

# GAVILAN COLLEGE

## Federal Work-Study Information

Attached are forms that need to be filled-out by **new** students or students who have not worked the previous year through the Federal work-study program. If you have worked last year, you may only need to update your information.

Please *complete and sign* **all** the forms and provide us with copies of:

- Social Security card
- ID card or Driver's License
- TB test. **If you have not worked on campus the previous semester, your TB test must have been completed within the past 6 (six) months to be valid for employment.**

This completed packet must be turned into the Financial Aid Office (FAO) **prior to beginning work.**

**PLEASE ASK FOR A TIME SHEET AT THE FINANCIAL AID OFFICE.**

Each student will begin with an allotment of funds each semester. This amount will be on your initial award letter. For each semester, you may (potentially) earn up to your Cost of Attendance, minus other aid you receive; however, **you must remain within your allotment amount.** The total hours a student can work during school is **20 hours per week MAXIMUM.** Students should not be working during regularly scheduled classes. At the end of a semester, you will receive an award letter that shows actual work-study amounts earned. *You will not be allowed to work if you are not meeting the FAO Satisfactory Academic Policy (SAP).*

**You and your supervisor will be responsible for monitoring your award dollars and hours that you work.** \_\_\_\_\_  
(student's initials).

If you decide to work during the breaks (Winter, semester breaks or Spring) please keep in mind that you will be using semester funds and may be cut off before the school year is over if you have reached the funding limit.

*A supervisor's approval form must be signed and turned in to the FAO before you can start working.*

Time sheets must be signed by the supervisor approving the hours. The timesheets must be turned in to the FAO on the 20<sup>th</sup> of each month. Evaluations will be included and your supervisor and/or the FAO reserve the right to dismiss you. Checks will be available at the Business Office on the 10<sup>th</sup> of the next month. If you do not pick up your check that day it will be mailed to the address you listed on the payroll form in the packet you completed.

I have read and I understand all of the above information: \_\_\_\_\_

### **For Office Use Only:**

Prior to giving to the student:

Student has been awarded FWS on screen 2 (code 1 or 2 only): \_\_\_\_\_ staff initials

Or FWS was verified by student's initial Award Letter: \_\_\_\_\_ staff initials.

When receiving from student: ID \_\_\_\_\_ SSC \_\_\_\_\_ TB \_\_\_\_\_

Received by: \_\_\_\_\_ date: \_\_\_\_\_

**PAYROLL INFORMATION**

*Please print clearly!*

EMPLOYEE NAME: \_\_\_\_\_  
*(Name as it appears on your Social Security Card)*

SSN #: \_\_\_\_\_

**\*ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**\* PLEASE UPDATE THIS FORM IF YOUR ADDRESS CHANGES OR YOUR  
WORK-STUDY CHECK MAY BE SENT TO THE WRONG ADDRESS.**



**AFFIDAVIT OF DESIGNATION TO RECEIVE  
PAY CHECK(S) / MONIES OWED EMPLOYEE**

In the event of my death, I designate \_\_\_\_\_, my

\_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(relation, if any)      Address                                      City                                      State                                      Zip

to receive all warrants or checks that would have been payable to me had I survived.  
This Affidavit shall remain in effect until revised or revoked. Such revision and/or  
revocation shall be submitted by me in writing.

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

\_\_\_\_\_  
Date

# GAVILAN COLLEGE FINANCIAL AID WORKSTUDY APPLICATION

NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE: \_\_\_\_\_

## ANSWER ALL OF THE FOLLOWING QUESTIONS

- |  | YES | or NO |
|--|-----|-------|
| 1. Have you been convicted of any crimes other than traffic violations?<br>(Please note: if any answered yes to this question, please describe the conviction in Question 6. A conviction record will not, in all cases bar employment.) | ( ) | ( )   |
| 2. Have you ever been discharged/dismissed or forced to resign from employment for misconduct or unsatisfactory service?   | ( ) | ( )   |
| 3. Do you have any physical condition which may limit your ability to work?  | ( ) | ( )   |
| 4. Are you willing to submit to a fingerprint check, as required by State law?   | ( ) | ( )   |
| 5. Have you ever had a job-associated injury or illness?   | ( ) | ( )   |
| 6. Explanations to Questions 1, 2, 3, 4, or 5. (Use additional sheets of paper if necessary)   |     |       |

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# GAVILAN COLLEGE

5055 Santa Teresa Blvd. Gilroy, CA 95020  
(408) 848-4727

**TO: All Gavilan College Employees**

**RE: Drug-Free Workplace**

The Federal Drug-Free Workplace Act of 1988 requires provision of drug-free workplaces. Please return the bottom portion of this form to the Personnel Office with your payroll information acknowledging receipt of the following notice as required by the Act. If you have any questions, please contact the Personnel Office at (408) 848-4755.

