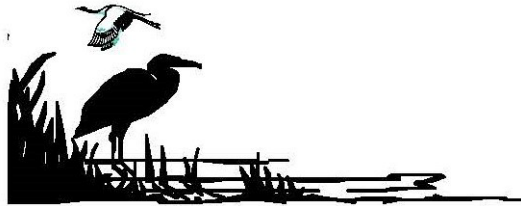


# River Delta Unified School District

## Athletic Coaching New Coach Packet





# River Delta Unified School District



Thank you for your interest in joining River Delta USD as a coach. The time and energy you will dedicate is very much appreciated by our student athletes and the River Delta community.

All coaches, and volunteers, must be approved by the district before being allowed to participate. To be approved we must have a completed coach/volunteer Clearance packet. Please use the checklist on following pages to assist you in this process.

**Only completed packets will be accepted.**

Enclosed you will find all the necessary paperwork for the River Delta Unified School District payroll department. An email will be sent to you with board policies for your knowledge. You will also receive in that email the Live Scan form which you will need to take to be fingerprinted. Coaches/volunteers are responsible to pay the rolling fee.

To ensure you are eligible to coach at the start of your season, please plan accordingly and turn your documents in as soon as possible.

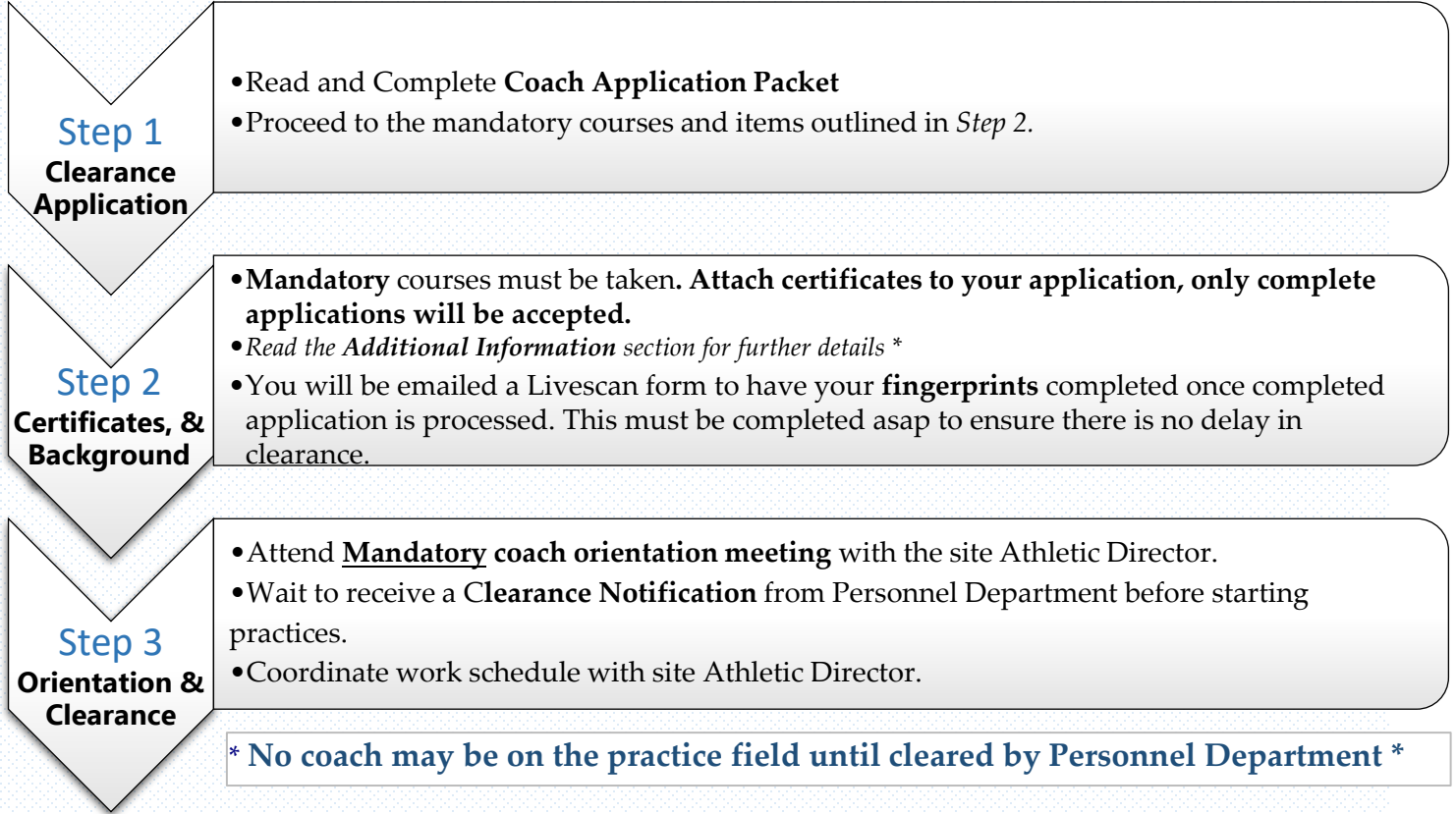
**ALL PAPERWORK ABOVE MUST BE COMPLETED, TURNED IN, AND APPROVED BEFORE PRACTICES ARE ALLOWED TO START.**

Please feel free to contact me with questions either by email [cagan@rdusd.org](mailto:cagan@rdusd.org) or at 707-374-1714.

Thank you and welcome!  
Sincerely,

*Codi Agan*  
Director of Personnel

# The Coach Clearance Process



## Additional Information

- ◆ It is the coaches responsibility to pay the cost of the **Live Scan** rolling fee, RDUSD does not pay for this service. If you have already had your fingerprints processed for RDUSD for a different position you hold, do NOT process them again.
- ◆ **TB Assessment results are required with all applications.** If you have taken a TB test within the last four years, you may simply submit proof of your negative results.
- ◆ Both CPR **and** First Aide courses are required. Online courses of your choice are acceptable as long as a certificate is provided.
- ◆ All coaching certifications are requirements and must be attached to application.

## REQUIRED CERTIFICATION/COURSES

This page is information that is required to be hired as a coach

- General Coaching Course**  
The Fundamentals of Coaching course through the NFHS \$50, (only needs to be completed once)  
<https://nfhslearn.com/courses/fundamentals-of-coaching>
- Sports Specific Course NFHS** (only needs to be completed once)  
NFHS offers courses price varies from \$0 - \$90
- Concussion Course NFHS** offers course FREE (must be renewed every time CPR is due)  
  
<https://nfhslearn.com/courses/concussion-in-sports-2>
- Sudden Cardiac Arrest Course NFHS** offers course FREE (must be renewed every time CPR is due)  
  
<https://nfhslearn.com/courses/sudden-cardiac-arrest>
- Heat Acclimatization Course** (must be renewed every time CPR is due)  
NFHS offers course FREE  
<https://nfhslearn.com/courses/heat-illness-prevention-2>
- Youth Suicide Course** (Must be completed annually)  
Offered free on NFHS Learning Center FREE  
<https://nfhslearn.com/courses/student-mental-health-and-suicide-prevention>
- Bullying, Hazing, and Inappropriate Behaviors Training** (Must be completed annually)  
Offered free on NFHS Learning Center FREE  
<https://nfhslearn.com/courses/bullying-hazing-and-inappropriate-behaviors>
- Mandated Reporter Training** (Must be completed annually)  
Offered FREE  
<https://mandatedreporterca.com/training/school-personnel>
- First Aid/CPR/AED Training** (Only Valid for two years)  
American Red Cross offers a course for \$35  
<https://www.redcross.org/take-a-class/classes/adult-child-and-baby-first-aid%2Fcpr%2Faed-online/a6R3o000001vv3D.html>
- Bloodborne Pathogens Training** (Must be completed annually)  
American Red cross offers a course for \$35  
<https://www.redcross.org/take-a-class/classes/bloodborne-pathogens-training-online/a6R3o000001wEux.html>

# Coach Application Requirements

## ALL APPLICANTS MUST CHECK-OFF AND COMPLETE THE FOLLOWING

- Application
- TB Test Results
- First Aid/CPR Card - copy
- Sport specific Certificate
- Driver License – copy
- Mandated Reporter Certificate
- Bloodborne Training Certificate
- Youth Suicide Certificate
- Social Security Card –copy
- Warrant Designation Form
- Direct Deposit Form
- W-4 Form
- EDD Form
- I-9 Form
- Social Security Form
- Oath
- Emergency Information Form
- General Coaching Course Certificate
- Concussion Course Certificate
- Sudden Cardiac Arrest Training
- Heat Illness Certificate
- CIF Coaches Conduct
- Child Abuse Policy Form
- Bullying, Hazing, and Inappropriate Behaviors Certificate
- Employee User Responsibility Acknowledgment and Agreement
- Board Policies:
  - 4227 Temp Athletic coaches
  - 4020 Drug and Alcohol-Free Workplace
  - 3513.3 Tobacco Free Schools
  - 3515.7 Firearms on school grounds
  - 4119.11 Sexual Harassment
  - 6145.2 Athletic Competition

I have completed all required items and attached copies of requested documentation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Director or Site Administrator

\_\_\_\_\_  
Date

# River Delta Unified School District



## EMPLOYMENT APPLICATION

Print in Ink or Typewritten  
Answer ALL Questions

This application will remain on file for one (1) year ONLY from date of the application

