San Jose State University Research Foundation  
Year 2015  
HR/Payroll Calendar & Timelines

**PLEASE NOTE:** New hires and Appointment extensions **must be** received in and approved by HR prior to an employment start, appointment change period, or account number expiration date. If forms are not turned in by due dates, paychecks will be delayed one full pay period.

<table>
<thead>
<tr>
<th>MONTH</th>
<th>HOLIDAYS</th>
<th>PERIOD COVERED</th>
<th>NEW HIRE PAPERWORK (New Hire must be E-Verified within 3 days of start date)</th>
<th>APPOINTMENT FORMS &amp; IN PROCESS CHANGES DUE TO HR BY 5:00 PM</th>
<th>MAXIMUM NON-EXEMPT HOURS</th>
<th>TIMESHEETS DUE BY 5:00 PM</th>
<th>PAYDATE Checks Available After 1:00 PM</th>
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<tbody>
<tr>
<td>January</td>
<td>01/01 01/19 01/16-01/31</td>
<td>01/01-01/15 01/16-01/31</td>
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<td>February</td>
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<td>March</td>
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If you have Research Foundation Payroll questions: please call (408) 924-1412 or (408) 924-1425

If you have Research Foundation HR questions: please call (408) 924-1460 or (408) 924-1409

*Employees who are required to work on a designated holiday must have their hours initialed by their Supervisor, otherwise the timesheet may be subject to processing/payment delays. Thank you in advance for your cooperation.

**

Updated December 2014
<table>
<thead>
<tr>
<th>PERIOD</th>
<th>BEGINS</th>
<th>ENDS</th>
<th>PAID SJSU HOLIDAY</th>
<th>NON INSTRUCTION DAYS</th>
<th>NUMBER OF FACULTY DUTY DAYS</th>
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<tr>
<td><strong>Fall Session 2014</strong></td>
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<td>Aug/Sept 14</td>
<td>08/21/14</td>
<td>9/30/14</td>
<td>*9/1/14</td>
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<td>Oct-14</td>
<td>10/01/14</td>
<td>10/31/14</td>
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<td>Dec-14</td>
<td>12/01/14</td>
<td>12/23/14</td>
<td>*12/25/14 &amp; 12/26-30/14</td>
<td>**12/24-31/14</td>
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<td><strong>Winter Session 2015</strong></td>
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<td>*1/1/15 &amp; 1/19/2015</td>
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<td>Apr-15</td>
<td>04/02/15</td>
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<td>May-15</td>
<td>05/01/15</td>
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<td><strong>Summer Session 2015</strong></td>
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<td>Jun-15</td>
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<td>Jul-15</td>
<td>07/01/15</td>
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<td><strong>232</strong></td>
</tr>
</tbody>
</table>

*University Paid Holiday:*

Count as 100% pay - only eligible for up to 25% pay on San Jose State University Research Foundation grant.

**Non-instruction Day:*

Faculty is eligible for up to 125% pay on San Jose State University Research Foundation Grant.

Updated March 2015

Subject to Change based on factors beyond campus control
DATE: November 5, 2014

TO: SJSU Research Foundation Employees

FROM: Cheree Aguilar, Sr. Director of Human Resources

SUBJECT: **2015 HOLIDAY SCHEDULE**

This is the official holiday calendar for the San Jose State University Research Foundation for 2015. Employees, who are required to work on a designated holiday, or on a weekend, must have a signature approval from their Project Director in order to be paid for days worked. Thank you for your cooperation.