## NOTICE TO ALL EMPLOYEES

The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance (drug) is prohibited in all of the workplaces of this district. Violation of this prohibition may result in disciplinary action, up to and including dismissal. In addition, violation may constitute violation of the California Education Code and other state laws and may result in immediate suspension without pay in the event that criminal charges are filed.

As a condition of being employed to work under any federal grant received by this District, employees are required to abide by the terms of this statement. These employees are further required to notify their supervisor (or the Personnel Department or the Superintendent) of any conviction for a criminal drug statute violation occurring in the workplace within five days after such conviction.

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**TO: PERSONNEL OFFICE/AFFIRMATIVE ACTION OFFICER**

**FROM:** \_\_\_\_\_  
Employee Name

This is to acknowledge that I have received the Drug-Free Workplace notice, required by the "Federal Drug-Free Workplace Act of 1988".

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**GAVILAN COLLEGE  
FINANCIAL AID WORKSTUDY**

**OATH**

I, \_\_\_\_\_, do solemnly swear (or Affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic. That I 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 or purpose of evasion and that I will well and faithfully discharge the duties upon which I am about to enter.

\_\_\_\_\_  
Student Signature

TO BE COMPLETED BY FINANCIAL AID OFFICER

Sworn to, before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

# GAVILAN COLLEGE

## STUDENT WORKER CONFIDENTIALITY CONTRACT

The student worker position supports the Gavilan Community College administrative function. This position will require you to access individual student information from various sources, including Safers3000 program. With respect to this student information and to any other proprietary Gavilan Community College information, the student has read, understands, and agrees to the following:

1. The student acknowledges the confidentiality of student information and Gavilan Community College information. Student information will not be misappropriately distributed to or discussed with anyone other than the student worker's supervisor and/or with GCC officials as designated by the student worker's supervisor.

The student has read the reference to confidentiality and the Buckley Amendment.

2. The student worker will not attempt to alter, change, add, or delete student record information or GCC documents, unless specific instructions are provided to the student by the student worker's supervisor.
3. The student worker will access only that information specified by the student worker's supervisor. Access to information will be granted through the normal procedures for obtaining specific access to the information in written documents, electronic files, student records or other GCC proprietary information.
4. All procedures, creative work, written documents and computer programs will be documented according to standards set by the student worker's supervisor and considered to be the property of Gavilan Community College.

The student worker understands that failure to abide by the above contract is grounds for immediate dismissal from the work position, and may further subject the student to disciplinary action.

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Student's Name (Printed)

Date

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Student's Signature

## SEXUAL HARASSMENT POLICY

### READING CONSTITUTES TRAINING

I have participated in training regarding the District's sexual harassment policy and procedure. I understand the policy and accept my obligation to comply with the policy.

I do not understand the District's sexual harassment policy and procedure and wish additional training.

I have provided the following information for you to contact me to set up additional training :

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Cellular Number: \_\_\_\_\_

E Mail: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

***Return this form to the Human Resources Department.  
This form will be retained in your personnel file.***

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

**Form I-9, Employment Eligibility Verification**

Please 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 eligible 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 #

<p><b>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.</b></p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen or national of the United States</p> <p><input type="checkbox"/> A lawful permanent resident (Alien #) A _____</p> <p><input type="checkbox"/> An alien authorized to work until _____</p> <p>(Alien # or Admission #) _____</p>
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Employee's Signature	Date (month/day/year)
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**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 eligible 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)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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)
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## LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		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. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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 <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)		4. Voter's registration card		4. Native American tribal document
		5. U.S. Military card or draft record		5. U.S. Citizen ID Card <i>(Form I-197)</i>
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
		7. U.S. Coast Guard Merchant Mariner Card		
		8. Native American tribal document		7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	9. Driver's license issued by a Canadian government authority			
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		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)**

# Form W-4 (2008)

**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 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**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 the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

