the completed Transfer paperwork to the receiving 403(b) company.

**ENVOY PLAN SERVICES, INC.**  
c/o MidAmerica  
200 E. Main Street, Suite 100  
Lakeland, FL 33801  
(800) 248-8858 Toll Free Phone Number  
(877) 513-2272 Toll Free Fax Number  
Email us at: [info@envoyplanservices.com](mailto:info@envoyplanservices.com)  
Website: [www.EnvoyPlanServices.com](http://www.EnvoyPlanServices.com)

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

**Employee Name**

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**Employee ID#**

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**Employer Name**

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**Employer ID#**

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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 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. 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](http://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**

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**Date**

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## **Information about Social Security Form SSA-1945**

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

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers 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.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in 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 an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/form1945](http://www.socialsecurity.gov/form1945). Paper copies can be requested by email at [oplm.oswm.rqct.orders@ssa.gov](mailto:oplm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

Fair Share Letter June 12, 2011

Chabot-Las Positas Faculty Association

**Chabot College**  
**25555 Hesperian Blvd.**  
**Hayward, CA 94545**  
**Phone: 510-723-6873**

**Las Positas College**  
**3033 Collier Canyon Rd.**  
**Livermore, CA 94550**  
**Phone: 510-723-6873**

June 12, 2011

TO: All Faculty Who Are Not Members of the Faculty Association  
FROM: Charlotte Lofft, Faculty Association President  
RE: Fair Share Fee

Dear Faculty:

The Chabot-Las Positas Faculty Association (CLPFA or FA), is the exclusive bargaining agent and representative for all faculty of the Chabot-Las Positas Community College District (CLPCCD). In representing you, the FA incurs significant costs. In recognition of the principle that non-union members should pay their fair share of obtaining and maintaining benefits of union representational activities, the California State Legislature has approved the deduction of "fair share fees" from the salaries of public employees who are not union members. Collection of fair share fees has been approved by the Supreme Court and the courts of California.

For this reason, the Executive Board of the FA has decided to execute its right under the organizational security provision of the law to collect fair share fees. If you do not elect to join the FA, a fair share fee in the amount equivalent to 100% (Minus a Political Action Committee contribution of \$2.00/month for people on 10 pays/year and \$1.67/month for people on 12 pays/year) of the FA membership will be deducted from your monthly salary warrant by the District beginning the first paycheck you receive. The current FA Membership Fees are as follows:

Membership Dues:

Contract, Regular, Temporary Faculty: \$49.00/month for each of 10 months (\$490. annually.)  
OR: \$40.83/month for each of 12 months (\$490. annually.)

Fair Share Fee Payers:

\$47.00/month for each of 10 months (\$470. annually.)  
OR: \$39.17/month for each of 12 months (\$470. annually.)

Part Time Faculty : \$12./month for each pay period.

The above fees for Contract, Regular, and Temporary Faculty include all faculty who are not Part Time. These categories include all Full Time Faculty and all faculty who are on Pre-Retirement Reduction in Load or a reduced load. Faculty who serve as Acting or Interim Managers will not be assessed a Fair Share Fee during their period of management service.

The Chabot-Las Positas District Payroll system is set up for a system of partial arrears if Part Time Faculty's monthly dues of \$12./ month exceeds their earnings. This system allows for the dues deduction to be taken up to the available earnings in the month and the balance arrearred to be deducted the next month. It is unlikely that this system will affect very many Part Time faculty since the FA monthly dues is so low.

As your collective bargaining representative, we strongly encourage you to join the FA. The fact that this fair share fee will be deducted from your salary from the date of your employment in the Chabot-Las Positas Community College District **does not automatically make you a member of the FA. The advantages of FA membership are primarily the right to vote for union contract provisions, election of union officers, the amount of union dues, and the union Bylaws and Constitution. I urge you to join the union (FA), and since your fair share fee is 100% of the union membership, it is to your economic advantage to do so. An FA Membership Form is enclosed should you choose to join.** Also, it is important to note that the votes of part time faculty are counted on an equal basis with votes of full time faculty when there are contract ratification or other ballot measures. There is no "penalty" attached to being a part time faculty member of the FA. All faculty are treated the same in the voting proces.

If you decide to join the FA, simply fill out the enclosed Membership Form and send it to our **Membership Chair, Shari Jacobsen, at Chabot College.** **After Shari Jacobsen notes your membership she will forward the form to our Treasurer, Kevin Ankoviak, at Las Positas College. Please send this form to Shari Jacobsen, Chabot College, via the Campus Mail promptly.**

Your fair share fees, together with union members' dues and other contributions, are necessary for the FA to protect and advance the professional and economic interests of all of the employees it represents. One of the most valuable of these union services is the negotiation of contracts that govern your earnings and other economic benefits and the conditions under which you work. Fair share fees and union dues pay the costs of these negotiations, including the staff work, legal, economic, and educational research necessary to develop the union's program on our behalf. Collective bargaining and the protection of employees' rights under the contract require year-round activity by union officers and staff as well as volunteer union members. Further, since many of your working conditions and benefits, as well as the resources available to fund community college operations, are governed by legislation and the CLPFA, they are used to monitor the legislative process and lobby to protect your interests. All of these FA expenses under the heading of "Chargeable Expenses".

A small percentage of the budget of the FA may be used in relation to issues and legislation only incidentally related to the terms and conditions of employment, or applied toward the cost of benefits available only to union members. These FA expenses come under the heading "Non-Chargeable Expenses." You are entitled to request a reduction in your fair share fee that corresponds to the percentage of the union's total budget that is for "Non-Chargeable" purposes.

