

(Basic Personal Profile Information Needed to Initiate Equifax New Hire Onboarding Service)

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The following steps need to be completed before you can receive a placement appointment:

1. Live-Scan Fingerprint scan completed (pages 6-8)
2. Complete TB Test (options shown on pages 10-19. Choose one option as determined by your medical professional).
3. Begin/Complete EQUIFAX On-Board System documents (on-line invitation & instructions will be sent to you via email)
4. SDCCD Employment Application.
 - a. complete the Student Aide I application <https://www.sdccdjobs.com/postings/13320>
5. You will be notified by the Work Study Coordinator once your fingerprints have cleared, to set up a placement appointment.

Please have the following when you come in for your Placement appointment: [Student's more than 10 min late will have to reschedule]

6. ALL paper forms filled in completely (pages 20-30) **[NO Pencil]**
7. Social Security Card (no copies please, I need to see the original)
8. Drivers License or State ID + Alien Registration Card [green card, I94, etc if applicable]
9. T.B test certification (must have been completed within 60 days of your employment. You must have the results before you can be placed)
10. EQUIFAX PRINT documents [attached you do not need to print additional copies]
 - Statement Concerning Employment-Job Not Covered by social Security (SSA-1945)
 - Beneficiary Designation for Deceased Employee
 - 3121 FICA Alternative Plan Enrollment Form
 - Student Waiver
11. Please review the Potential Jobs listing online prior to your placement appointment to discuss with the coordinator.

APPOINTMENT: _____
Date

** _____
Time

** Please check in at the front counter at your appointment time

NOTE: As this is a job placement processing interview children, spouses, friends, pets (unless medically necessary), etc. will NOT be permitted to join you.



Hello **Work Study Applicant**,

Congratulations on your eligibility to apply for a College Work Study (FWS) assignment at San Diego Mesa College. We are pleased that you will be joining San Diego Community College District!

This is the first of two emails that you will receive following your acceptance of the Federal Work Study Award job offer. The second email will have information regarding Equifax, our New Hire Onboarding Service. Please follow the instructions immediately upon receipt of the email(s) as waiting will risk significant delay in your potential start date. Your start date will be scheduled once you have completed all steps indicated below, as well as the Equifax system.

In addition to completing the Equifax New Hire Onboarding Service documents, the following items must be completed before your start date can be set (your assignment is contingent until Human Resources has cleared you to start):

[1] Fingerprinting at Live Scan Unit,

[2] Tuberculosis clearance

[3] Equifax New Hire system [detailed instructions will arrive in a separate email] - complete all forms in the system. You will be instructed to print the following, but they are already printed for you in your packet: New Hire system Employment Center / <https://hrx.talx.com/HRX/EmploymentCenter/default.aspx?divisionid=171>

☐ Statement Concerning Employment-Job Not Covered by Social Security (SSA-1945)

☐ Beneficiary Designation for Deceased Employee

☐ Student Waiver

You do not need to complete/print the following FWS non-applicable forms:

A. Beneficiary Designation for FICCA=Alternative (3121 Plan) &

B. Parking Permit application (Student Employees are not eligible)

[4] SDCCD on-line application - Non-Academic Non-Classified Employment (last page of your packet)

- Create an employment application profile and complete the Student Aide I, <https://www.sdccdjobs.com/postings/13320>
- Complete the required fields, submit & Print a copy.
- Employment Eligibility Verification Form (I-9) original identification documents, and;
- Duties of the Work Study Employee Form attached.

[1] The **Request for Live Scan Service** form is attached here. Please complete the form and take it to the Live Scan Unit at our Police Department at the address noted in the instructions. In the Job Title field, please enter CWS (College Work Study). Complete the Applicant section with your personal information. The center section should have the following information listed For *Campus*, **Mesa**; for *Dept*, **Financial Aid, sdennon**. Once complete, take the form with you to the Live Scan Unit – the cost is \$52. **The fee is paid for by the Financial Aid office**, provided you take the attached form with you. Once you have completed the scan you should have a copy of the completed form to take home with you. *Please keep this for your records and email me once you have completed the scan with the information written on the bottom of the form (you can email me a photo or scan of the completed form if possible).* I may need to follow-up with Live-Scan and the information on your copy will be necessary.

[2] Attached is the TB information. Most students [enrolled] can use the Student Health Center, though you are free to choose your own doctor. Please return the complete form to the Financial Aid Office.

[3] When contacted to return to the Financial Aid office for your placement interview, Please bring your Social Security Card with you, as well as original, unaltered identification documents to complete your I-9. You may choose a document from List A, or one each from List B and List C (see attached **I-9 Docs**).

The Financial Aid Office Work Study Coordinator will contact you once you are cleared by Human Resources to begin working. Please contact the San Diego Mesa College Financial Aid Office at (619) 388-2817 with any questions related to the new hire paperwork.

The rates of pay for College Work Study positions currently begin at \$22.31 per hour. Federal Work Study student workers are not eligible for sick leave or vacation pay benefits. Federal Work study funds earned are taxable earning from work, but may not be garnished for any reason other than Federal and State income tax withholdings.