**A** Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if:   
 { • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . . **B** \_\_\_\_\_

**C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.   
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** \_\_\_\_\_

For accuracy, **complete all worksheets that apply.**   
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form <b>W-4</b> <small>Department of the Treasury Internal Revenue Service</small>	<b>Employee's Withholding Allowance Certificate</b>  ► <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>	OMB No. 1545-0074 <b>2008</b>
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. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2008, 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 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature <small>(Form is not valid unless you sign it.)</small> ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1** Enter an estimate of your 2008 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. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ \_\_\_\_\_
- 2** Enter: 

{	\$10,900 if married filing jointly or qualifying widow(er)	}	. . . . .	2	\$	
\$ 8,000 if head of household						
\$ 5,450 if single or married filing separately						
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” 3 \$ \_\_\_\_\_
- 4** Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) 5 \$ \_\_\_\_\_
- 6** Enter an estimate of your 2008 nonwage income (such as dividends or interest) 6 \$ \_\_\_\_\_
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” 7 \$ \_\_\_\_\_
- 8** **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 \_\_\_\_\_
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 \_\_\_\_\_
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 \_\_\_\_\_

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

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

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 \_\_\_\_\_
  - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” 2 \_\_\_\_\_
  - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 \_\_\_\_\_
- Note.** If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet 4 \_\_\_\_\_
  - 5** Enter the number from line 1 of this worksheet 5 \_\_\_\_\_
  - 6** **Subtract** line 5 from line 4 6 \_\_\_\_\_
  - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_
  - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_
  - 9** Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <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 - \$4,500	0	\$0 - \$6,500	0	\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
4,501 - 10,000	1	6,501 - 12,000	1	65,001 - 120,000	880	35,001 - 80,000	880
10,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150,000	980
18,001 - 22,000	3	20,001 - 27,000	3	180,001 - 310,000	1,160	150,001 - 340,000	1,160
22,001 - 27,000	4	27,001 - 35,000	4	310,001 and over	1,230	340,001 and over	1,230
27,001 - 33,000	5	35,001 - 50,000	5				
33,001 - 40,000	6	50,001 - 65,000	6				
40,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 95,000	8				
55,001 - 60,000	9	95,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 100,000	12						
100,001 - 110,000	13						
110,001 - 120,000	14						
120,001 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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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, and the District of Columbia for use in administering their tax laws, and using it 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.

# **BP 3430 Prohibition of Harassment and Hate Crimes**

## **Reference:**

***Education Code Sections 212.5; 66252; 66281.5***

The District is committed to providing an academic and work environment that respects the dignity of individuals and groups. The District shall be free of sexual harassment, and all forms of sexual intimidation and exploitation. It shall also be free of other unlawful harassment and hate crimes, including those which are based on any of the following statuses: race, color, religion, ancestry, national origin, disability, sex (i.e., gender), sexual orientation, or the perception that a person has one or more of the foregoing characteristics.

Harassment and hate crimes based on any of the following statuses is prohibited and will not be tolerated: race, color, religion, ancestry, national origin, disability, gender, or sexual orientation, or the perception that a person has one or more of the foregoing characteristics.

Sexual harassment violates state and federal laws, as well as this policy, and will not be tolerated. It is also illegal to retaliate against any individual for filing a complaint of sexual harassment or for participating in a sexual harassment investigation, and retaliation constitutes a violation of this policy.

Sexual harassment is further defined as unwelcome sexual advances, requests for sexual favors and other conduct of a sexual nature when:

- submission to the conduct is made a term or condition of an individual's employment, academic status, or progress;
- submission to or rejection of the conduct by the individual is used as a basis of employment or academic decisions affecting the individual;
- the conduct has the purpose of having a negative impact upon the individual's work or academic performance, or of creating an intimidating, hostile or offensive work or education environment; or
- submission to or rejection of the conduct by the individual is used as the basis for any decision affecting the individual.

This policy applies to all aspects of the academic environment, including but not limited to classroom conditions, grades, academic standing, employment opportunities, scholarships, recommendations, disciplinary actions, and participation in any community college activity. In addition, this policy applies to all terms and conditions of employment, including but not limited to hiring, placement, promotion, disciplinary action, layoff, recall, transfer, leave of absence, training opportunities and compensation.