1. Position(s) Desired:	Fill out this application completely and accurately. An incorrect or untrue statement may disqualify or remove you from employment.	Date: _____		
2. Legal Name:  _____ <span style="margin-left: 20px;">_____</span> <span style="margin-left: 20px;">_____</span> Last <span style="margin-left: 40px;">First</span> <span style="margin-left: 40px;">Middle</span>		3. Your Address:  _____ <span style="margin-left: 40px;">_____</span> <span style="margin-left: 100px;">_____</span> Number <span style="margin-left: 20px;">Street</span> <span style="margin-left: 100px;">Apt.</span>  _____ <span style="margin-left: 100px;">_____</span> <span style="margin-left: 100px;">_____</span> City <span style="margin-left: 100px;">State</span> <span style="margin-left: 40px;">Zip Code</span>		
4. Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No  If so, list: _____	5. Furnishing Social Security No. is voluntary until employed  ____--____--____	6. Phone No. _____ Message Phone: _____ Other (cell): _____ Email: _____		
7. Hire is subject to verification that your age meets legal requirements.  Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. If you are not a United States Citizen, have you the legal right to remain permanently in the USA? (Proof may be required after hire.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not Apply	9. Have you ever been employed by River Delta Unified School District? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		
10. Have you been a member of a California retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, STRS _____ PERS _____ Other _____  Have retirement contributions been withdrawn? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Do you have a valid California Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No  License Number: _____  Expiration Date: _____		
11. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please fully explain on additional sheet.				
13. Are you able to perform all job functions required of the position for which you are applying with and/or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain on an additional sheet. Please note, employment may be made contingent upon passing a physical examination and/or drug/alcohol testing.				
14-A. EDUCATION AND TRAINING: Circle last year completed in school: 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20				
Name and location of Business School, College or University Attended	Major Subject	Minor Subject	Units Completed Semester/Quarter	Degree Earned
14-B SPECIAL TRAINING: (Include Military, CETA, WIN, Trade, Vocational and/or Correspondence Schools, Adult Ed, etc.)				
Subject	School or Agency	Length of Training/Certificate Earned		

### AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

<p><b>Please Return to:</b> River Delta Unified School District 445 Montezuma Street Rio Vista, CA 94571-1651</p>	<p>Personnel Department (707) 374-1714 or 1700 FAX: (707) 374-2995</p>	<p><b>E-mail:</b> <a href="mailto:cagan@rdusd.org">cagan@rdusd.org</a></p>
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16. May we contact your present employer?  Yes  No  
 NOTE: We will not call your current employer until after you have an interview and are a final applicant.

17. **RELEVANT JOB EXPERIENCE:** List only the job experiences that show you can do the job applied for. You may list full-time, paid and unpaid experiences. *PRESENT OR MOST RECENT JOB FIRST.* By being complete, you may improve your chances for employment. If you need more space, attach additional sheets. *BE SURE THAT ALL QUESTIONS ARE ANSWERED!*

▶ Dates of Employment (Month/Year) From:            To:	Exact Title of Your Position:	Name of Firm or Organization:
Address of Employer:		Phone Number:
Name and Title of Supervisor:		Reason for Leaving:
Describe your major duties:		

▶ Dates of Employment (Month/Year) From:            To:	Exact Title of Your Position:	Name of Firm or Organization:
Address of Employer:		Phone Number:
Name and Title of Supervisor:		Reason for Leaving:
Describe your major duties:		

▶ Dates of Employment (Month/Year) From:            To:	Exact Title of Your Position:	Name of Firm or Organization:
Address of Employer:		Phone Number:
Name and Title of Supervisor:		Reason for Leaving:
Describe your major duties:		

▶ Dates of Employment (Month/Year) From:            To:	Exact Title of Your Position:	Name of Firm or Organization:
Address of Employer:		Phone Number:
Name and Title of Supervisor:		Reason for Leaving:
Describe your major duties:		

**REMARKS:**

18. **CERTIFICATE OF APPLICANT:** *This application must be signed!*  
 I HEREBY CERTIFY that all statements made in this application are true and complete. I agree and understand that any misstatement of material facts herein may cause forfeiture on my part of all rights to any employment in the service of the River Delta Unified School District.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Please indicate by check mark the source through which you first learned about this district and vacancy:  
 Newspaper or Journal (which one?) \_\_\_\_\_  
 Bulletin listing job opening (where posted?) \_\_\_\_\_  
 School Career Center (name of school) \_\_\_\_\_  
 Other (Specify): \_\_\_\_\_



# RIVER DELTA UNIFIED SCHOOL DISTRICT

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## MANDATED REPORTER TRAINING

One of the requirements of employment as of January 1, 2015, is training requirements for Mandated Reporters of suspected child abuse, AB 1432. As an employee in the field of education, you are required to have the appropriate knowledge and understanding of your responsibilities under the Child Abuse and Neglect Reporting Law. This training must be completed within 6 weeks of employment or annually 6 weeks from the start of school, and can be done at your own pace on-line. At the end of the training you will be issued a certificate that must be turned into the River Delta Unified School District Personnel Office, by either printing and submitting through District mail, or email to [cagan@rdusd.org](mailto:cagan@rdusd.org). Below are the instructions for the on-line training:

Access the training at <https://mandatedreporterca.com/training/school-personnel>

**YOU ARE NOW REQUIRED TO TAKE THE GENERAL TRAINING AS A ONE-TIME PREREQUISITE BEFORE YOU WILL BE ABLE TO COMPLETE THE SCHOOL PERSONNEL TRAINING**

Once on the web page scroll to the bottom of the page and select start training. You will then sign in or register if you do not already have an account.

This training can be completed in as little as 60 minutes and up to 7 hours depending on your knowledge of the mandated reporting process.

Certificate must be turned into RDUSD Personnel Dept. by no later than:

**Application completion**

Please feel free to contact me at 707-374-1714 with any questions, or if you need access to a computer to complete the training.

Sincerely,

Codi Agan  
Director of Personnel



# Coach Application Requirements

## ALL APPLICANTS MUST COMPLETE THE FOLLOWING

- Application
- TB Test Results
- First Aid/CPR Card - copy
- Oath
- Valid Driver License – copy
- Mandated Reporter Certificate
- Bloodborne Training Certificate
- Youth Suicide Certificate
- Social Security Card –copy
- Warrant Designation Form
- Direct Deposit Form
- W-4 Form
- EDD Form
- I-9 Form
- Social Security Form
- Personal Emergency Information Form
- Sexual Harassment Certificate
- General Coaching Course Certificate
- Concussion Course Certificate
- Sudden Cardiac Arrest Training
- Heat Illness Certificate
- CIF Coaches Conduct
- Child Abuse Policy Form
- Sport Specific Certificate
- Employee User Responsibility Acknowledgement and Agreement
- Board Policies:
  - 4227 Temp Athletic coaches
  - 4020 Drug and Alcohol-Free Workplace
  - 3513.3 Tobacco Free Schools
  - 3515.7 Firearms on school grounds
  - 4119.11 Sexual Harassment

I have completed all required items and attached copies of requested documentation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Director or Site Administrator Signature

\_\_\_\_\_  
Date

EMPLOYEE INFORMATION FORM – PLEASE FILL OUT COMPLETELY AND RETURN PROMPTLY

Note: All items marked with an asterisk\* are REQUIRED.

\*NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

\*HOME ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

\*MAILING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

\*PHONE/CELL \_\_\_\_\_

\*DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ \*SOCIAL SECURITY: # \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL SITE: \_\_\_\_\_

SPORT: \_\_\_\_\_

EMERGENCY CONTACTS:

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

EMPLOYEE RACE/ETHNICITY INFORMATION:

New federal guidelines require that we gather race/ethnicity information on all new employees in two parts question. Please complete the information listed below.

PART 1

\*WHAT IS YOUR ETHNICITY? (YOU MUST SELECT ONE):  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) or  Not Hispanic or Latino

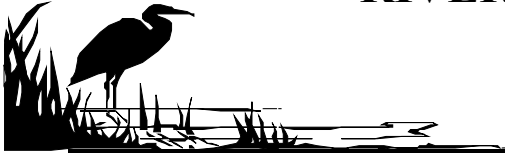
PART 2

\*WHAT IS YOUR RACE? (YOU MAY SELECT UP TO THREE RACIAL CATEGORIES)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking on or more boxes to indicate what you consider your race(s) to be.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native (100)<br>(Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Laotian (206)     | <input type="checkbox"/> Tahitian (206)   |
| <input type="checkbox"/> Chinese (201)  | <input type="checkbox"/> Cambodian (207)   | <input type="checkbox"/> Other Pacific Islander (206)   |
| <input type="checkbox"/> Japanese (202)   | <input type="checkbox"/> Hmong (208)       | <input type="checkbox"/> Filipino/Filipino American (400)   |
| <input type="checkbox"/> Korean (203)   | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600)  |
| <input type="checkbox"/> Vietnamese (204)   | <input type="checkbox"/> Hawaiian (301)    | <input type="checkbox"/> White (700) (Persons having origins in any of the original people of Europe, North Africa, Northwestern Asia or the Middle East) |
| <input type="checkbox"/> Asian Indian (205)   | <input type="checkbox"/> Guamanian (302)   |   |
|   | <input type="checkbox"/> Samoan (303)      |   |