Skyler Dennon | Federal Work Study Coordinator |

San Diego Mesa College | Financial Aid Office | 7250 Mesa College Drive, I4-107C | San Diego, CA 92111-4998 | ☎ 619-388-2952 📠 | : 619-388-2824

✉ sdennon@sdccd.edu

CONFIDENTIALITY NOTICE: This email (and any attachments) is only intended for the use of the person or entity to which it is addressed, and may contain information that is privileged and confidential. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Unauthorized disclosure or failure to maintain confidentiality may subject you to federal and state penalties. If you are not the intended recipient, please immediately notify us by return email, and delete this message from your computer.



SAN DIEGO COMMUNITY COLLEGE DISTRICT LIVE SCAN FINGERPRINTING INFORMATION AND LOCATION

SDCCD College Police Department
LIVE SCAN FINGERPRINTING
1536 Frazee Road, 1st Floor
San Diego, CA 92108

Live Scan Office Hours:

CALL AHEAD FOR APPOINTMENT 619-388-6416

Monday-Thursday: 7:30 a.m. - 5:00 p.m. Friday: 8:00
a.m. – 12:00 Noon

LIVE SCAN SERVICES MENU:

Paid for by Financial Aid. Please be sure to have the attached form with you when you go to have your prints completed.

Basic Live Scan fingerprints DOJ clearance	\$52.00
FBI review required	\$69.00
DOJ approved non-profits And/or BIL # available (roll fee only)	\$20.00
Personal Background Checks (you receive your own background report)	\$45.00
Mobile Live Scan Service	100.00 travel fee* + fees above
*travel fee waived for groups of ten (10) or more	

All fees listed above include a \$20 “roll fee”. Multiple requests for background checks for a single client, taken on the same day, pay only one “roll fee”.

IDENTIFICATION REQUIRED: State issued driver’s license or ID card. For information on other acceptable forms of identification go to: <http://police.sdccd.edu/parking/livescan.cfm> or call (619) 388-6416.

PAYMENT: For your convenience we accept cash, cashier’s check, money order and Master/Visa credit/debit cards. Make cashier’s checks and money orders payable to: SDCCD Live Scan.

DRIVING & TRANSIT DIRECTIONS

DRIVING DIRECTIONS FOR LIVE SCAN FINGERPRINTING

SDCCD College Police

1536 Frazee Rd., 1st floor

San Diego, CA 92108

CALL IN ADVANCE FOR APPOINTMENT 619-388-6416

FROM THE SOUTH

1. Take the **805 North** to the **8** west to the **163 north** or
2. Take the **I-5 North** to the **163 north**
3. Exit **Friars Rd.** east and go across the overpass
4. Merge left and make the first left on **Frazee Rd.**
5. **SDCCD Live Scan Services on left-hand side, just after stop sign**

FROM THE NORTH

1. Take **I-15 South** to the **CA-163 South** or
2. Take the **I-5 South** to the **805 south** to the **163 South**
3. Exit **Friars Road East** – go across the overpass
4. Merge **left**
5. At first traffic signal, turn **left** onto **Frazee Road**
6. **SDCCD Live Scan Services on left-hand side, just after stop sign**

Alternate Route from north county

1. Take **I-15 S** to Friars Rd exit.
2. Exit **Friars Road West**
3. Proceed approx. 3 miles, turn **right** onto **Frazee Road**
4. **SDCCD Live Scan Services on left-hand side, just after stop sign**

FROM THE EAST

1. Take the **I-8 west** to the **CA-163 North**
2. Exit **Friars Rd. east** – go across the overpass
3. Merge left and turn left on **Frazee Rd.**
4. **SDCCD Live Scan Services on left-hand side, just after stop sign**

HOW TO GET TO LIVE SCAN OFFICE BY BUS FROM DOWNTOWN SAN DIEGO:

Transit Bus Schedules: (619) 233-3004:

From Bus Stop at 11th Avenue and C Street,

Take Bus 20A (Kearny Mesa) to Fashion Valley Trolley Station,

Take Bus 928 (Serra Mesa/Kearny Mesa),

Exit bus on Frazee Road (north side of Friars Road)

Cross Friars Road. SDCCD College Police/Live Scan Services, behind Denny's,

1536 Frazee Road, 1st Floor



SDCCD College Police Department

LIVESCAN FINGERPRINTING

1536 Frazee Road, 1st Floor

San Diego, CA 92108

(619) 388-6416

Live Scan Office Hours:

Call (619) 388-6416 to schedule an appointment Monday through Thursday from 8:00 a.m. to 4:00 p.m. or Friday from 8:00 a.m. to 11:30 a.m.

What to bring:

- This letter
 - Request for Live Scan Service form
 - State issued driver's license or ID card
-

Date: _____

Live Scan Fingerprint Services:

This letter is to confirm that People, Culture, and Technology Services/District Office will pay up to \$52 for Department of Justice (DOJ) Clearance and \$17 for FBI check if necessary, for the following person:

- Person's Name: _____
- Classification: _____
- Department: _____
- Budget: 1110-75100-677110-5999

If you have any questions, please contact us at sdennon@sdccd.edu, or newhire@sdccd.edu, 619-388-6579.

Thank you for your assistance.