To this end the President of the College shall ensure that the institution undertakes education activities to counter discrimination and minimize and eliminate a hostile environment that impairs access to equal education opportunity [E. C. 66252]

The President of the College shall establish procedures that define sexual harassment and other forms of harassment on campus. The President of the College shall further establish procedures for employees, students, and other members of the campus community that provide for the investigation and resolution of complaints regarding sexual harassment and discrimination, and procedures for students to resolve complaints of sexual and other harassment and discrimination. All participants are protected from retaliatory acts by the District, its employees, students, and agents.

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Hate crimes are defined as criminal offenses committed against persons, property, or the institution which is motivated, in whole or in part, by the offender's bias against a race, religion, disability, sexual orientation, or ethnicity/national origin.

The President of the College will establish procedures to protect the identity of the victim of a hate crime (to the extent desired by the victim), and to inform the public appropriately while respecting the victim's wishes.

The District and President of the College will seek to prevent crimes involving hate, bigotry, and prejudice through appropriate education at all levels. The President of the College will establish procedures which ensure that training will be conducted for all staff which promotes campus harmony, appreciation for the value of human diversity, and respect for individual rights and dignity.

The President of the College will establish procedures to ensure that Gavilan College will immediately, or as soon as is practicable, report all incidents of hate crime to the appropriate local law enforcement agency.

This policy and related written procedures shall be widely published and publicized to administrators, faculty, staff, and students, particularly when they are new to the institution. They shall be available for students and employees in all administrative offices.

Employees who violate the sexual harassment policy and procedures may be subject to disciplinary action up to and including termination. Students who violate the sexual harassment policy and related procedures may be subject to disciplinary measures up to and including expulsion. In the case of hate crimes, in addition to penalties assessed by criminal courts, the President of the College will establish procedures to hold perpetrators responsible, with appropriate college sanctions, up to and including termination for employees, and up to/including expulsion for students.

**See Administrative Procedures #3430**

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Amended by the Board of Trustees Nov. 11, 2003

# AP 3430 Prohibition of Harassment and Hate Crimes

## Reference:

***Education Code Sections 212.5; 66281.5;  
Title IX, Education Amendments of 1972; Title 5, Sections 59320 et seq.***

The District is committed to providing an academic and work environment free of unlawful harassment. This procedure defines sexual harassment and other forms of harassment on campus, and sets forth a procedure for the investigation and resolution of complaints of harassment by or against any staff or faculty member or student within the District. It also establishes a procedure for administrative response to hate crimes within the District.

## Definitions:

Sexual harassment consists of unwelcome sexual advances, requests for sexual favors, and other conduct of a sexual nature when:

- submission to the conduct is made a term or condition of an individual's employment, academic status, or progress;
- submission to, or rejection of, the conduct by the individual is used as a basis of employment or academic decisions affecting the individual;
- 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; or
- 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 community college.

This definition encompasses two kinds of sexual harassment:

- "Quid pro quo" sexual harassment occurs when a person in a position of authority makes educational or employment benefits conditional upon an individual's willingness to engage in or tolerate unwanted sexual conduct.
- "Hostile environment" sexual harassment occurs when unwelcome conduct based on sex is sufficiently severe or pervasive so as to alter the conditions of an individual's learning or work environment,

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unreasonably interfere with an individual's academic or work performance, or create an intimidating, hostile, or abusive learning environment. The victim must subjectively perceive the environment as hostile, and the harassment must be such that a reasonable person of the same gender would perceive the environment as hostile.

Sexual harassment can consist of virtually any form or combination of verbal, physical, visual or environmental conduct. It need not be explicit or even specifically directed at the victim. Sexually harassing conduct can occur between people of the same or different genders. The standard for determining whether conduct constitutes sexual harassment is whether a reasonable person of the same gender as the victim would perceive the conduct as harassment based on sex.