Last year's expenditures have been broken down into "Chargeable" and "Non-Chargeable" expenditures. They are available on request to Kevin Ankoviak or myself. Last year's breakdown of expenditures has been audited by Ms. Rita Villa, CPA. In accordance with this breakdown, 9.82% of the money we receive by way of members' dues, assessments and non-members' fair share fees was spent by the FA for non-chargeable purposes in 2010-11. We expect that about the same percentage of the money received in 2011-12 will likewise be spent for non-chargeable purposes.

In order to pay a reduced fee, which in your case would be 90.18% of the total membership dues, you must inform the FA, in writing, of your request by within 30 days of the receipt of this letter.

The request should include your name, address, employee status, Social Security Number, and signature, and should be sent on the attached "Reduced Agency Fee Request" form to our Treasurer, Kevin Ankoviak, at Las Positas College within 30 days of the date you begin service to the Chabot-Las Positas Community College District.

Upon receipt of such a request, the FA will refund the difference you paid between 100% of the Fair Share Fee and a reduced Fair Share Fee and will arrange with the District to reduce your future fair share fee by 9.82% of the full amount. In any event, you **MUST** pay a minimum of 90.18% of the full fair share fee. No fair share fee payer will receive a refund; your salary deduction will merely be reduced by 9.82%. If you elect to reduce your Fair Share Fee according to the current formula for Chargeable and Non-Chargeable Expenses, your Fair Share Fee would be as follows:

Contract, Temporary, Regular Faculty: \$43.62 per month for each of 10 months (\$436.20/yr.)  
OR: \$36.35 per month for each of 12 months (\$436.20/yr.)  
All Part Time Faculty: \$11.13 per month for each pay period.

Should you challenge the FA determination of the percentage of its expenditures that are non-chargeable, you do so by informing the FA of your challenge by within 30 days of the date you begin service to the Chabot-Las Positas Community College District. Again, you should address your challenge to our Treasurer, Kevin Ankoviak, at Las Positas College. Your challenge must be in writing, and must state the basis upon which you challenge the determination of chargeable and non-chargeable expenses. Upon receipt of the objection, the matter will be submitted to arbitration and your fair share fee will be withheld from your paycheck and held in escrow until a neutral arbitrator has reached a decision. You must be prepared to justify the basis for your challenge in front of the arbitrator and to pay for any legal expenses you chose to hire. A copy of the FA's reduced fair share fee procedures and reduced fair share fee request form are attached to this notice. If you have any questions about them or about the foregoing, please contact either me or Kevin Ankoviak at Las Positas College in a timely manner.

After reviewing these materials, we hope you will choose to join the FA. If so, please complete the attached Membership Form and return it to **Shari Jacobsen, Chabot College**, at your earliest convenience.

It is our pleasure to serve you, and thank you for your time.  
Yours truly,

Charlotte Lofft, CLPFA President  
[clofft@chabotcollege.edu](mailto:clofft@chabotcollege.edu)

Attachments: Membership Form  
Reduced Agency Fee Form (Only applies if requesting reduced Agency Fee.)  
CC: CLPFA Executive Board, L. Benetti, W. Fong, M. Gularte, L. Penaflor

# CHABOT-LAS POSITAS FACULTY ASSOCIATION MEMBERSHIP APPLICATION FORM (Revised 2-8-2009)

TO: All Faculty

Thank you for your support of the Faculty Association.

Our Dues Structure is as follows:

**Contract, Regular, and Temporary Faculty:** \$47. per month with \$2. per month voluntary PAC contribution for each of ten months (\$470 annually; \$490 annually with PAC contribution.).

**Part Time Faculty:** \$12. per month for each pay period\*

\*Non-continuous employment may require filling out a new form upon reemployment.

Please return this form, including the Payroll Deduction Authorization below, by **Campus Mail** to:

**Shari Jacobsen, Chabot College Membership**

Shari will send a copy to our Treasurer, Kevin Ankoviak of LPC and another copy to the District Office Payroll Department.

Thank you for your support of the Faculty Association.

For our records:

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

Division/Area \_\_\_\_\_

Phone Numbers are optional, but appreciated:

Phone (Office): \_\_\_\_\_ Home \_\_\_\_\_

Home Address

(Optional): \_\_\_\_\_

**Payroll Deduction Authorization Form:**

To Chabot-Las Positas Community College District:

You are hereby authorized to deduct from my regular salary warrants the amount for organizational dues payable to Chabot-Las Positas Faculty Association, and transmit these deductions to the Chabot-Las Positas Faculty Association without further liability to the District. This authorization shall remain in force until modified or revoked in writing by me, or by the Chabot-Las Postias Faculty Association.

Social Security or W Number \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Status: Check One

College: Check One

Contract/Regular/Temporary \_\_\_\_\_

Chabot \_\_\_\_\_

Part-Time \_\_\_\_\_

Las Positas \_\_\_\_\_

Just return this page in an envelope to **Shari Jacobsen, Chabot College, Membership.**

Thank you very much.

The Chabot-Las Positas Faculty Association

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CHABOT LAS POSITAS FACULTY ASSOCIATION

Reduced Agency Fee Request Form

NOTE: ONLY fill out this form if you are requesting the reduced Agency Fee. If you wish to become a member of the FA, fill out the attached Membership Form. If you merely wish to pay 100% Agency Fee without becoming a member, you don't need to fill out any form

I wish to apply for Reduced Agency Fee Yes \_\_\_\_\_

Name \_\_\_\_\_

Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Chabot College \_\_\_\_\_ Las Positas College \_\_\_\_\_ (Check One)

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ (Check One)

Department \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_