Skyler Dennon, Work Study Coordinator
San Diego Mesa College Financial Aid Office
619-388-2952



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0409

ORI (Code assigned by DOJ)

EMPLOYMENT

Authorized Applicant Type

Federal Work Study - Student Aide

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

Contributing Agency Information:

SAN DIEGO COMMUNITY COLLEGE DISTRICT

Agency Authorized to Receive Criminal Record Information

02188

Mail Code (five-digit code assigned by DOJ)

3375 CAMINO DEL RIO SOUTH, SUITE 330

Street Address or P.O. Box

BETTY ROBLES-LEAL

Contact Name (mandatory for all school submissions)

SAN DIEGO

City

CA

State

92108

ZIP Code

(619) 388-6579

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number 1110-75100-677110-5999

(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

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: CAMPUS: MESA DEPT: FINANCIAL AID

OCA Number (Agency Identifying Number) -SDENNON

Level of Service: ☒ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

[2] The Following pages are TB information and certification options. Most students [enrolled] can use the Student Health Center, though you are free to choose your own doctor. Please return the complete form to the Financial Aid Office.

Choose only one option as determined by your medical professional.

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San Diego Community College District
Human Resources
3375 Camino Del Rio South, #330
San Diego, CA 92108

NOTICE of TUBERCULOSIS CLEARANCE REQUIREMENT – NEW EMPLOYEES

The San Diego Community College District encourages the health and safety of all employees, and for the sake of our students and visitors. One aspect of this goal is to insure that employees are free from Tuberculosis, which is also a requirement of California Education Code §87408.6.

As a new employee, and every four (4) years during your SDCCD career, you are required to submit a Tuberculosis (TB) clearance with the San Diego Community College District (SDCCD).

The requirement regarding TB clearances has recently changed due to the adoption of California Senate Bill (SB) 1038 effective in 2017. New employees must, within 60 days prior to the date of hire, submit a TB risk assessment to a medical provider who is a licensed physician or physician assistant. This form does NOT need to be submitted in person. Only if TB risk factors are identified will the individual be required to go to the medical facility and undergo a TB examination to determine if they are free from active Tuberculosis. If an examination is necessary, it would consist of an approved intradermal TB test or any other test for TB infection recommended by the federal Centers for Disease Control and Prevention (CDC), and licensed by the federal Food and Drug Administration (FDA) that, if positive, shall be followed by an X-ray of the lungs.

Please have a TB assessment completed and certificate of clearance submitted to SDCCD as soon as possible. You will not be able to begin your new assignment until this clearance is received. Enclosed is a TB assessment form (page 3) along with the Certificate of Completion (page 4) to be completed by your medical provider. If you do not have a medical provider, please see pages five through nine (5-9) of this packet, so that you can obtain the TB clearance at SDCCD expense. Please return the Certificate of Completion form to Human Resources at:

**Human Resources – Employment
San Diego Community College District
3375 Camino Del Rio South, #330
San Diego, CA 92108
619.388.6579**

If you fail to comply with this requirement, you will be unable to begin work with SDCCD.

New employee requirements:

- A.** Each employee will be required to provide proof of TB clearance upon initial hire, and once every four (4) years.
- B.** Per California SB1038, effective 2017, new and ongoing employee TB clearances will no longer require a Tuberculosis Skin Test (TST) or a Tuberculosis Blood Test (TBT) test. Instead, new and ongoing employees will be required to submit a TB Risk Assessment form to a licensed medical provider and obtain a TB clearance form, which the employee is responsible for submitting to SDCCD.
- C.** If risk factors are identified, the medical provider will require an examination to determine that the individual is free from active TB will be necessary as provided by a licensed physician or physician assistant. The examination will need to be in the form of the (TST) or a (TBT), or any other TB test recommended by the federal Centers for Disease Control and Prevention (CDC).
- D.** A person who transfers his or her employment from one community college district, private or public, or K-12 school district to SDCCD shall be deemed to meet the requirements if the person can produce a certificate of clearance within the past four (4) years and which has been verified in writing by the previous school Human Resources Department.
- E.** If the new employee has experienced previous positive TB tests, which was followed by a chest X-ray (which must be accompanied by physician's statement of the previous positive TBT or TST which prompted a chest X-ray), then that will remain on file and the employee is no longer required to undergo testing or chest X-ray every four (4) years, unless future TB-related health conditions occur. However, every four (4) years each employee will be required to complete a TB Risk Assessment form with their medical provider to signify clearance from TB and submit the certificate of clearance form to Human Resources.

Important:

- 1.** If your medical provider is unfamiliar with the new law, then please show them page 2 of this packet. The pertinent part regarding the change from TB testing to TB assessment is noted in larger font text.
- 2.** If you are not covered by a District-paid medical plan, you will need to obtain your TB assessment/examination/testing, as applicable, from a Sharp Rees-Stealy Occupational Medicine Office, locations of which are noted on page 6 of this packet. You will not be charged a fee and the District will cover the cost. You may complete the assessment form & Sharp clearance process via U.S. Mail and would only need to go to the medical office if examination and/or testing is required. (See pgs 5-9).

References:

California Education Code § 87408.6
California Senate Bill (SB) 1038

SB 1038, Allen. Community colleges: employees.

Existing law prohibits a person from being employed by a community college in an academic or classified position unless the person has submitted to a tuberculosis examination within the past 60 days to determine that he or she is free of active tuberculosis.