Examples: Harassment includes, but is not limited to the following misconduct:

- Verbal: Inappropriate or offensive remarks, slurs, jokes or innuendoes based on a person's protected status, including but not limited to sex. This may include, but is not limited to, inappropriate comments regarding an individual's body, physical appearance, attire, sexual prowess, marital status or sexual orientation; unwelcome flirting or propositions; demands for sexual favors; verbal abuse, threats or intimidation of a sexual nature; or sexist, patronizing or ridiculing statements that convey derogatory attitudes about a particular gender.
- Physical: Inappropriate or offensive touching, assault, or physical interference with free movement. This may include, but is not limited to, kissing, patting, lingering or intimate touches, grabbing, pinching, leering, staring, unnecessarily brushing against or blocking another person, whistling or sexual gestures.
- Visual or Written: The display or circulation of offensive sexually oriented or other discriminatory visual or written material. This may include, but is not limited to, posters, cartoons, drawings, graffiti, reading materials, computer graphics or electronic media transmissions.
- Environmental: An academic or work environment that is permeated with racially or sexually-oriented talk, innuendo, insults or abuse not relevant to the subject matter of the class or activities on the job. A hostile environment can arise from an unwarranted focus on sexual topics or sexually suggestive statements in the classroom or work environment. An environment may be hostile if unwelcome sexual behavior or other harassing behavior based on a protected status is directed specifically at an individual or if the individual merely witnesses unlawful harassment in his or her immediate surroundings.

The determination of whether an environment is hostile is based on the totality of the circumstances, including such factors as the frequency of the conduct, the severity of the conduct, whether the conduct is humiliating or physically threatening, and whether the conduct unreasonably interferes with an individual's learning or work.

Romantic or sexual relationships between supervisors and employees, or between administrators, faculty or staff members and students are discouraged. There is an inherent imbalance of power and potential for exploitation in such relationships. A conflict of interest may arise if the administrator, faculty or staff member must evaluate the student or employee's work or make decisions affecting the employee or student.

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The relationship may create an appearance of impropriety and lead to charges of favoritism by other students or employees. A consensual sexual relationship may change; with the result that sexual conduct that was once welcome becomes unwelcome and harassing. By definition, sexual harassment is not within the course and scope of an individual's employment with the community District.

Hate crimes consist of crimes which specifically target individuals or groups for characteristics relating to their ethnicity, color, religion, ancestry, national origin, disability, sex (i.e., gender), sexual orientation, class, or relating to the perception that a person has one or more of the foregoing characteristics.

### ***Academic Freedom***

To the extent the sexual harassment policy is in conflict with the District's policy on academic freedom, the sexual harassment policy shall prevail. If the faculty member wishes to use sexually explicit materials in the classroom to stimulate dialogue as part of classroom materials or as a teaching technique, the faculty member must review that use with an administrator to determine whether or not this violates the sexual harassment policy.

To the extent the hate crimes policy is in conflict with the District's policy on academic freedom, the hate crimes policy shall prevail.

### ***Complaint Procedure for Investigation and Resolution of Claims of Harassment***

#### ***Reference:***

#### ***Title 5, Section 59320***

The Vice President of Administrative Services is the "responsible District officer" charged with receiving complaints of sexual harassment or other forms of prohibited harassment, and coordinating their investigation.

The Gavilan College "Alleged Discrimination/Harassment Complaint" form is attached and made part of the procedure.

The actual investigation of complaints may be assigned by the President of the College other staff or to outside persons or organizations under contract with the district. This shall occur whenever the Vice President of Administrative Services is named in the complaint or implicated by the allegations in the complaint.

A student who believes he or she has been sexually harassed, or harassed based on any other protected status, shall make a complaint in writing using The Gavilan College "Alleged Discrimination/Harassment Complaint" form, within one year of the date of the alleged harassment or the date on which the complainant knew or should have known of the facts underlying the complaint, to any of the following:

- The Vice President, Administrative Services;
- The President of the College;
- The Vice President, Student Services;
- The Vice President, Instructional Services

A staff or faculty member who believes he or she has been sexually harassed, or harassed based on any other protected status, shall make a complaint in writing using the Gavilan College "Alleged Discrimination/Harassment Complaint" form to any of the following:

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The Vice President, Administrative Services;  
The President of the College;  
The Vice President, Student Services;  
The Vice President, Instructional Services

Any District employee who receives a harassment complaint shall notify the Vice President of Administrative Services immediately.

Upon receiving notification of a harassment complaint, the Vice President, Administrative Services shall:

Advise the complainant that he or she need not participate in an informal resolution of the complaint, and that he or she may file a complaint with the Office of Civil Rights of the U.S. Department of Education. The Vice President of Administrative Services shall also notify the Chancellor of California Community Colleges of the complaint.

Authorize the investigation of the complaint, and supervise and/or conduct a thorough, prompt and impartial investigation of the complaint.