# RIVER DELTA UNIFIED SCHOOL DISTRICT



## 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 will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

I understand that as a public employee I am a disaster service worker pursuant to Government Code 3100 and 3102 and that I am required to take this oath before entering the duties of my employment. In the event of natural, manmade or war-caused emergencies which result in conditions of disaster or extreme peril to life, property, and resources, I am subject to disaster services activities assigned to me by my supervisor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certified by

(Person who administers the oath)

*Creating Excellence To Ensure That All Students Learn*

Bates School  
Clarksburg Middle

Isleton School  
Riverview Middle  
River Delta High/Elementary School

Walnut Grove School  
D. H. White Elementary

Delta High School  
Rio Vista High School  
River Delta Community Day School

Wind River School  
Mokelumne High School



# RIVER DELTA UNIFIED SCHOOL DISTRICT

## CHILD ABUSE

### **Board Policy 5141.4 Child Abuse:**

District employees who are mandated reporters, as defined by law and administrative regulation, are obligated to report all known or suspected incidents of child abuse and neglect. The Superintendent or designee shall provide training regarding the duties of mandated reporters as required by law and as specified in the accompanying administrative regulation. (Education Code 44691; Penal Code 11165.7)

Mandated reporters include, but are not limited to, teachers; instructional aides; teacher's aides or assistants; classified employees; certificated pupil personnel employees; administrative officers or supervisors of child attendance; athletic coaches, administrators, and directors; administrators and employees of a licensed child day care facility; Head Start teachers; district police or security officers; licensed nurses or health care providers; and administrators, presenters, and counselors of a child abuse prevention program. (Penal Code 11165.7)

The reporting duties of mandated reporters are individual and cannot be delegated to another person. (Penal Code 11166).

No supervisor or administrator shall impede or inhibit a mandated reporter from making a report. (Penal Code 11166)

Within 36 hours of knowing or observing the information concerning the incident, the mandated reporter shall then prepare and either send, fax, or electronically submit to the appropriate agency a written follow-up report, which includes a completed Department of Justice form (SS 8572). (Penal Code 11166, 11168)

If a mandated reporter fails to timely report an incident of known or reasonably suspected child abuse or neglect, the mandated reporter may be guilty of a crime punishable by a fine and/or imprisonment. (Penal Code 11166) No employee shall be subject to any sanction by the district for making a report unless it can be shown that the employee knowingly made a false report or made a report with reckless disregard of the truth or falsity of the report. (Penal Code 11166, 11172)

### **Penal Code 11165.7:**

A list of persons whose profession qualifies them as "mandated reporters" of child abuse or neglect is found in California Penal Code Section 11165.7. The list is extensive and continues to grow. It includes all school/district employees, administrators, and athletic coaches. All persons hired into positions included on the list of mandated reporters are required, upon employment, to be provided with a statement, informing them that they are a mandated reporter and their obligations to report suspected cases of abuse and neglect pursuant to California Penal Code Section 11166.5.

All persons who are mandated reporters are required, by law, to report all known or suspected cases of child abuse or neglect. It is not the job of the mandated reporter to determine whether the allegations are valid. If child abuse or neglect is reasonably suspected or if a pupil shares information with a mandated reporter leading him/her to believe abuse or neglect has taken place, the report must be made. No supervisor or administrator can impede or inhibit a report or subject the reporting person to any sanction.

Unless otherwise specifically provided, the absence of training shall not excuse a mandated reporter from the duties imposed by this article.

---

## ACKNOWLEDGMENT

I have read and understand the requirements for reporting any suspected or known instance of child abuse and will comply with the requirements.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Position

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Designee Signature

\_\_\_\_\_  
Date

**Regulation 4020: Drug And Alcohol-Free Workplace**

Status: ADOPTED

Original Adopted Date: 02/15/2005

Notice to Employees

YOU ARE HEREBY NOTIFIED that it is a violation of Board of Trustee policy for any employee at a school district workplace to unlawfully manufacture, distribute, dispense, possess, use or be under the influence of any alcoholic beverage, drug or controlled substance as defined in the Controlled Substances Act and Code of Federal Regulations.

"School district workplace" is defined as any place where school district work is performed, including a school building or other school premises; any school-owned or school-approved vehicle used to transport students to and from school or school activities; any off-school sites when accommodating a school-sponsored or school-approved activity or function, such as a field trip or athletic event, where students are under district jurisdiction; or during any period of time when an employee is supervising students on behalf of the district or otherwise engaged in district business.

As a condition of your continued employment with the district, you will comply with the district's policy on Drug and Alcohol-Free Workplace and will, any time you are convicted of any criminal drug or alcohol statute violation occurring in the workplace, notify your supervisor of this conviction no later than five days after such conviction.

Pursuant to the federal Omnibus Transportation Employee Testing Act of 1991, school bus drivers shall be subject to a drug and alcohol testing program that fulfills the requirements of the Code of Federal Regulations, Title 49, Part 382.

Pursuant to California Education Code 44836 and 45123, the Board may not employ or retain in employment persons convicted of a controlled substance offense as defined in Education Code 44011. If any such conviction is reversed and the person acquitted in a new trial or the charges dismissed, his/her employment is no longer prohibited.

Pursuant to Education Code 45123, the district may employ for classified service a person who has been convicted of a controlled substance offense only if it determines, from evidence presented, that the person has been rehabilitated for at least five years. The Board shall determine the type and manner of presentation of the evidence, and the Board's determination as to whether or not the person has been rehabilitated is final.

Pursuant to Education Code 44425, whenever the holder of any credential issued by the State Board of Education or the Commission for Teacher Preparation and Licensing has been convicted of a controlled substance offense as defined in Education Code 44011, the commission shall forthwith suspend the credential. When the conviction becomes final or when imposition of sentence is suspended, the commission shall revoke the credential. (Education Code 44425)

Pursuant to Education Code 44940, the district must immediately place on compulsory leave of absence any certificated employee charged with involvement in the sale, use or exchange to minors of certain controlled substances.

Pursuant to Education Code 44940, the district may immediately place on compulsory leave of absence any certificated employee charged with certain controlled substance offenses.

Pursuant to Education Code 45304, the district must immediately place on compulsory leave of absence any classified employee charged with involvement in the sale, use or exchange to minors of certain controlled substances.

Pursuant to Education Code 45304, the district may immediately place on compulsory leave of absence any classified employee charged with certain controlled substance offenses.

The following drug and alcohol counseling, rehabilitation, and/or employee assistance programs are available locally:

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Employee Signature Date

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**Policy 3515.7: Firearms On School Grounds**

**Status:** ADOPTED

**Original Adopted Date:** 03/13/2018

The Board of Trustees is committed to providing a safe environment for students, staff, and visitors on campus. The Superintendent or designee shall consult with local law enforcement and other appropriate individuals and agencies to address the security of school campuses.

(cf. 3515 - Campus Security)

(cf. 3515.2 - Disruptions)

(cf. 3515.3 - District Police/Security Department)

(cf. 4158/4258/4358 - Employee Security)

(cf. 5131.4 - Student Disturbances)

(cf. 5131.7 - Weapons and Dangerous Instruments)

Possession of a firearm on or within 1,000 feet of school grounds is prohibited, except under the limited circumstances specified in Penal Code 626.9. School grounds include, but are not limited to, school buildings, fields, storage areas, and parking lots. (Penal Code 626.9)

If a district employee observes or suspects that any unauthorized person is in possession of a firearm on or near school grounds or at a school activity, he/she shall immediately notify the principal or designee and law enforcement.

The prohibition against the possession of firearms on school grounds shall be included in the district's comprehensive safety plan and shall be communicated to district staff, parents/guardians, and the community.

(cf. 0450 - Comprehensive Safety Plan)

(cf. 1112 - Media Relations)

(cf. 1113 - District and School Web Sites)

(cf. 1114 - District-Sponsored Social Media)

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Signature

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Date

**Policy 4119.11: Sexual Harassment**

**Status:** ADOPTED

**Original Adopted Date:** 06/12/2018 | **Last Revised Date:** 12/14/2021 | **Last Reviewed Date:** 12/14/2021

The following policy shall apply to all district employees, interns, volunteers, contractors, job applicants, and other persons with an employment relationship with the district.

The Board of Trustees is committed to providing a safe work environment that is free of harassment and intimidation. The Board prohibits sexual harassment against district employees and retaliatory behavior or action against any person who complains, testifies, or otherwise participates in the complaint process established for the purpose of this policy.

Sexual harassment includes, but is not limited to, harassment that is based on the sex, gender, gender identity, gender expression, or sexual orientation of the victim and harassment based on pregnancy, childbirth, or related medical conditions.

The Superintendent or designee shall take all actions necessary to ensure the prevention, investigation, and correction of sexual harassment, including but not limited to:

1. Providing training to employees in accordance with law and administrative regulation
2. Publicizing and disseminating the district's sexual harassment policy to employees and others to whom the policy may apply
3. Ensuring prompt, thorough, fair, and equitable investigation of complaints
4. Taking timely and appropriate corrective/remedial action(s), which may require interim separation of the complainant and the alleged harasser and subsequent monitoring of developments

The Superintendent or designee shall periodically evaluate the effectiveness of the district's strategies to prevent and address harassment. Such evaluation may involve conducting regular anonymous employee surveys to assess whether harassment is occurring or is perceived to be tolerated, partnering with researchers or other agencies with the needed expertise to evaluate the district's prevention strategies, and using other effective tool for receiving feedback on systems and/or processes. As necessary, changes shall be made to the harassment policy, complaint procedures, or training.