This bill would instead prohibit employment unless the person, within 60 days, has submitted to a tuberculosis risk assessment and, if tuberculosis risk factors are identified, has undergone a tuberculosis examination.

87408.6.

(a) (1) Except as provided in subdivision (h), a person shall not be initially employed by a community college district in an academic or classified position unless the person has within the last 60 days submitted to a tuberculosis risk assessment developed by the State Department of Public Health and the California Tuberculosis Controllers Association and, if risk factors are present, an examination to determine that he or she is free of active tuberculosis, by a physician and surgeon licensed under Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code or a physician assistant practicing in compliance with Chapter 7.7 (commencing with Section 3500) of Division 2 of the Business and Professions Code. This examination shall consist of an approved intradermal tuberculin test or any other test for tuberculosis infection recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA) that, if positive, shall be followed by an X-ray of the lungs.

(2) The X-ray film may be taken by a competent and qualified X-ray technician if the X-ray film is subsequently interpreted by a physician and surgeon licensed under Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code.

(3) The district superintendent, or his or her designee, may exempt, for a period not to exceed 60 days following termination of the pregnancy, a pregnant employee from the requirement that a positive intradermal tuberculin test be followed by an X-ray of the lungs.

(b) Thereafter, employees who are skin test negative, or negative by any other test recommended by the CDC and licensed by the FDA, or were not tested because of a lack of risk factors, shall be required to undergo the foregoing tuberculosis risk assessment and, if risk factors exist, examination at least once each four years or more often if directed by the governing board upon recommendation of the local health officer for so long as the employee remains test negative by either the tuberculin skin test or any other test recommended by the CDC and licensed by the FDA. Once an employee has a documented positive skin test or any other test that has been recommended by the CDC and licensed by the FDA that has been followed by an X-ray, the foregoing tuberculosis risk assessments and examinations shall no longer be required, and referral shall be made within 30 days of completion of the examination to the local health officer to determine the need for follow up care.

(c) If risk factors were present at the tuberculosis risk assessment and an examination occurs, after the examination an employee shall cause to be on file with the district superintendent a certificate from the examining physician and surgeon or physician assistant showing the employee was examined and found free from active tuberculosis. "Certificate," as used in this subdivision, means a certificate signed by the examining physician and surgeon or physician assistant, or a notice from a public health agency or unit of the American Lung Association that indicates freedom from active tuberculosis. The latter, regardless of form, shall constitute evidence of compliance with this section.

(d) This tuberculosis risk assessment and, if risk factors are present, examination is a condition of initial employment and the expense incident thereto shall be borne by the applicant unless otherwise provided by rules of the governing board. However, the board may, if an applicant is accepted for employment, reimburse the person in a like manner prescribed for employees in subdivision (e).

(e) The governing board of each district shall reimburse the employee for the cost, if any, of the examination. The board may provide for the examination required by this section or may establish a reasonable fee for the examination that is reimbursable to employees of the district complying with this section.

(f) (1) At the discretion of the governing board, this section does not apply to those employees not requiring certification qualifications who are employed for any period of time less than a college year whose functions do not require frequent or prolonged contact with students.

(2) The governing board may, however, require the tuberculosis risk assessment and, if risk factors are present, examination and may, as a contract condition, require the assessment and examination of persons employed under contract, other than those persons specified in subdivision (a), if the board believes the presence of these persons in and around college premises would constitute a health hazard to students.

(g) If the governing board of a community college district determines by resolution, after hearing, that the health of students in the district would not be jeopardized thereby, this section does not apply to any employee of the district who files an affidavit stating that he or she adheres to the faith or teachings of any well-recognized religious sect, denomination, or organization and in accordance with its creed, tenets, or principles depends for healing upon prayer in the practice of religion and that to the best of his or her knowledge and belief he or she is free from active tuberculosis. If at any time there should be probable cause to believe that the affiant is afflicted with active tuberculosis, he or she may be excluded from service until the governing board of the employing district is satisfied that he or she is not so afflicted.

(h) (1) A person who transfers his or her employment from one campus or community college district to another shall be deemed to meet the requirements of subdivision (a) if the person can produce a certificate that shows that he or she within the past four years had a tuberculosis risk assessment that showed no risk factors were present or was examined and was found to be free of communicable tuberculosis, or if it is verified by the college previously employing him or her that it has a certificate on file that contains that showing.

(2) A person who transfers his or her employment from a private or parochial elementary school, secondary school, or nursery school to the community college district subject to this section shall be deemed to meet the requirements of subdivision (a) if the person can produce a certificate as provided for in Section 121525 of the Health and Safety Code that shows that he or she within the last four years had a tuberculosis risk assessment that showed no risk factors were present or was examined and was found to be free of communicable tuberculosis, or if it is verified by the school previously employing him or her that it has the certificate on file.

(i) (1) Any governing board of a community college district providing for the transportation of students under contract shall require as a condition of the contract the tuberculosis risk assessment and, if risk factors are present, examination for active tuberculosis, as provided in subdivision (a), of all drivers transporting the students. Privately contracted drivers who transport the students on an infrequent basis, not to exceed once a month, shall be excluded from this requirement.

(2) Examinations required pursuant to this subdivision shall be made available without charge by the local health officer.