<table>
<thead>
<tr>
<th>DATE</th>
<th>DAY</th>
<th>HOLIDAY</th>
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</thead>
<tbody>
<tr>
<td>January 1</td>
<td>Thursday</td>
<td>2015 New Year’s Day</td>
</tr>
<tr>
<td>January 2</td>
<td>Friday</td>
<td>Central Office Closure*</td>
</tr>
<tr>
<td>January 19</td>
<td>Monday</td>
<td>Martin Luther King, Jr. Day</td>
</tr>
<tr>
<td>March 31</td>
<td>Tuesday</td>
<td>Cesar Chavez Day</td>
</tr>
<tr>
<td>May 25</td>
<td>Monday</td>
<td>Memorial Day</td>
</tr>
<tr>
<td>July 3</td>
<td>Friday</td>
<td>Independence Day Obs.</td>
</tr>
<tr>
<td>September 7</td>
<td>Monday</td>
<td>Labor Day</td>
</tr>
<tr>
<td>November 11</td>
<td>Wednesday</td>
<td>Veterans Day</td>
</tr>
<tr>
<td>November 26</td>
<td>Thursday</td>
<td>Thanksgiving Day</td>
</tr>
<tr>
<td>November 27</td>
<td>Friday</td>
<td>Foundation Holiday</td>
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<tr>
<td>December 24</td>
<td>Thursday</td>
<td>Central Office Closure*</td>
</tr>
<tr>
<td>December 25</td>
<td>Friday</td>
<td>Christmas Day</td>
</tr>
<tr>
<td>December 28</td>
<td>Monday</td>
<td>Foundation Holiday</td>
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<tr>
<td>December 29</td>
<td>Tuesday</td>
<td>Foundation Holiday</td>
</tr>
<tr>
<td>December 30</td>
<td>Wednesday</td>
<td>Foundation Holiday</td>
</tr>
<tr>
<td>December 31</td>
<td>Thursday</td>
<td>Foundation Holiday</td>
</tr>
<tr>
<td>January 1</td>
<td>Friday</td>
<td>2016 New Year’s Day</td>
</tr>
</tbody>
</table>

*Central Office, located at 210 North Fourth Street, closure days. Central Office services will be closed for business. Designated Central Office closure days are not paid holidays.*
SJSU Research Foundation Timesheet

1 NAME: (PRINT) (LAST) (FIRST) 2 FOR THE PERIOD OF: (MONTH) (DAY RANGE) (YEAR) 3 ACCT # 4 Employee ID Class # 5 IF YOU ARE AN EXEMPT EMPLOYEE CHECK BOX Paid on more than one account please, check box. Separate timesheets must be submitted for each account being charged.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TOTAL PAID</th>
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<tr>
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<table>
<thead>
<tr>
<th>DAYS</th>
<th>HOURS</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>REGULAR HRS</th>
<th>OVERTIME HRS</th>
<th>VACATION HRS</th>
<th>SICK HRS PAID</th>
<th>HOLIDAY HRS</th>
<th>OTHER HRS</th>
<th>TOTAL HRS</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>AMOUNT OF TIME WORKED</th>
<th>AMOUNT TO BE PAID</th>
<th>TIME PERIOD COVERED</th>
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<tbody>
<tr>
<td></td>
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<td>INDICATE MONTH, DAY, YEAR</td>
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</table>

Note: In order to satisfy the time and effort reporting requirements for academic employees, please complete:

- SJSU % OR % HOURS
- Continuing Education % OR % HOURS
- FOUNDATION PROJECT(S): % OR % HOURS

ACCOUNT NO. % OR % HOURS
ACCOUNT NO. % OR % HOURS
ACCOUNT NO. % OR % HOURS
ACCOUNT NO. % OR % HOURS
ACCOUNT NO. % OR % HOURS
ACCOUNT NO. % OR % HOURS

ONE-TIME PAY/OTHER APPT. PERIOD
SPECIFY DATES

SUMMARY OF ACCRUAL HOURS FOR PAY PERIOD

<table>
<thead>
<tr>
<th>BEGIN BALANCE</th>
<th>HOURS CREDITED</th>
<th>HOURS TAKEN</th>
<th>ENDING</th>
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</table>

For Non-Exempt Employees Only: CHECK BOX TO CERTIFY THAT YOU WERE GIVEN AND TOOK ALL OF YOUR BREAKS AND MEAL PERIODS.

UPON TERMINATION, CHECK IF THIS IS THE FINAL TIMESHEET TO BE SUBMITTED.

I CERTIFY I WORKED THE HOURS AS RECORDED:

Employee Signature __________________________ Date __________
Signature of Supervisor ______________________ Date __________
Signature of Project Director __________________ Date __________

PAYROLL USE ONLY: INIT. ________________ DATE: ____________
HOW TO FILL OUT YOUR TIMESHEET

Timesheet must be submitted, according to the payroll calendar, each pay period for worked hours.