**Sexual Harassment Reports and Complaints**

District employees who feel that they have been sexually harassed in the performance of their district responsibilities or who have knowledge of any incident of sexual harassment by or against another employee shall immediately report the incident to their direct supervisor, a district administrator, or the district's Title IX Coordinator. Employees may bypass their supervisor in filing a complaint if the supervisor is the subject of the complaint. A supervisor or administrator who receives a harassment complaint shall promptly notify the Title IX Coordinator.

Once notified, the Title IX Coordinator shall ensure the complaint is addressed through either AR 4119.12/4219.12/4319.12 - Title IX Sexual Harassment Complaint Procedures or AR 4030 - Nondiscrimination in Employment as applicable. Because a complaint or allegation that is dismissed or denied under the Title IX complaint procedure may still be subject to consideration under state law, the Title IX Coordinator shall ensure that any implementation of AR 4119.12/4219.12/4319.12 concurrently meets the requirements of AR 4030.

The Title IX Coordinator shall offer supportive measures to the complainant and respondent, as deemed appropriate under the circumstances.

Upon investigation of a sexual harassment complaint, any district employee found to have engaged or participated in sexual harassment or to have aided, abetted, incited, compelled, or coerced another to commit sexual harassment in violation of this policy shall be subject to disciplinary action, up to and including dismissal, in accordance with law and the applicable collective bargaining agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Policy 3513.3: Tobacco-Free Schools**

**Status:** ADOPTED

**Original Adopted Date:** 11/08/2016

The Board of Trustees recognizes that smoking and other uses of tobacco and nicotine products constitute a serious public health hazard and are inconsistent with district goals to provide a healthy environment for students and staff.

(cf. 3514 - Environmental Safety)

(cf. 4159/4259/4359 - Employee Assistance Programs)

(cf. 5030 - Student Wellness)

(cf. 5131.62 - Tobacco)

(cf. 5141.23 - Asthma Management)

(cf. 6142.8 - Comprehensive Health Education)

(cf. 6143 - Courses of Study)

The Board prohibits smoking and/or the use of tobacco products at any time in district-owned or leased buildings, on district property, and in district vehicles. (Health and Safety Code 104420, 104559)

These prohibitions apply to all employees, students, and visitors at any school-sponsored instructional program, activity, or athletic event held on or off district property. Any written joint use agreement governing community use of district facilities or grounds shall include notice of the district's tobacco-free schools policy and consequences for violations of the policy.

(cf. 1330 - Use of School Facilities)

(cf. 1330.1 - Joint Use Agreements)

Smoking means inhaling, exhaling, burning, or carrying of any lighted or heated cigar, cigarette, pipe, tobacco, or plant product intended for inhalation, whether natural or synthetic, in any manner or form, and includes the use of an electronic smoking device that creates aerosol or vapor or of any oral smoking device for the purpose of circumventing the prohibition of smoking. (Business and Professions Code 22950.5; Education Code 48901)

Tobacco products include: (Business and Professions Code 22950.5; Education Code 48901)

1. Any product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to, cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, or snuff
2. An electronic device that delivers nicotine or other vaporized liquids to the person inhaling from the device, including, but not limited to, an electronic cigarette, cigar, pipe, or hookah
3. Any component, part, or accessory of a tobacco product, whether or not sold separately

This policy does not prohibit the use or possession of prescription products and other cessation aids that have been approved by the U.S. Department of Health and Human Services, Food and Drug Administration, such as nicotine patch or gum.

Smoking or use of any tobacco-related product or disposal of any tobacco-related waste is prohibited within 25 feet of any playground, except on a public sidewalk located within 25 feet of the playground. In addition, any form of intimidation, threat, or retaliation against a person for attempting to enforce this policy is prohibited. (Health and Safety Code 104495)

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Signature

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Date



**Regulation 6145.2: Athletic Competition**

**Status:** ADOPTED

**Original Adopted Date:** 02/19/2019 | **Last Revised Date:** 10/08/2019 | **Last Reviewed Date:** 10/08/2019

**Nondiscrimination and Equivalent Opportunities in the Athletic Program**

No student shall be excluded from participation in, be denied the benefits of, be denied equivalent opportunity in, or otherwise be discriminated against in interscholastic, intramural, or club athletics on the basis of any actual or perceived characteristic specified in law and BP 0410 - Nondiscrimination in District Programs and Activities. (Education Code 220, 221.5, 230 5 CCR 4920, 34 CFR 106.41)

The Superintendent or designee may provide single-sex teams when selection for the teams is based on competitive skills. (5 CCR 4921; 34 CFR 106.41)

Each student shall be allowed to participate in any single-sex athletic program or activity consistent with the student's gender identity, irrespective of the gender listed on the student's records, for which the student is otherwise eligible to participate. (Education Code 221.5)

When a school provides only one team in a particular sport for members of one sex, but provides no team in the same sport for members of the other sex, and athletic opportunities in the total program for that sex have been previously limited, members of the excluded sex shall be allowed to try out and compete with the team. The same standards for eligibility shall be applied to every student trying out for the team, regardless of sex, sexual orientation, gender, gender identity, gender expression, or other protected group status. (5 CCR 4921; 34 CFR 106.41)

The Superintendent or designee shall ensure that equivalent opportunities are available to both sexes in athletic programs by considering, among other factors: (5 CCR 4922; 34 CFR 106.41)

1. Whether the offered selection of sports and levels of competition effectively accommodate the interests and abilities of both sexes

The athletic program may be found to effectively accommodate the interests and abilities of both sexes using any one of the following tests: (Education Code 230)

- a. Whether the interscholastic-level participation opportunities for male and female students are provided in numbers substantially proportionate to their respective enrollments
  - b. Where the members of one sex have been and are underrepresented among interscholastic athletes, whether the district can show a history and a continuing practice of program expansion that is demonstrably responsive to the developing interests and abilities of the members of that sex
  - c. Where the members of one sex are underrepresented among interscholastic athletes and the district cannot show a history and continuing practice of program expansion as required in item #1b above, whether the district can demonstrate that the interests and abilities of the members of that sex have been fully and effectively accommodated by the present program
2. The provision and maintenance of equipment and supplies
  3. Scheduling of games and practice times, selection of the season for a sport, and location of the games and practices
  4. Travel and per diem allowances
  5. Opportunities to receive coaching and academic tutoring
  6. Assignment and compensation of coaches and tutors
  7. Provision of locker rooms, practice facilities, and competitive facilities
  8. Provision of medical and training facilities and services
  9. Provision of housing and dining facilities and services

## 10. Publicity

## 11. Provision of necessary funds

Each school that offers competitive athletics shall, at the end of the school year, post on its school web site, or on the district web site if the school does not have a web site, the following information: (Education Code 221.9)

1. The total enrollment of the school, classified by gender
2. The number of students enrolled at the school who participate in competitive athletics, classified by gender
3. The number of boys' and girls' teams, classified by sport and by competition level

The data reported for items #1-3 above shall reflect the total number of players on a team roster on the official first day of competition. The materials used to compile this information shall be retained by the school for at least three years after the information is posted on the web site. (Education Code 221.9)

### **Concussions and Head Injuries**

The Superintendent or designee shall annually distribute to student athletes and their parents/guardians an information sheet on concussions and head injuries. The student and parent/guardian shall sign and return the information sheet before the student initiates practice or competition. (Education Code 49475)

The Superintendent or designee shall provide training to coaches and/or athletic trainers regarding concussion symptoms, prevention, and appropriate response. (Education Code 35179.1, 49032)

If a student athlete is suspected of sustaining a concussion or head injury in an athletic activity, the student shall be immediately removed from the activity for the remainder of the day. The student shall not be permitted to return to the activity until the student is evaluated by a licensed health care provider trained in the management of concussions and receives the health care provider's written clearance to return to the activity. If the health care provider determines that the student sustained a concussion or a head injury, the student shall also complete a graduated return-to-play protocol of no less than seven days in duration under the supervision of a licensed health care provider. (Education Code 49475)

A middle school or high school football team shall not hold a full-contact practice during the off-season and shall not conduct more than two full-contact practices per week during the preseason and regular season (from 30 days before the commencement of the regular season until the completion of the final interscholastic football game of that season). In addition, the full-contact portion of a practice shall not exceed 90 minutes in any single day. For these purposes, full-contact practice means a practice where drills or live action is conducted that involves collisions at game speed, where players execute tackles and other activity that is typical of an actual tackle football game. (Education Code 35179.5)

### **Heat Illness**

The Superintendent or designee shall provide training to coaches and/or athletic trainers regarding the signs and symptoms of, and the appropriate response to, heat illness, including heat cramps, heat syncope, heat exhaustion, and exertional heat stroke. (Education Code 35179.1, 49032)

To assist in the prevention of heat illness, coaches and/or athletic trainers shall gradually increase the intensity and duration of exercise to acclimate student athletes to practice in the heat, provide adequate rest breaks, make water available during all athletic activities, and alter practice plans in extreme environmental conditions.