California School Employee Tuberculosis (TB) Risk Assessment Questionnaire



(for pre-K, K-12 schools and community college employees, volunteers and contractors)

- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555.^
- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- Do not repeat testing unless there are **new** risk factors since the last negative test.
- Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:
For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.

Name of Person Assessed for TB Risk Factors: _____

Assessment Date: _____

Date of Birth: _____

History of Tuberculosis Disease or Infection (Check appropriate box below)

☐ Yes

- If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.

☐ No (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if any of the 3 boxes below are checked

☐ One or more sign(s) or symptom(s) of TB disease

- TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.

☐ Birth, travel, or residence in a country with an elevated TB rate for at least 1 month

- Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.
- Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.

☐ Close contact to someone with infectious TB disease during lifetime

Treat for LTBI if TB test result is positive and active TB disease is ruled out

^The law requires that a health care provider administer this questionnaire. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. A Certificate of Completion should be completed after screening is completed (page 3).

Certificate of Completion Tuberculosis Risk Assessment and/or Examination

To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

First and Last Name of the person assessed and/or examined:

Date of assessment and/or examination: _____mo./_____day/_____yr.

Date of Birth: _____mo./_____day/_____yr.

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

X _____

Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):

If you are not covered by SDCCD-paid medical benefits, please follow the instructions in pages 6-9, and the cost for your TB clearance will be covered by your employer.

SDCCD will cover the cost of TB assessment and, if necessary, examination and/or testing.

Important Note: Any cost related to active Tuberculosis treatment or other related costs will not be covered by SDCCD.

INSTRUCTIONS for NEW EMPLOYEES WITHOUT MEDICAL BENEFITS

If you do not have medical coverage which would cover the cost of the Tuberculosis (TB) Assessment and/or Examination and Testing, then you are instructed to send your assessment form to one of the Sharp Rees-Stealy Occupational Medicine Centers listed below to obtain your TB Certificate of Completion. San Diego Community College District will be invoiced for the cost and you will not be required to pay. Please contact the location of choice in advance if you have any questions about mailing your Assessment Form and the Sharp Rees-Stealy Registration Form & Release Form.

SHARP Rees-Stealy Occupational Medicine Services Include TB Assessment/Examinations/Testing



Sharp Rees-Stealy Rancho Bernardo

16899 W Bernardo Drive
San Diego, CA 92127
858-521-2350

Sharp Rees-Stealy Sorrento Mesa

10243 Genetic Center Drive
San Diego, CA 92121
858-526-6150

Sharp Rees-Stealy Genesee

2020 Genesee Ave.
San Diego, CA 92123
858-616-8400

Sharp Rees-Stealy La Mesa

5525 Grossmont Center Drive
La Mesa, CA 91942
619-644-6600

Sharp Rees-Stealy Downtown

300 Fir Street
San Diego, CA 92101
619-446-1524

Sharp Rees-Stealy Chula Vista

525 Third Ave.
Chula Vista, CA 91910
619-585-4050



**Rees-Stealy
Medical
Centers**

Health Questionnaire Patient Registration

PLEASE COMPLETE ALL FIELDS

Last Name: _____

First Name: _____

Social Security Number or Last 4 digits: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Primary Language: _____

Home Mailing Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Country of Birth: _____

Employer: _____

Employer Address: _____

City: _____ State _____ Zip Code _____

Signature: _____ Date _____

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**AUTHORIZATION FOR USE OR
DISCLOSURE OF PROTECTED
HEALTH INFORMATION**

Patient Name: _____

Date of Birth: _____

Medical Record Number: _____

Please read carefully and complete the reverse side of this form.

All sections of this authorization must be completely filled out before Sharp is permitted to disclose your protected health information.

EXPLANATION: This form authorizes the use or disclosure of protected health information in the manner described below and is voluntary. Sharp HealthCare will still provide medical treatment for you if you do not sign this authorization, except under limited circumstances that are described in our Notice of Privacy Practices. **Please be aware that once your information leaves Sharp HealthCare, Sharp HealthCare will no longer be able to protect that information, and the recipients of your information may not be legally required to protect your information.**

NOTICE TO OCCUPATIONAL MEDICINE PATIENTS: California law allows your employer to access your health records only if you authorize the disclosure in writing, or for certain specific reasons. Some of the reasons include situations when your employer is required to do so by law; when you're involved in a lawsuit (or similar process) with your employer and your medical history is at issue; when the information requested was requested or paid for by your employer; when the information is required to evaluate your need for medical leave or disability related benefits; or when it is necessary to administer your employee benefits plan. If you have questions or concerns about whether any of the above situations apply to you, please notify your provider before beginning any procedure and consider notifying your employer.

AUTHORIZATION TO DISCLOSE SPECIFIC PROTECTED HEALTH INFORMATION: Federal and State laws require us to obtain specific authorization from patients to release especially sensitive information. Sensitive information is defined as treatment or documentation related to HIV and AIDS test results; Psychiatric care, and Treatment for Alcohol or Drug Abuse. Be aware that we will automatically try to exclude these types of information unless you specifically identify them for release.

RESTRICTIONS: I understand that Sharp HealthCare may not further use or disclose the information described on the reverse side of this form unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law. I hereby release Sharp HealthCare from any/all liability that may arise from the release of this information to the party named on the reverse side of this form.