1. Your name: Last name, first name (i.e. Smith, John).
2. For the period of: Select from drop down menu a month, date range and year. This timesheet has a macro (software) in it. The macro fills in the date of the month and the day of the week for you automatically after you make the drop-down selections. In order for the macro to work, you have to enable it. With Excel 2007, click Options (under the tool bar), then enable this content.
3. Acct #: Fill in your account number assigned to your project (i.e. 21-1100-2002).
4. Enter your Employee ID #: (i.e. 123456) and Class #: (i.e. 300). These numbers can be found in the paycheck/EFT earnings statement top center.
5. Exempt employees only: Check box and enter exception hours only (i.e. 8 vacation, and /or 8 sick). Skip steps 6 and 7 go to step 8.
6. Day and Date: Fill in the day and date for the hours you worked (i.e. Mon. 4/15).
7. Hours Section: Fill in the number of hours you worked for each day worked (i.e. 8 reg.).
8. Summary of Accrual Hours: Fill in the beginning balance of you vacation and sick hour’s accrued balance from your last paycheck stub. Also, write your vacation and sick hours credited to you each pay period.
9. Non Exempt employee: Check this box to certify that you took all of your breaks and meal periods.
10. Employee Signature: Please print your timesheet; sign your name and date.
11. Signature of Supervisor: Please forward to your supervisor to review, approve, sign, and date your timesheet. (Employees that are required to work on a holiday must have hours initialed by the supervisor, otherwise the timesheet may be subject to processing/payment delays).
12. Signature of Project Director: Please forward to the Project Director to review, approve, sign, and date.
13. Academic year employee only: Indicate % time or hours worked and/or the amount to be paid and time period covered.

If this is your last timesheet, please make sure that your supervisor is submitting the termination Appointment form to process your final check in timely manner.
ALCOHOL AND DRUG ABUSE POLICY

PURPOSE
The San Jose State University Research Foundation is concerned about improving the safety of its employees and providing employees with a safe working environment. Because substance abuse can affect an employee’s productivity, create a hazard to others and impair the credibility of the organization, the San Jose State University Research Foundation has adopted the following policy in accordance with the Drug-Free Workplace act of 1988.

POLICY
The unlawful manufacture, distribution, possession or use of a controlled substance while on organization time or premises is prohibited. Violation of this policy may result in disciplinary action up to and including termination.

Off-the-job use of controlled substances, which result in substandard job performance or create a safety hazard, is also prohibited and may result in disciplinary action. Also, an employee who is arrested and convicted of the possession, use or sale of a controlled substance will be considered in violation of this policy.

As a condition of employment on a contract or grant, employees will abide by provisions of this policy and will be responsible for notifying the San Jose State University Research Foundation of any drug conviction, the San Jose State University Research Foundation will take appropriate personnel action against the employee, up to and including termination, or will required the employee to satisfactorily complete a certified drug abuse assistance or rehabilitation program. In addition, the San Jose State University Research Foundation will inform the sponsoring agency of a conviction stemming from drug-related activity in the workplace within ten days of receiving such notice.

PROCEDURE
Supervisors will be constructive in confronting an employee by explaining job performance standards, documenting performance programs, talking with the employee about the need to improve performance, and setting a time limit for improvement. If improvement does not occur, the supervisor will encourage the employee to seek assistance and refer them to the Concern Employee Assistance Program (EAP), emphasizing that lack of improvement could result in discipline, up to and including termination.

Awareness Program
As part of the drug-free awareness program, employees will be given a copy of this policy, made aware of the resources of the EAP and informed of the alcohol and drug abuse rehabilitation coverage’s offered through employer- provided health insurance programs. The San Jose State University Research Foundation will through ongoing program of the EAP, inform employees of the dangers of drug and alcohol abuse and the awareness and assistance program available to them.
**Reasonable Accommodation**

The San Jose State University Research Foundation recognizes the responsibility to reasonably accommodate employees who are receiving professional assistance with problems of substance abuse and whose improved behavior on the job reflects the success of such a program. In some cases, an employee may be placed on a non-paid personal leave of absence in lieu of termination for a period consistent with that offered for other disabilities, so long as they are actively engaged in an approved rehabilitation program.