### **Sudden Cardiac Arrest**

The Superintendent or designee shall distribute the California Interscholastic Federation (CIF) information sheet on sudden cardiac arrest to all student athletes who will be participating in a CIF-governed athletic activity and to their parents/guardians. The student and parent/guardian shall sign and return the information sheet prior to the student's participation in the athletic activity. If an athletic activity is not covered by CIF, the student and parent/guardian shall, prior to the student's participation in the athletic activity, sign and return an acknowledgement that they have received and reviewed the sudden cardiac arrest information posted on the California Department of Education's web site. (Education Code 33479.2, 33479.3)

The Superintendent or designee shall provide training to coaches and/or athletic trainers regarding the nature and warning signs of sudden cardiac arrest. (Education Code 33479.6, 33479.7, 35179.1, 49032)

If a student athlete passes out or faints, or is known to have passed out or fainted, while participating in or immediately following participation in an athletic activity, the student shall be removed from participation at that time. If a student exhibits any other symptoms of sudden cardiac arrest, including seizures during exercise, unexplained shortness of breath, chest pains, dizziness, racing heart rate, or extreme fatigue, the student may be removed from participation by a coach or other employee who observes these symptoms. If any such symptoms are observed, notification shall be given to the student's parent/guardian so that the parent/guardian can determine the treatment, if any, the student should seek. A student who has been removed from participation shall not be permitted to return until the student is evaluated and given written clearance to return to participation by a health care provider. (Education Code 33479.2, 33479.5)

### **Automated External Defibrillators**

The Superintendent or designee shall acquire at least one automated external defibrillator (AED) for each district school and shall make the AED(s) available to coaches, athletic trainers, and/or other authorized persons at athletic activities or events for the purpose of providing emergency care or treatment to students, spectators, and other individuals in attendance at athletic activities and events. (Education Code 35179.6)

The district shall comply with all requirements of Health and Safety Code 1797.196 pertaining to any AED acquired by the district, including, but not limited to, regular maintenance and testing of the AED and the provision and posting of information regarding the proper use of the AED. (Education Code 35179.6; Health and Safety Code 1797.196)

### **Additional Notifications**

Before students participate in practice or competition as part of interscholastic athletic activities, the Superintendent or designee shall, in addition to providing the students and their parents/guardians with the notices described above, send a notice to the students and their parents/guardians which:

1. Contains information about the procedures for filing a discrimination complaint that arises out of an interscholastic athletic activity, including the name of the district's Title IX Coordinator
2. Includes a copy of students' Title IX rights pursuant to Education Code 221.8
3. Explains that there is an element of risk associated with all athletic competitions and that the district cannot guarantee that students will not be injured, despite a commitment to every participant's health and welfare
4. Provides information about insurance protection pursuant to Education Code 32221.5
5. Requests parental permission for the student to participate in the program and, if appropriate, to be transported by the district to and from competitions
6. States the district's expectation that students adhere strictly to all safety rules, regulations, and instructions, as well as rules and guidelines related to conduct and sportsmanship
7. Includes a copy of the local CIF league rules
8. Includes information about the CIF bylaw and district policy requiring any student athlete and the student's parent/guardian to sign a statement that the student will not use steroids, unless prescribed by a licensed health care practitioner, and will not use prohibited dietary supplements that include substances banned by the U.S. Anti-Doping Agency
9. Includes the opioid fact sheet published by the Centers for Disease Control and Prevention in accordance with Education Code 49476. The district shall provide this fact sheet annually to each student athlete and shall require the student and the student's parent/guardian to sign a document acknowledging receipt of the fact sheet.

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Signature

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Date

**Policy 4227: Temporary Athletic Team Coaches**

**Status:** ADOPTED

**Original Adopted Date:** 08/08/2017

The Board of Trustees desires to employ highly qualified coaches for the district's sports and interscholastic athletic programs in order to enhance the knowledge, skills, motivation, and safety of student athletes.

(cf. 6142.7 - Physical Education and Activity)

(cf. 6145.2 - Athletic Competition)

The Superintendent or designee may hire a certificated or noncertificated employee, other than a substitute employee, to supervise or instruct interscholastic athletic activities as a temporary employee in a limited assignment capacity. (5 CCR 5590)

(cf. 4121 - Temporary/Substitute Personnel)

When hiring a person to fill a position as a temporary athletic team coach, the position shall first be made available to qualified certificated teachers currently employed by the district. (Education Code 44919)

All coaches shall be subject to Board policies, administrative regulations, and California Interscholastic Federation bylaws and codes of ethical conduct.

(cf. 4118 - Dismissal/Suspension/Disciplinary Action)

(cf. 4218 - Dismissal/Suspension/Disciplinary Action)

(cf. 5131.1 - Bus Conduct)

(cf. 5131.63 - Steroids)

(cf. 5141.1 - Child Abuse Prevention and Reporting)

Noncertificated coaches shall have no authority to assign grades to students. (5 CCR 5591)

(cf. 5121 - Grades/Evaluation of Student Achievement)

**Qualifications and Training**

The Superintendent or designee shall establish qualification criteria for all athletic coaches in accordance with law and district standards. These criteria shall ensure that coaches possess an appropriate level of competence, knowledge, and skill.

Any noncertificated employee or volunteer who works with students in a district-sponsored interscholastic athletic program shall, prior to beginning his/her duties, submit to the Superintendent or designee either an Activity Supervisor Clearance Certificate issued by the Commission on Teacher Credentialing or a Department of Justice and Federal Bureau of Investigation criminal background clearance. (Education Code 49024)

(cf. 1240 - Volunteer Assistance)

(cf. 4112.5/4212.5/4312.5 - Criminal Record Check)

Following the selection of a temporary athletic team coach, the Superintendent or designee shall certify to the Board, at the next regular Board meeting or within 30 days, whichever is sooner, that the coach meets the qualifications and competencies required by 5 CCR 5593. By April 1 of each year, the Board shall certify to the State Board of Education that the provisions of 5 CCR 5593 have been met. (5 CCR 5594)

In addition, the Superintendent or designee shall regularly report to the Board regarding the extent to which the district's coaches have completed the trainings required by law, including those required pursuant to Education Code 33479.6 and 49032, and by district policy.

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Signature

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Date



# RIVER DELTA UNIFIED SCHOOL DISTRICT

## WARRANT DESIGNATION FORM

In the event of your death, salary or other monies may be owed to you as an employee of our district. This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until cancelled in my writing. It is understood and agreed that the school district/agency is not obligated to deliver said warrants to the designee unless the designated person claims such warrants from the school district and provides sufficient proof of identity. A person so designated may negotiate the warrant(s) as if the payee. As provided in Section 53245 of the California Government Code, in the event of my death, I \_\_\_\_\_ (Employee Name) hereby designate the following person (designee) to receive any and all warrants payable to me:

PRIMARY DESIGNEE \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

SECONDARY DESIGNEE \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

**Return to PAYROLL OFFICE when completed**

Bates School  
Clarksburg Middle

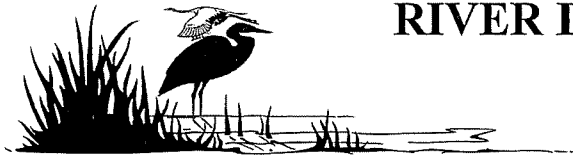
Isleton School  
Riverview Middle

Walnut Grove School  
D. H. White Elementary  
River Delta High/Elementary School  
Delta Elementary Charter School

Delta High School  
Rio Vista High School  
River Delta Community Day School

Wind River School  
Mokelumne High School

*Creating Excellence To Ensure That All Students Learn*



# RIVER DELTA UNIFIED SCHOOL DISTRICT

445 Montezuma Street  
Rio Vista, California 94571-1651  
(707) 374-6381 Fax (707) 374-2995

## DIRECT DEPOSIT AUTHORIZATION

First Name Middle Initial Last Name

Mailing Address City State Zip

Attach your voided or canceled check here.  
DO NOT ATTACH A DEPOSIT SLIP.

To sign up for Direct Deposit, simply complete this authorization. You must check the type of account (checking or savings), and sign and date this authorization. If you want Direct Deposit to your checking account, attach your voided or canceled check. If your address is incorrect on the check, please correct it. **Do NOT attach a deposit slip.**

If you are authorizing RDUSD to directly deposit your monthly pay warrant into your savings account, if you do not want to attach a voided or canceled check, or you do not have printed personalized checks, please visit your financial institution to obtain the correct routing and account numbers. Your financial institution will be able to answer any questions you may have about the effectiveness of Direct Deposit. **If you attach your voided, personalized check, you do not need to visit your financial institution.**

Please include your telephone number so we may contact you if we have any questions about your RDUSD Direct Deposit Authorization.

You will receive your monthly pay warrant by Direct Deposit approximately 60 days after RDUSD receives this authorization. During this time, RDUSD will run a test transaction through the banking system. You will receive notification if there is a problem with the test transaction, delaying your first Direct Deposit.

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Social Security Number

Type of Account (check one):

Checking (attach a voided or canceled check)  Savings

\_\_\_\_\_  
Phone Number (with area code)

### Certification

I certify that I am entitled to the payment identified above, and that I have read and understood the information and instructions on this form. In signing this form, I authorize my payment to be sent to my financial institution and deposited to the designated account. I authorize amounts transferred after my death or transmitted in error to be debited to my account. If the funds have been withdrawn following the date of death, I authorize my financial institution to release the name and address of the person(s) responsible for reimbursement to RDUSD.