ADDITIONAL COPY: I further understand that I have a right to receive a copy of this authorization upon my request.

DURATION: I understand that I may revoke this authorization in writing at any time (see the Sharp HealthCare Notice of Privacy Practices for instructions), except to the extent that action has already been taken. Unless otherwise noted, this authorization will expire one year from the date of my signature.

CHARGES: If your health information is being released directly to you, you may be responsible for payment of a reasonable, cost based processing fee. The fee covers clerical costs as well as any/all costs associated with copying of the information.

Please complete the reverse side of this form



SHC-MR-1993

1. **Authorization:** I authorize disclosure of medical information and health records as described below:

Patient Name: _____

Date of Birth: ____/____/____ Telephone: (____) _____

Record Holder's Name: _____

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

Records Released To: _____

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

2. **Information to be Released for these Dates of Service:** From _____ To _____

3. **Information to Release:** Place your initials next to each category of information we will be releasing.

___ HIV Test Results (Human Immunodeficiency Virus)

___ Psychiatric Records

___ Treatment for Alcohol and/or Drug Abuse

___ Billing Information

___ Operative/Procedure Reports

___ Discharge Summary

___ Radiology/Nuclear Medicine Reports

___ Progress Notes

___ Emergency Department Reports

___ Laboratory Tests

___ Consultation Reports

___ History/Physical Exam

___ Infection Control/Clinical Information

___ Open Medical Record

___ Still or Video Images and Sound Prepared for (Sharp/Non-Sharp) Marketing Purposes

___ Other (Please Specify): _____ TB Questionnaire

___ I would like an electronic copy (e.g., compact disk) of the above indicated information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary and procedures, if available.)

4. **Use of Information:** The individual or entity identified above is permitted to use my information for the following purposes: Please initial all that apply.

___ Continuing Medical Care

___ Second Opinion

___ Legal

___ Print Marketing or Educational Media

___ Personal

___ Insurance

___ Audio/Visual Marketing or Education Media

___ Other (please specify): _____ Employment

5. **Signature:**

Printed Name: _____

Signature: _____ Date/Time: _____

If signed by other than patient, indicate relationship to patient: _____

Witness Signature: _____ Date/Time: _____

(Sharp HealthCare Representative)

Attending Physician (Required for Behavioral Health): _____

Date/Time: _____

6. **Mailing Instructions:** Please mail both sides of this authorization form to:

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

Employee Name	Employee ID#
Employer Name SD Community College Dist	Employer ID# 95-2644299

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

Windfall Elimination Provision

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

Government Pension Offset Provision

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

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

For More Information

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

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

Signature of Employee _____ **Date** _____

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, surviving 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/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.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.

Notice of Exclusion from CalPERS Membership

Public Agency and Schools

Your employer has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit which includes service retirement, death, and disability benefits.

Section 1: Employee Information

Last Name	First	Middle	DOB	CID
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Section 2: Employer Information

Name of Department	Division	Position Title
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Term of Appointment: ☐ Permanent ☐ Temporary

If Temporary, enter nearest number of whole months the appointment is expected to last: **Months** **Appointment Date**

Time Base: ☐ Full Time ☐ Intermittent
☐ Indeterminate ☐ Part Time if part time enter the fraction of full time:

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

1. Your full time seasonal or limited term appointment is limited to six months or less.
2. Your part time appointment is limited to less than an average of 20 hours per week for less than one year.
3. Your appointment is an on call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) in a fiscal year (July 1-June 30).
4. Your position is excluded by law. Explain the exclusion that applies below:
5. You are an independent contractor.
6. You are employed to render professional legal service to a city. Exceptions include persons holding the office of city attorney, deputy city attorney, or assistant city attorney.
7. You are employed as a student assistant by a school district in a position established for students only while attending school in the same district. (This only applies to County Schools.)
8. You are a CalPERS retiree and have not reinstated from retirement.

Note: If you are a CalPERS member from previous employment and have not terminated membership (taken a refund of your contributions and service credit) exclusions 1, 2, and 3 do not apply to you. You should qualify for membership immediately in your current position. Please notify your employer to complete your enrollment and report your employment to CalPERS.

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

Signature of Certifying Officer

Title

Date

Signature of Employee

Date

Note: Information regarding the benefits provided by CalPERS is available on the CalPERS website www.calpers.ca.gov.

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

CalPERS Privacy Notice

Privacy Notice

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

Information Purpose

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

Please do not include information that is not requested.

Social Security Numbers

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

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

Information Disclosure

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

Your Rights

You have the right to review your membership files maintained by CalPERS. For questions about this notice, our Privacy Policy, or your rights, write to:

CalPERS

CalPERS Privacy Officer
400 Q Street
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888-225-7377**).

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Designation of Beneficiary Under Government Code §53245

As provided in Section 53245 of the California Government Code, in the event of my death, I hereby designate the following as the person to receive all warrants or checks that will be payable to me from the District.

Beneficiary #1

Relationship: _____

Name _____ Birthdate: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Email: _____

If the person indicated above predeceases me, I hereby designate the following person as a secondary beneficiary:

Beneficiary #2

Relationship: _____

Name _____ Birthdate: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Email: _____

I understand that it is my responsibility to keep this designation current, and further, I understand that this designation is **in addition to and separate from** the beneficiary designation filed with the State Teachers’ Retirement System and/or the California Public Retirement System, or in any other will, codicils or like documents.