The investigation will include interviews with the complainant, the accused harasser, and any other persons who may have relevant knowledge concerning the complaint. This may include victims of similar conduct.

Review the factual information gathered through the investigation to determine whether the alleged conduct constitutes harassment giving consideration to all factual information and the totality of the circumstances, including the nature of the verbal, physical, visual or sexual conduct, and the context in which the alleged incidents occurred.

Set forth the results of the investigation in a written report. The written report shall include a description of the circumstances giving rise to the complaint, a summary of the testimony of each witness, an analysis of any relevant data or other evidence collected during the investigation, a specific finding as to whether discrimination did or did not occur with respect to each allegation in the complaint, and any other appropriate information.

Provide the complainant with a copy or summary of the investigative report within ninety days from the date the District received the complaint. The complainant shall also be provided with a written notice setting forth the determination of the Vice President of Administrative Services as to whether sexual harassment or harassment based on any other protected status did or did not occur with respect to each allegation in the complaint; a description of action taken, if any, to prevent similar problems from occurring in the future; the proposed resolution of the complaint; and notice of the complainant's right to appeal to the District's Board of Trustees and the State Chancellor's Office. The results of the investigation and the determination as to whether harassment occurred shall also be reported to the alleged harasser, and the appropriate academic or administrative official(s).

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If harassment occurred, the District shall take remedial or disciplinary action against the harasser. The action will be prompt, effective, and commensurate with the severity of the offense. If discipline is imposed, the nature of the discipline will not be communicated to the complainant.

Disciplinary actions against faculty, staff and students will conform to all relevant statutes, regulations, personnel policies and procedures, including the provisions of any applicable collective bargaining agreement.

The District shall also take reasonable steps to protect the complainant from further harassment and to protect the complainant from retaliation as a result of communicating the complaint. The District shall take reasonable steps to ensure the confidentiality of the investigation and to protect the privacy of all parties.

If the complainant is not satisfied with the results of the administrative determination, he or she may, within fifteen days, submit a written appeal to the Board of Trustees. The Board shall review the original complaint, the investigative report, the administrative decision, and the appeal. The Board shall issue a final District decision in the matter within 45 days after receiving the appeal.

A copy of the decision rendered by the Board shall be forwarded to the complainant and to the State Chancellor's Office. The complainant shall also be notified of his or her right to appeal this decision.

If the Board does not act within forty-five days the administrative determination shall be deemed approved and shall become the final decision of the District in the matter.

The complainant shall have the right to file a written appeal with the State Chancellor's Office within thirty days after the Board issued the final District decision or permitted the administrative decision to become final. Such appeals shall be processed pursuant to the provision of Section 59350 of Title 5 of the California Code of Regulations.

In any case involving employment discrimination, the complainant may, at any time before or after the issuance of the final decision of the District, file a complaint with the Department of Fair Employment and Housing. In such cases, the complainant may also file a petition for review with the state Chancellor's Office within thirty days after the governing board issues the final decision or permits the administrative decision to become final.

Within 150 days of receiving a complaint, the District shall forward to the State Chancellor's Office the original complaint, the investigative report, a copy of the written notice to the complainant setting forth the results of the investigation, a copy of the final administrative decision rendered by the Board or indicating the date upon which the decision became final, and a copy of the notification to the complainant of his or her appeal rights. If, due to circumstances beyond its control, the District is unable to comply with the 150-day deadline for submission of materials, it may file a written request for an extension of time no later than ten days prior to the expiration of the deadline.

### ***Dissemination of Policy and Procedures***

District Policy and Procedures related to harassment will be provided to all students, faculty members, members of the administrative staff and members of the support staff, and will be posted on campus.

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When hired, employees are required to sign that they have received the policy and procedures, and the signed acknowledgment of receipt is placed in each employee's personnel file. In addition, these policies and procedures are incorporated into the District's course catalogs and orientation materials for new students.

### ***Training***

Training of academic staff should be conducted emphasizing environmental harassment in the classroom. Each participant in the training should be required to sign a statement where they check one of two boxes:

I have participated in training regarding the District's sexual harassment policy. I understand the policy and accept my obligation to comply with the policy.

OR

I do not understand the District's sexual harassment policy and wish additional training.

### ***Procedure for Prevention and Resolution of Hate Crime Victimization***

The District will seek to prevent and eradicate hate crimes on its campus.