\_\_\_\_\_  
Signature of Payee Date

To be completed by financial institution if you are authorizing your direct deposit to your savings account or if you do not have printed personalized checks.

\_\_\_\_\_  
Name and Address of Financial Institution Depositor Branch and Account Number (Show the number exactly as recorded, including necessary spaces, zeroes, or dashes)

\_\_\_\_\_  
Branch Name and Number Branch Telephone Number Routing Number Check Digits

I confirm the identity of the above-named payee(s) and the account number. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

\_\_\_\_\_  
Signature of Representative Print/Type Representative's Name Date

Creating Excellence To Ensure That All Students Learn

- |                       |                  |                                    |                       |                       |
|-----------------------|------------------|------------------------------------|-----------------------|-----------------------|
| Bates School          | Isleton School   | Walnut Grove School                | Delta High School     | Wind River School     |
| Clarksburg Elementary | Riverview School | D.H. White Elementary              | Rio Vista High School | Mokelumne High School |
|                       |                  | River Delta High/Elementary School |                       |                       |

## EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address  City, State, and ZIP Code	Filing Status <input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.

- 1a. Number of Regular Withholding Allowances (Worksheet A) \_\_\_\_\_
- 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.) \_\_\_\_\_
- 1c. Total Number of Allowances you are claiming 0

2. Additional amount, if any, you want withheld each pay period (if employer agrees), **(Worksheet C)**  
OR

**Exemption from Withholding**

3. I claim exemption from withholding for 2021, and I certify I meet both of the conditions for exemption. (Check box here)

OR

4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Employer's Section:</b> Employer's Name and Address  River Delta USD 445 Montezuma Street Rio Vista, CA 94571	California Employer Payroll Tax Account Number
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**PURPOSE:** This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form *Employee's Withholding Allowance Certificate* (DE 4) to determine the appropriate California Personal Income Tax (PIT) withholding.

If you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance.

**CHECK YOUR WITHHOLDING:** After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

**EXEMPTION FROM WITHHOLDING:** If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

1. You did not owe any federal/state income tax last year, and
2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

**Member Service Civil Relief Act:** Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

- (i) your spouse is a member of the armed forces present in California in compliance with military orders;
- (ii) you are present in California solely to be with your spouse; and
- (iii) you maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

The *California Employer's Guide (DE 44)* ([edd.ca.gov/pdf\\_pub\\_ctr/de44.pdf](http://edd.ca.gov/pdf_pub_ctr/de44.pdf)) provides the income tax withholding tables. This publication may be found by visiting Payroll Taxes - Forms and Publications ([edd.ca.gov/Payroll\\_Taxes/Forms\\_and\\_Publications.htm](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm)). To assist you in calculating your tax liability, please visit the Franchise Tax Board (FTB) ([ftb.ca.gov](http://ftb.ca.gov)).

**If you need information on your last California Resident Income Tax Return (FTB Form 540), visit the FTB** ([ftb.ca.gov](http://ftb.ca.gov)).

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**NOTIFICATION:** The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of Title 22, California Code of Regulations (CCR) ([govt.westlaw.com/calregs/Search/Index](http://govt.westlaw.com/calregs/Search/Index)), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

**PENALTY:** You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the California Unemployment Insurance Code ([leginfo.legislature.ca.gov/faces/codes.xhtml](http://leginfo.legislature.ca.gov/faces/codes.xhtml)) and section 19176 of the Revenue and Taxation Code ([leginfo.legislature.ca.gov/faces/codes.xhtml](http://leginfo.legislature.ca.gov/faces/codes.xhtml)).



# WORKSHEETS

## INSTRUCTIONS — 1 — ALLOWANCES\*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

**TWO-EARNERS/MULTIPLE INCOMES:** When earnings are derived from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

**MARRIED BUT NOT LIVING WITH YOUR SPOUSE:** You may check the "Head of Household" marital status box if you meet all of the following tests:

- (1) Your spouse will not live with you **at any time** during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
- (3) You will file a separate return for the year.

**HEAD OF HOUSEHOLD:** To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

### WORKSHEET A

### REGULAR WITHHOLDING ALLOWANCES

(A) Allowance for yourself — enter 1	(A)	
(B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1	(B)	
(C) Allowance for blindness — yourself — enter 1	(C)	
(D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1	(D)	
(E) Allowance(s) for dependent(s) — do not include yourself or your spouse	(E)	
(F) Total — add lines (A) through (E) above and enter on line 1a of the DE 4	(F)	0

## INSTRUCTIONS — 2 — (OPTIONAL) ADDITIONAL WITHHOLDING ALLOWANCES

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim **one or more additional** withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

### WORKSHEET B

### ESTIMATED DEDUCTIONS

Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540	1.	
2. Enter \$9,202 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$4,601 if single or married filing separately, dual income married, or married with multiple employers	– 2.	
3. Subtract line 2 from line 1, enter difference	= 3.	0
4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits)	+ 4.	
5. Add line 4 to line 3, enter sum	= 5.	0
6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)	– 6.	
7. If line 5 is greater than line 6 (if less, see below [go to line 9]); Subtract line 6 from line 5, enter difference	= 7.	0
8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise <b>stop here</b> .	8.	0
9. If line 6 is greater than line 5; Enter amount from line 6 (nonwage income)	9.	
10. Enter amount from line 5 (deductions)	10.	0
11. Subtract line 10 from line 9, enter difference. Then, complete Worksheet C.	11.	0

\*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

**WORKSHEET C**

**ADDITIONAL TAX WITHHOLDING AND ESTIMATED TAX**

1. Enter estimate of total wages for tax year 2021. 1.
2. Enter estimate of nonwage income (line 6 of Worksheet B). 2.
3. Add line 1 and line 2. Enter sum. 3. 0
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). 4.
5. Enter adjustments to income (line 4 of Worksheet B). 5.
6. Add line 4 and line 5. Enter sum. 6. 0
7. Subtract line 6 from line 3. Enter difference. 7.
8. Figure your tax liability for the amount on line 7 by using the 2021 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$136.40). 9.
10. Subtract line 9 from line 8. Enter difference. 10.
11. Enter any tax credits. (See FTB Form 540). 11.
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability. 12.
13. Calculate the tax withheld and estimated to be withheld during 2021. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2021. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2021. 13.
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld. 14.
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4. 15.

**NOTE:** Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

*THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2021 ONLY*

**SINGLE PERSONS, DUAL INCOME  
MARRIED WITH MULTIPLE EMPLOYERS**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$8,932	1.100%	\$0	\$0.00
\$8,932	\$21,175	2.200%	\$8,932	\$98.25
\$21,175	\$33,421	4.400%	\$21,175	\$367.60
\$33,421	\$46,394	6.600%	\$33,421	\$906.42
\$46,394	\$58,634	8.800%	\$46,394	\$1,762.64
\$58,634	\$299,508	10.230%	\$58,634	\$2,839.76
\$299,508	\$359,407	11.330%	\$299,508	\$27,481.17
\$359,407	\$599,012	12.430%	\$359,407	\$34,267.73
\$599,012	\$1,000,000	13.530%	\$599,012	\$64,050.63
\$1,000,000	and over	14.630%	\$1,000,000	\$118,304.31

**MARRIED PERSONS**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$17,864	1.100%	\$0	\$0.00
\$17,864	\$42,350	2.200%	\$17,864	\$196.50
\$42,350	\$66,842	4.400%	\$42,350	\$735.19
\$66,842	\$92,788	6.600%	\$66,842	\$1,812.84
\$92,788	\$117,268	8.800%	\$92,788	\$3,525.28
\$117,268	\$599,016	10.230%	\$117,268	\$5,679.52
\$599,016	\$718,814	11.330%	\$599,016	\$54,962.34
\$718,814	\$1,000,000	12.430%	\$718,814	\$68,535.45
\$1,000,000	\$1,198,024	13.530%	\$1,000,000	\$103,486.87
\$1,198,024	and over	14.630%	\$1,198,024	\$130,279.52

**UNMARRIED HEAD OF HOUSEHOLD**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$17,876	1.100%	\$0	\$0.00
\$17,876	\$42,353	2.200%	\$17,876	\$196.64
\$42,353	\$54,597	4.400%	\$42,353	\$735.13
\$54,597	\$67,569	6.600%	\$54,597	\$1,273.87
\$67,569	\$79,812	8.800%	\$67,569	\$2,130.02
\$79,812	\$407,329	10.230%	\$79,812	\$3,207.40
\$407,329	\$488,796	11.330%	\$407,329	\$30,712.39
\$488,796	\$814,658	12.430%	\$488,796	\$45,942.60
\$814,658	\$1,000,000	13.530%	\$814,658	\$86,447.25
\$1,000,000	and over	14.630%	\$1,000,000	\$111,524.02

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit [FTB](http://ftb.ca.gov) (ftb.ca.gov).

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.

## Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
▶ **Give Form W-4 to your employer.**  
▶ **Your withholding is subject to review by the IRS.**

# 2021

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶		▶ _____ ▶
	<b>Employee's signature</b> (This form is not valid unless you sign it.)		<b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

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

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

**Step 4 (optional).**

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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

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

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

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



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

**STOP**    Employer Completes Next Page    **STOP**





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">           Additional Information         </div>		<div style="border: 1px solid black; padding: 5px; font-size: small;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </div>
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Director of Personnel	
Last Name of Employer or Authorized Representative AGAN		First Name of Employer or Authorized Representative CODI	Employer's Business or Organization Name River Delta USD	
Employer's Business or Organization Address (Street Number and Name) 445 Montezuma Street		City or Town Rio Vista	State CA	ZIP Code 94571

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**





# Pursuing Victory With Honor<sup>sm</sup>

## *Code of Conduct for Coaches*

*CIF Member School:* \_\_\_\_\_

We, in the California Interscholastic Federation, believe that high school athletic competition should be fun, but that it must also be a significant part of a sound educational program. We believe that those who coach student-athletes are, first and foremost, teachers who have a duty to assure that their sports programs promote important life skills and the development of good character.

We believe that the essential elements of character-building are embodied in the concept of sportsmanship and six core ethical values: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the “Six Pillars of Character<sub>sm</sub>”). We believe, further, that the highest potential of sports is achieved when teacher-coaches consciously Teach, Enforce, Advocate and Model (T.E.A.M.) these values and are committed to the ideal of pursuing victory with honor. Finally, we believe that sincere and good-faith efforts to honor the words and spirit of this Code will improve the quality of our programs and the well being of our student-athletes. This Code of Conduct applies to all full-time and part-time coaches involved in interscholastic sports.

I understand that in my position as a coach, I must act in accord with the following code:

### **TRUSTWORTHINESS.**

- **Trustworthiness** Be worthy of trust in all I do and teach student-athletes the importance of integrity, honesty, reliability and loyalty.
- **Integrity** Model high ideals of ethics and sportsmanship and always pursue victory with honor; teach, advocate and model the importance of honor and good character by doing the right thing even when it’s unpopular or personally costly.
- **Honesty** Don’t lie, cheat, steal or engage in or permit dishonest or unsportsmanlike conduct.
- **Reliability** Fulfill commitments; I will do what I say I will do; be on time.

- **Loyalty** Be loyal to my school and team; put the team above personal glory.
- **Primacy of Educational Goals** Be faithful to the educational and character-development missions of the school and assure that these objectives are not compromised to achieve sports performance goals; always place the academic, emotional, physical and moral well being of athletes above desires and pressures to win.
- **Counseling** Be candid with student-athletes and their parents about the likelihood of getting an athletic scholarship or playing on a professional level. Counsel them about the requirement of many colleges preventing recruitment of student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
- **College Recruiters** Be honest and candid with college recruiters about the character and academic abilities and interest of student-athletes.

## RESPECT

- **Respect** Treat all people with respect all the time and require the same of student-athletes
- **Class** Be a good sport, teach and model class, be gracious in victory and accept defeat with dignity; encourage student-athletes to give fallen opponents a hand, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.
- **Taunting** Don't engage in or allow trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- **Respect Officials** Treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.
- **Respect Parents** Treat the parents of student-athletes with respect; be clear about your expectations, goals and policies and maintain open lines of communication.
- **Profanity** Don't engage in or permit profanity or obscene gestures during practices, sporting events, on team buses, or any other situation where the behavior could reflect badly on the school or the sports program.
- **Positive Coaching** Use positive coaching methods to make the experience enjoyable, increase self-esteem and foster a love and appreciation for the sport. Refrain from physical or psychological intimidation, verbal abuse, and conduct that is demeaning to student-athletes or others.
- **Effort and Teamwork** Encourage student-athletes to pursue victory with honor, to think and play as a team, to do their best and continually improve through personal effort and discipline. Discourage selfishness and put less emphasis on the final outcome of the contest, than upon effort, improvement, teamwork, and winning with character.

- **Professional Relationships** Maintain appropriate, professional relationships with student athletes and respect proper teacher-student boundaries. Sexual or romantic contact with students is strictly forbidden as is verbal or physical conduct of a sexual nature directed to or in view of student-athletes.

## RESPONSIBILITY

- **Life Skills** Always strive to enhance the physical, mental, social and moral development of student-athletes and teach them positive life skills that will help them become well-rounded, successful and socially responsible.
- **Advocate Education** Advocate the importance of education beyond basic athletic eligibility standards and work with faculty and parents to help student-athletes set and achieve the highest academic goals possible for them.
- **Advocate Honor** Prominently discuss the importance of character, ethics and sportsmanship in materials about the athletic program and vigorously advocate the concept of pursuing victory with honor in all communications.
- **Good Character** Foster the development of good character by teaching, enforcing, advocating and modeling (T.E.A.M.) high standards of ethics and sportsmanship and the six pillars of character.
- **Role-Modeling** Be a worthy role-model, always be mindful of the high visibility and great influence you have as a teacher-coach and consistently conduct myself in private and coaching situations in a manner that exemplifies all I want my student-athletes to be.
- **Personal Conduct** Refrain from profanity, disrespectful conduct, and the use of alcohol or tobacco in front of student-athletes or other situations where my conduct could undermine my positive impact as a role model.
- **Competence** Strive to improve coaching competence and acquire increasing proficiency in coaching principles and current strategies, character-building techniques, and first-aid and safety.
- **Knowledge of Rules** Maintain a thorough knowledge of current game and competition rules and assure that my student-athletes know and understand the rules.
- **Positive Environment** Strive to provide a challenging, safe, enjoyable, and successful experiences for the athletes by maintaining a sports environment that is physically and emotionally safe.
- **Safety and Health** Be informed about basic first aid principles and the physical capacities and limitations of the age-group coached.
- **Unhealthy Substances** Educate student-athletes about the dangers and prohibit the use of unhealthy and illegal substances including alcohol, tobacco and recreational or performance-enhancing drugs.
- **Eating Disorders** Counsel students about the dangers of and be vigilant for signs of eating disorders or unhealthy techniques to gain, lose or maintain weight.

- **Physician's Advice** Seek and follow the advice of a physician when determining whether an injured student-athlete is ready to play.
- **Privilege to Compete** Assure that student-athletes understand that participation in interscholastic sports programs is a privilege, not a right and that they are expected to represent their school, team and teammates with honor, on and off the field. Require student-athletes to consistently exhibit good character and conduct themselves as positive role models.
- **Self-Control** Control my ego and emotions; avoid displays of anger and frustration; don't retaliate.
- **Integrity of the Game** Protect the integrity of the game; don't gamble. Play the game according to the rules.
- **Enforcing Rule** Enforce this Code of Conduct consistently in all sports-related activities and venues even when the consequences are high.
- **Protect Athletes** Put the well being of student-athletes above other considerations and take appropriate steps to protect them from inappropriate conduct.
- **Access** Help make your sport accessible to all diverse communities.
- **Improper Commercialism** Be sensitive to and avoid unwholesome commercialism including inappropriate exploitation of my name or the name of the school and undue financial dependence on corporate entities. Make sure any affiliation or association with a corporate entity is approved by school and district officials.

## FAIRNESS

- **Fair and Open** Be fair in competitive situations, selecting a team, disciplinary issues and all other matters; and be open-minded and willing to listen and learn.

## CARING

- **Safe Competition** Put safety and health considerations above the desire to win; never permit student-athletes to intentionally injure any player or engage in reckless behavior that might cause injury to themselves or others.
- **Caring Environment** Consistently demonstrate concern for student-athletes as individuals and encourage them to look out for one another and think and act as a team

## CITIZENSHIP

- ***Honor the Spirit of Rules*** Observe and require student-athletes to observe the spirit and the letter of all rules including the rules of the game and those relating to eligibility, recruitment, transfers, practices and other provisions regulating interscholastic competition.
- ***Improper Gamesmanship*** Promote sportsmanship over gamesmanship; don't cheat. Resist temptations to gain competitive advantage through strategies or techniques (such as devious rule violations, alteration of equipment or the field of play or tactics designed primarily to induce injury or fear of injury) that violate the rules, disrespect the highest traditions of the sport or change the nature of competition by practices that negate or diminish the impact of the core athletic skills that define the sport.

***I have read and understand the requirements of this Code of Conduct. I will act in accord with this code. I understand that school (and district) officials as well as league and section officials will and should expect that I will follow this code.***

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**Teacher-Coach Signature**

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**Date**

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*“Pursuing Victory With Honor” and the “Six Pillars of Character” are service marks of the CHARACTER COUNTS! Coalition, a project of the Josephson Institute of Ethics. For more information on promoting character education and good sportsmanship, visit [www.charactercounts.com](http://www.charactercounts.com).*

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

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Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer ID# \_\_\_\_\_

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.

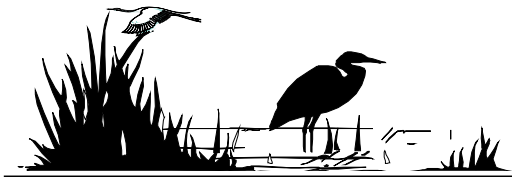
For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from 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](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

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

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



**RIVER DELTA UNIFIED SCHOOL DISTRICT**

**445 Montezuma Street**

**Rio Vista, California 94571-1651**

(707) 374-1700 Fax (707) 374-2995

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## **California Department of Motor Vehicles Pull Notice Program**

River Delta Unified School District utilizes a system through the California DMV called the Pull Notice Program. This system allows school district administration to review and monitor the driving habits of employee's who drive district owned vehicles. When an employee's driver's license record is updated due to an action or activity, DMV make's an electronic check to determine if a pull notice is on file. If the action or activity is one that must be reported under the EPN program, a driver's record is generated and sent to the district. All staff who will drive school district owned vehicles are required to enroll in the program. Drivers license record information is confidential and is only accessible to authorized district administration personnel.