This designation form cancels and replaces any designation previously signed for this purpose only and shall remain in effect until a new form is received.

On sufficient proof of identity, the appointing power shall release the warrants or checks to the above designee. The designee who receives a warrant or check is entitled to negotiate is as if the payee.

Employee Name

Employee ID

Employee Signature

Date

Please note: *In the event you get married after you have completed this form, per California Probate Code Section 13601, your spouse is beneficiary by default.*

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Retirement System Status Information

INSTRUCTIONS: Complete this form. This information is essential in determining your retirement system status. Your first pay warrant cannot be prepared until this form has been filed, and errors in information provided may delay your first pay warrant, or could result in a subsequent pay adjustment for recovery of retirement contributions owed.

Employee Name: _____ **SSN:** _____ **DOB:** _____

1. Are you Currently working or have you ever worked before, in any capacity, for:

A San Diego County school or District? ☐ Yes ☐ No
If yes, where: _____

Another California school or District? ☐ Yes ☐ No
If yes, where: _____

Public Agency in California (ex: San Diego County or City etc.) ☐ Yes ☐ No
If yes, where: _____

2. I contributed to the following systems:

- ☐ None
- ☐ CalSTRS (California State Teacher's Retirement System)
- ☐ CalPERS (California Public Employee's Retirement System)
- ☐ Other _____

3. Did you get a refund of your contributions? ☐ Yes ☐ No
If yes, when: _____

4. Are you currently retired and receiving a monthly benefit from: ☐ Yes ☐ No
☐ CalSTRS ☐ CalPERS ☐ other: _____

I certify that the above information is correct and complete to the best of my knowledge.

Signature _____ Date: _____

Be aware that employment in either an academic or non-academic capacity in any California school district may require that you become a member of CalSTRS or CalPERS, as appropriate.

CalSTRS – Academic employees who qualify for mandatory or permissive membership will have all CalSTRS covered employment subject to CalSTRS contributions. Please notify us immediately of any membership changes.

CalPERS – Part-time non-academic employees qualify for membership by working more than 1000 hours in a fiscal year, working an average of 20 hours a week for one year or longer, or working 40 hours a week for 6 months or more.

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3121 FICA Alternative Plan Enrollment Form

FAX COMPLETED FORMS TO: 714.258.4262

Note: Please allow 5-7 business days for the authorization of your request. Missing or incomplete information will result in a delay of your request.

1 Participant Information

First Name	Last Name	Social Security Number (REQUIRED)/ Tax I.D. No	Date of Birth	
Street Address	City	State	Zip Code	Daytime Phone Number
School District Listed as Employer on this Account (REQUIRED)	Participant Email Address			

2 Beneficiary Designation Information

- ☐ I am MARRIED and designate my spouse named below to receive ALL death benefits from the Plan.
☐ I am MARRIED and designate the following person(s) to receive death benefits from the Plan (**SPOUSAL CONSENT REQUIRED** – see below). I
☐ am NOT MARRIED and designate the following person(s) to receive any death benefits. I understand that if I marry this is designation becomes void one year after my marriage.

Spouse Name

Spouse SSN

Spouse Email

<input type="checkbox"/> Primary	Name	SSN	Relationship	%
<input type="checkbox"/> Secondary	Email Address	Phone Number	Address	

<input type="checkbox"/> Primary	Name	SSN	Relationship	%
<input type="checkbox"/> Secondary	Email Address	Phone Number	Address	

<input type="checkbox"/> Primary	Name	SSN	Relationship	%
<input type="checkbox"/> Secondary	Email Address	Phone Number	Address	

3 Spousal Consent (Required for Option 2, if married and spouse is not named beneficiary)

I consent to this designation, which eliminates all or part of the benefits otherwise payable to me from the Plan if my spouse dies.

Spouse's Signature	Date	Notary Public	Date
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4 Participant Signature

I hereby authorize my employer, after the date signed, to reduce my salary according to my employers 3121 FICA Alternative Plan provisions. Such reductions shall continue until I am no longer eligible to participate in the plan. I also authorized the above stated beneficiary designation changes (if applicable). THIS AGREEMENT WILL REPLACE ALL PRIOR AGREEMENTS.

Participant Signature (Required)

Date

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SAN DIEGO
COMMUNITY COLLEGE
DISTRICT

NON-ACADEMIC NON-CLASSIFIED EMPLOYEE
PART-TIME/FULL-TIME STUDENT ENROLLMENT VERIFICATION

NAME _____
Last First Middle Initial

EMPLOYEE ID# _____

CAMPUS/DIVISION _____ DEPARTMENT _____

CURRENT SEMESTER/QUARTER ONLY. Must be renewed each new semester (quarter).

Select one: FALL 20 _____ SPRING 20 _____ SUMMER 20 _____

Name of Institution _____

of Semester/Quarter Units

Select one:

_____ I am an Undergraduate Student (At least 12 units or 15 hours per week with College of Continuing Education).

_____ I am a part-time student with the San Diego Community College District (At least 6 units or 7.5 hours per week with College of Continuing Education).