Employees who: 1) take the initiative of advising their employer in advance that they have a medical problem with regard to alcohol or drug use; 2) who have not engaged in misconduct or repeated poor job performance; and 3) who demonstrate a commitment to take the necessary remedial action, may be eligible for a medical leave of absence for such purpose and may not be subject to disciplinary action.

The San Jose State University Research Foundation has made the following services available to Benefited employees:

- Concern Employee Assistance Program-A confidential assessment and referral service
- Brochures are provided by the EAP and employees can obtain these materials from Concern or HR

**RESPONSIBILITY**

The San Jose State University Research Foundation Director of Human Resources will be responsible for the administration of this policy and act as a resource for employees. Supervisor will be responsible for immediately reporting any incident of suspected substance abuse or an employee’s request for assistance. Reports should be made to the Director of Human Resources or the Chief Operating Officer of the Research Foundation.
TO: All San Jose State University Employees

FROM: SJSU ASBESTOS MANAGEMENT PROGRAM

SUBJECT: Notice to SJSU Employees Regarding Asbestos in Campus Buildings

The California Health and Safety requires notification employees informing them of the known presence and location of asbestos containing materials (ACM) in SJSU building. To comply with the California law, the following steps are taken:

1. The University constantly tests construction and other materials in campus building to locate and assess potential asbestos health hazards.
2. Facilities Development and Operations (FD&O) and the office of Environmental Health and Occupational safety, have compiled a list information by building specific location, asbestos fiber type, percentage of asbestos, and type of material. For example, hot water pipe insulation, fiber tiles, etc.

Any employee is welcome to review the report described above or the complete collection of surveys, sampling and air monitoring report conducted in SJSU building.

This information is available from Safety and Risk Services.

The mere presence of asbestos in a building does not mean that your health is endangered. Intact and undisturbed, asbestos material create no risk. It is important to remember to never drill, hammer, cut, saw, break, damage, move, or disturb any Asbestos Containing Material (ACM) or suspected materials. Since asbestos containing materials can not be identified by visual means, the simplest way to avoid creating an asbestos hazard is to follow proper work procedures:

- Do not drill holes in walls or ceilings to hang picture or plants: (this kind of activity should first be viewed by the asbestos coordinator by submitting a service request to FD&O)
- Do not damage wrapping materials on boiler or pipes.
- Be careful not to damage ceiling tiles when changing light bulbs.
- Do not disturb debris that has fallen from any of these objects. If you find debris or material that you are not sure of, report it to your supervisor.

If you are a new employee, you should receive a copy of this notice with your employment document during your first week at SJSU. If you have any questions or comments, please contact the Safety and Risk Services Unit at 408-924-2155.
INJURY AND ILLNESS PREVENTION PROGRAM

PURPOSE
To maintain a safe and injury/illness free work force

POLICY
The San Jose State University Research Foundation is firmly committed to maintaining a safe and healthful working environment for employees. California Senate Bill 198 requires the Research Foundation to have a written Injury and Illness Prevention Program. This program is designed to prevent workplace accidents, injuries and illnesses. The SB 198 requirements give primary emphasis to the planning and operation of all Research Foundation activities in order to prevent accidents which may be a source of injury and hardship to the employee and/or a potential source of interrupted operations and unwarranted cost to the Research Foundation.

Good housekeeping is an integral part of any elective safety program. Keeping work areas neat and clean reduces the chance of accidents and injuries. Well organized work areas also increase the ability of employees to perform their jobs efficiently. Every effort will be made to provide adequate training to employees. However, if an employee is ever in doubt about how to perform a job safely, it is their responsibility to ask a qualified person for assistance. Employees are expected to assist management in all phases of accident prevention activities.

RESPONSIBILITY
Program Administrator
The Human Resources Director is the Program Administrator and is responsible for overall implementation and maintenance of the Injury and Illness Prevention Program. The Program Administrator:

- Ensures that managers and supervisors are trained in workplace safety and are familiar with the safety and health hazards to which employees under their immediate direction or control may be exposed, as well as applicable laws, regulation and Research Foundation safety rules and policies;
- Ensures that employees are trained in accordance with this Program;
- Inspects, recognizes and evaluates workplace hazards on a continuous basis;
- Develops methods for abating workplace hazards and ensures that workplace hazards are abated in a timely and effective manner.