Every year on the enrollment date, the EPN program automatically generates and sends a driver record when any of the following actions or activities occurs:

- The driver is enrolled in the EPN program.
- When a driver has any of the following actions or activities added to their driver record:
  - Convictions.
  - Failures to appear (FTAs).
  - Accidents.
  - Driver's license suspensions or revocations.
  - Any other actions taken against their driving privilege.

Please complete the attached form, once enrolled the Supervisor of Transportation will contact you to complete additional paperwork and training regarding pre trip inspection of district vehicles and how to operate our fuel dispensing systems as well as issue you a PIN code to fuel vehicles. If you have any questions, please contact Michael Mimiaga at 707-374-1706.

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*Creating Excellence to Ensure That All Students Learn*

Bates School  
Clarksburg Elementary

Isleton School  
Riverview School

Walnut Grove School  
D.H. White Elementary  
River Delta High/Elementary School

Delta High School  
Rio Vista High School

Wind River School  
Mokelumne High School





EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

SECTION 1 — DRIVER INFORMATION

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, \_\_\_\_\_ COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) §1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY COUNTY STATE

DATE SIGNATURE OF EMPLOYEE X

SECTION 2 — AUTHORIZED REPRESENTATIVE CERTIFICATION

I, \_\_\_\_\_ AUTHORIZED REPRESENTATIVE, of \_\_\_\_\_ COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC §1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code §118) and false representation (CVC §1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC §§1808.45 and 1808.46.

EXECUTED AT: CITY COUNTY STATE

DATE SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at dmvc.ca.gov/otherservices, or by calling 916-657-6346.

PLEASE RETAIN AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MAKE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.





## Two Generally Recognized Categories of Sexual Harassment

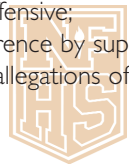
### 1. Quid Pro Quo

Quid Pro Quo Harassment occurs when one person (generally in a supervisory capacity such as an upper-classman or a coach) makes known, unwelcome sexual demands of a subordinate (such as an underclassman, or an athlete) in order for him or her to gain an advantage, promotion, influence an evaluation, affect playing time or other benefits that come from educational, athletic or employment opportunities.

### 2. Hostile Environment

Hostile Environment Harassment is unwelcome conduct by a person that is sufficiently serious, persistent or pervasive, so that it affects another person's ability to participate in or benefit from the school program or activity by creating an intimidating, threatening or abusive environment. Conduct contributing to a hostile environment might include:

- Sexual propositions communicated via e-mail, in person, graphically;
- Verbal expressions of a sexual nature including comments about hair, dress, physical appearance or sexual activities;
- Sexually suggestive jokes, innuendoes, sounds, gestures or leering;
- Anecdotes, questions or comments about sexual activities;
- Excessive or inappropriate physical contact;
- Use of sexually suggestive objects, articles, tapes, pictures or other materials;
- Any persistent and pervasive pattern of sex-related conduct that is offensive;
- Deliberate indifference by supervisory personnel in responding to allegations of harassment.



# Sexual Harassment and Hazing: Your Actions Make a Difference!

Each school and community has a responsibility to protect against harassment and hazing. This responsibility extends to the school's athletic programs. Each school should have a policy against discrimination, including grievance procedures, providing for prompt and equitable resolution of hazing, harassment and sex discrimination complaints. This information should be shared with students and any persons who have direct or indirect contact with students.



## Sexual Harassment and Hazing: Your Actions Make a Difference!

This brochure addresses the legal rights of high school students, coaches/activity personnel and officials to enjoy an appropriate environment in athletics and other activities. All forms of harassment should be reported to school authorities.

### Key Elements of a Good Reporting System

A clearly worded and well-publicized policy is essential in order to inform students and employees that sexual harassment or other forms of hazing will not be tolerated, ensure that they know how to report complaints, and assure them that harassment may be reported without fear of repercussions.



### Key Elements of a Good Reporting System:

1. Communicate to your students, coaches/activity personnel, officials and parents that you have a policy against hazing, sexual misconduct and other forms of harassment.
2. Make the process of reporting allegations simple and direct.
3. Make the principal, as the highest administrative official in the building, directly responsible for directing the investigation of any allegation of misconduct, hazing or harassment.
4. Document, in writing, any allegation of misconduct, hazing or harassment, and the results of the investigation.
5. Promptly take such remedial action as is necessary and appropriate.

## Factors Used to Evaluate Sexual Harassment

- The degree to which the conduct affects one or more students' education.
- The degree to which the conduct affects the coaching or work environment.
- The type, frequency and duration of the conduct.
- The identity of and relationship between the alleged harasser and the subject or subjects of the harassment.
- The number of individuals involved.
- The age and gender of the alleged harasser and the subject or subjects of the harassment.
- The size of the school, location of the incidents and context in which they occurred.
- Other incidents of sexual harassment at the school.
- Incidents of gender-based, but non-sexual harassment.
- Consensual behaviors.

(Source: Federal Register /Vol 65, No. 213, November 2, 2000)

Indiana Coalition Against Sexual Assault, INCASA is a private, non-profit organization funded from federal dollars through the Indiana Department of Health, Family and Social Services Administration, Indiana Criminal Justice Institute and through a grant from the Office on Violence Against Women. This project is made possible through a grant from the Women's Fund and from the Rape Prevention Education Funds through the Centers for Disease Control and Prevention, administered by the Indiana State Department of Health. All contributions to INCASA are tax-deductible to the extent allowable by the Internal Revenue Service. Equal Access/Equal Opportunity organization. [www.incasa.org](http://www.incasa.org)

# Sexual Harassment and Hazing:

## Your Actions Make a Difference!

## Reporting Hazing and Harassment

Hazing or harassment by any name is wrong. Anyone who witnesses or hears about a form of harassment can and should report it. Allegations of harassment may be the result of words, physical contact, e-mail or other unwelcome verbal or non-verbal communication.

**Communication** – A victim of hazing or harassment can report it, but so can a person who may not know the victim. The information may have come to him/her through conversation or may have been overheard in a classroom situation. Even in situations where information is gathered indirectly, members of the school community have a responsibility to report damaging behavior:

**Observation** – Supervisors or teachers have responsibilities for the behavior of students. Whenever harassment is observed by a teacher or the adult in charge, he or she should recognize and address the matter for what it is – a serious violation of school policy.

### Who can report hazing or harassment?

- A victim.
- A person who witnesses the incident.
- A third party who may not have witnessed the incident, but hears about it.

## How to Handle Hazing

1. Establish welcome programs for first-year and transfer students.
2. Reconsider all "team-bonding" or "initiation" traditions in all school groups.
3. Urge your school to adopt a statement of awareness.
4. Create a spirit of camaraderie.
5. Don't cover-up hazing incidents.

(Source: "High School Hazing: When Rites Become Wrong," by Hank Nuwer)

## Establishing Boundaries

### Sexual Misconduct

Sexual Misconduct covers a wide spectrum of inappropriate behavior. Individuals who engage in sexual misconduct may be subject to disciplinary actions at school or in a court of law.

### Sexual Harassment

Sexual Harassment is a form of gender discrimination that consists of unwelcome verbal, electronic, or physical interaction between two or more people. Harassment can happen between people of the same gender or people of different genders.

### Hazing

Hazing is any action or activity which inflicts physical or mental harm or anxiety, or which demeans, degrades or disgraces a person, regardless of location, intent or consent of participants.

(Employment Practice Group 2000, RI)

## Ten Recommendations for Preventing Sexual Harassment in Schools and Athletics Programs

1. Teachers and athletics personnel should never use sexually explicit language or tell sexually explicit/off color jokes in the presence of students or student-athletes.
2. Teachers and athletics personnel should never display sexually explicit or pornographic pictures/materials on school property and should never show such materials to students or student-athletes under any circumstances.
3. Teachers and athletics personnel should avoid engaging in excessively personal conversations, both in person and on the phone, with students or student-athletes.
4. Teachers and athletics personnel should avoid sending excessively personal letters, cards, e-mails, or gifts to students or student-athletes.
5. Teachers and athletics personnel should avoid commenting on the physical appearance, including manner of dress and specific physical attributes, of students or student-athletes.
6. Teachers and athletics personnel should avoid to the greatest extent possible physical contact with or touching of students or student-athletes.
7. Teachers and athletics personnel should avoid giving students or student-athletes rides home alone or even in groups where eventually only one student will remain in the car alone with the adult.
8. Teachers and athletics personnel should avoid off-school-property, one-on-one meetings alone with students or student-athletes, especially in the home of the student or the adult.
9. Teachers and athletics personnel should never plan or take unchaperoned overnight school or athletics trips with students or student-athletes and, on properly chaperoned trips, should exercise the highest degree of caution and propriety regarding interaction with students or student-athletes.
10. Teachers and athletics personnel should never date students or student-athletes under any circumstances. Issues of power differential, consent and credibility make such relationships untenable within any level of educational institution.

(Source: Dr. Lee Green, Baker University Sportslaw Publishing .com/slpnews.htm)