_____ I am a student to be employed in the San Diego Community College District Work-Study or Work Experience Program).

_____ I am a Graduate Student. Graduate students carrying a full load will provide a letter from the Dean, graduate school confirming your schedule as equivalent to a full-time student.

Student Signature and Date

I hereby certify that the above is true and correct to the best of my knowledge and belief. I understand that I will provide proof of registration by attaching my class schedule to this Student Enrollment Verification. I understand that I am responsible for notifying my manager/supervisor of any adds, drops, or changes to my class schedule. I understand that any untrue statements on the above, may be considered grounds for termination.

Manager/Supervisor Signature and Date

I hereby certify that the above is true and correct to the best of my knowledge and belief. I understand that a change in a student's enrollment, will impact my department budget and compliance with IRS regulation. *Cost savings for employee is 5.2% (401a and Medicare deductions) and cost savings for the department is 5.205% (401a, Medicare, and Unemployment Insurance deductions).*

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SAN DIEGO MESA COLLEGE

7250 Mesa College Drive, I4-107
San Diego, California 92111-4998

Office of Financial Aid

619-388-2817
FAX 619-388-2824

Duties of the Federal Work-Study FWS Employee

Name. _____

CSID#. _____

[PLEASE PRINT]

1. Complete all required forms, T.B. Test and job placement interview prior to starting work.
2. Meet with the supervisor immediately after receiving work assignment, settle on a work schedule, and adhere to that schedule.
3. Complete assigned work to the best of your ability. Take directions and corrections and ask questions if the assignment is not clear. Be courteous at all times to your supervisor, other members of the department, co-workers and guests, and avoid socializing on the job.
4. Report for work on-time. If you need to be absent or late because of illness or any excusable reason, you **MUST** call the supervisor personally, as early as possible. All other changes in work schedule **MUST** be cleared directly with the supervisor. Federal Work Study student workers are not eligible for vacation pay benefits. Sick Leave can not be paid with Federal Work study funds. FWS earnings are taxable earning from work, but may not be garnished for any reason other than Federal and State income tax withholdings.
5. Act in a professional manner concerning confidentiality of college and student records. Breaches of such confidentiality, or any act of dishonesty are just causes for immediate dismissal from the FWS program.
6. If you wish to cease working, you must inform the Supervisor of your intention to stop working, obtain a release statement from the Supervisor, and turn it in to the Work-Study Coordinator in the Financial Aid Office.
7. If you are terminated from a Work-Study assignment, you must report to the Work-Study Coordinator. A meeting will take place with the Financial Aid Officer, Work-Study Coordinator [and terminating Supervisor, if necessary] to discuss the possibility of reassignment, and/or to determine if the termination is permanent. [note: if terminated from an assignment, the Financial Aid Office cannot replace a student worker in the area where the termination occurred]
8. Timesheets must be filled in on a regular basis and turned in to the Supervisor for signature and submitted to the Financial Aid Office each month by the due date specified on the timesheet. Additionally, you must enter your hours in the employee portal before the due date each month as specified on the timesheet. Incomplete or erroneous timesheets will result in a delay of pay. **Intentional misrepresentation of hours worked is grounds for immediate termination and release from the Work-Study program.** You may work only the number of Federal Work-Study hours allotted, as indicated on the Work-Study referral form and monthly timesheets. Your final timesheet must be turned in no later than June 30th of the end of the academic year.
9. FWS work hours should never interfere with scheduled class time. **NO STUDENT MAY WORK MORE THAN 25 HOURS PER WEEK** or more than 8 hours per day (This includes weeks split by month end). There is generally no work study on Sunday or ever on posted holidays.
10. Student workers are not permitted to work with hazardous chemicals or materials, confidential student records, or unsupervised.

I HAVE READ AND FULLY UNDERSTAND THE PROVISIONS STATED ABOVE.

Student Signature. _____

Date. _____

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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Departments Currently Participating
Athletics, Exercise Science
Anthropology
Art/ Fine Art
Arts & Languages, School of
BASIC NEEDS/The Stand Resource Center
Biology Labs - various
Business Services
Chemistry Lab
Child Development/ AM READS
Dreamer Resource Center
Learning Resource Center / SCHOOL OF LRAS/ LOFT
Library
Microbiology
MT2C Mesa Tutoring and Computer Center
Outreach
Puente / English
School of Arts & Languages
STAR
STEM [HSI] Center / Research Lab
Student Affairs
Student Success & Equity
Study Abroad/International Ed
Work-Based Learning, Mesa

These departments have submitted Work Study [FWS] requests for 1 or more prior academic years. Availability and/or need may change at any time.

Once potential students have completed the New Hire [or re-hire] steps, a Work Study [FWS] Referral will be developed based on the student's choice during a personalised meeting with the FWS Coordinator and position availability. The FWS coordinator will try to guide each student to where they may be most needed, however ultimately the student will choose for which department from the list that they would like to be interviewed, provided that department has a current year FWS position request on file and available position. A student can be assigned to only 1 Work Study [FWS] position. If a chosen position is full, no longer available, or the student was not accepted after interviewing with their chosen department, a new FWS Referral can be drafted for the student's next choice provided funding is still available and positions are open.