The Vice President of Administrative Services will be the "responsible District officer" in following up hate crimes. Upon receiving notice of a possible hate crime from the college Security department, the VP of Administrative Services shall:

--as soon as is practical report to the Public Information Officer and college president the general nature, as well as the approximate time and place, of the hate crime or suspected crime

The Public Information Officer will, in a timely matter, publicize to all staff and students that an incident that is or may be a hate crime has been committed; the general nature, and approximate time and place of the crime will be disclosed.

--turn over all information about the alleged hate crime to local law enforcement agents for investigation.

The College President will, in a timely and forceful manner, issue a public statement describing the hate crime or suspected crime in general terms, and condemning hate crimes on a campus devoted to the pursuit of higher learning.

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**GAVILAN COLLEGE**  
**ALLEGED DISCRIMINATION/HARASSMENT COMPLAINT**

Gavilan Generated Form

**\*PLEASE PRINT\***

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Complainant) (of Alleged Discrimination)

**ADDRESS:** \_\_\_\_\_  
(Street or PO Box) (Zip Code)

**HOME PHONE:** (\_\_\_\_\_) \_\_\_\_\_ **MESSAGE:** (\_\_\_\_\_) \_\_\_\_\_

**COMPLAINT STATUS:** \_\_\_\_\_ Student \_\_\_\_\_ Management \_\_\_\_\_ Faculty  
\_\_\_\_\_ Classified \_\_\_\_\_ Job Applicant \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**I WISH TO COMPLAIN AGAINST:** Name of person, college, or activity: \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street or PO Box) (City) (Zip Code)

**I ALLEGE THAT I WAS DISCRIMINATED AGAINST ON THE BASIS OF:** Please check only those which apply

\_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Religion/Creed \_\_\_\_\_ Color \_\_\_\_\_ National Origin \_\_\_\_\_ Ancestry  
\_\_\_\_\_ Disability / Date Disability Disclosed \_\_\_\_\_ To Whom \_\_\_\_\_ Gender  
\_\_\_\_\_ Marital Status \_\_\_\_\_ Sexual Orientation \_\_\_\_\_ Sexual Harassment \_\_\_\_\_ Age

**I FEEL I WAS DISCRIMINATED AGAINST FOR THE FOLLOWING REASON(S):** Describe the incident, the participants and any attempts you have made to solve the problem. Give relevant dates, times and places.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESSES:** Persons who can provide information regarding this complaint.

NAME

ADDRESS

PHONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMEDY SOUGHT:** Specify what you think can and should be done to solve the problem.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I CERTIFY THAT THIS INFORMATION IS CORRECT AND TO THE BEST OF MY KNOWLEDGE**

\_\_\_\_\_  
(Signature of Complainant) (Date)  
(use additional paper if necessary)

\_\_\_\_\_  
(Signature of Person Helping Complainant Complete Complaint Form) (Date)

To: Distribution List

From: Alice Dufresne-Reyes MS PHN, Student Health

Date: July 8, 2008; RESENT September 2, 2008

**RE: TB SKIN TESTING SCHEDULE- FALL 2008**

**TB Skin Testing** for Gavilan College employees and work study students is available according to the following schedule. Please note that the testing is performed in the Health Services Office S.C.118 from 10am to 12 noon **on an appointment basis**. Each person receiving the TB skin test **must** return for the TB reading; otherwise the test is not valid.

**Please have the person call ext. 4791** to have them make the appointment for their TB tests. Employees can call HR, Pilar Conaway at 846-4964 for appointments.

If you employ minors- ***Remember, all student employees under 18 years of age must have their parent sign their consent form.*** Consent forms are available in the Health Services' office or in Human Resources. The TB skin test is valid for 4 years if the person has not developed symptoms of active tuberculosis. Please call for questions, concerns, and available TB-related community resources. (Attachment: community resources)

***Thank you for not only ensuring the enforcement of State regulations, but moreover for the early identification and the elimination of tuberculosis.***

Monday, September 8th  
Monday, September 15<sup>th</sup>  
Monday, September 22<sup>nd</sup>

Monday, October 6<sup>th</sup>  
Monday, November 10<sup>th</sup>

Tuesday, September 9th  
Tuesday, September 16<sup>th</sup>

Monday, October 20<sup>th</sup>  
Monday, December 8<sup>th</sup> 2009

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