Project Directors, Program Managers, and Principle Investigators have the responsibility for the maintenance of a safe working environment. They are responsible for creating and maintaining safe working conditions, requiring safe work practices of all employees and enforcing safety policies and accident control practices for employees and students.

As new employees arrive, they will be trained in safety producers, safe usage of equipment and, where necessary, safe handling of hazardous materials. To aid the project director, program manager, and principle investigator in completing safety training, a new employee safety checklist will be provided by the Program Administrator.
Employee Responsibility

All Research Foundation employees have a responsibility to obey and follow all safety procedures and rules. They are required to wear and use whatever protective equipment and/or, devices necessary for the daily execution of their duties. Employee conformance with safety procedures and rules is a condition of continued employment.

Employees are required to immediately report any unsafe condition or hazard that they discover in the workplace to their supervisor or to the Program Administrator. No employee will be disciplined or discharged for reporting any workplace hazard or unsafe condition.

GENERAL SAFETY RULES AND REGULATIONS

- Comply with safety procedure rules and signs.
- Follow instructions. Don’t take chances. If you don’t know, ASK.
- Report unsafe condition to your supervisors immediately.
- Keep area clean and orderly.
- Use, adjust and repair equipment only when authorized.
- Use the right implement and equipment for the task.
- Use prescribed protective equipment.
- When tilling, use proper body mechanics. Know your tilling capacity. Ask for assistance.
- Report all injuries to the SJSU Research Foundation Human Resources office within 24 hours. Get first aid promptly.
- Avoid horseplay. Do not distract others.

COMUNICATING SAFETY HEALTH ISSUES

The Program Administrator will promote safety within the SJSU Research Foundation at all levels and keep employees informed as to the Research Foundation safety record. Employees will be informed of potentially unsafe condition within the workplace.

SAFETY TRAINING

Training is the key to successful safety program. The Program Administrator will consult with the worker’s compensation safety Representative and other qualified training instructors to arrange or specific training for all employees and will schedule such training through the appropriate area/unit managers Training will be conducted periodically.

The Human Resources Department will include a comprehensive safety presentation during new employee orientation. The presentation will include videos along with other written handouts and safety materials.

Additional training will be provided whenever an employee is given a new job assignment for which training has not previously been provided; whenever new substances, processes, procedures, or equipment which represent a new hazard are introduced into the workplace; whenever the Research Foundation is made aware of new or previously unrecognized hazard; and as additional training becomes necessary.
HAZARD ASSESSMENT CONTROL

The program Administrator will conduct periodic inspections of the workplace to identify possible workplace hazard. Record of such possible hazard will be maintained and corrective action will take place immediately.

Accident Investigation

After each accident, a thorough investigation will be conducted by the Program Administrator. The immediate cause of the accident will be identified and appropriate action taken to avoid future incidents. If the accident was caused by unsafe working habits, the employee(s) involved will be instructed again on safe, working habits and given special training if warranted.

REPORTING ACCIDENTS

Immediately following an injury or illness on the job, an employee should:

- Seek immediate treatment at the nearest medical facility if it is determined that medical treatment is necessary. The list of preferred providers is included in the packet
- Report the injury to the immediate supervisor, warn others and take necessary precautions to avoid the dangerous condition.

Supervisor and project administrators should take immediate action to:

- Assure that injured employee is provided medical treatment if necessary including first aid.
- Place warning signs of dangerous conditions and/or take necessary steps to ensure the safety of other employees.
- Report the injury to the Director of Human Resources using the supervisor’s report of accident form.

Medical Treatment Procedures

The arrangements have been made to handle any work related injury or illness of the Research Foundation employees with the preferred providers. The list of these preferred providers has been included in the packet.

An employee accident report must be completed by the employee and the supervisor and sent to the Research Foundation HR Department within 24 hours after any accident or illness.

Reporting Unsafe Condition

Each Employee should take responsibility to report any equipment that appears to be unsafe to operate. The equipment should not be operated until such conditions have been investigated by the Program Administrator and made safe.

Any other hazardous condition in the workplace should also be brought to the attention of the supervisor and/or to the Program Administrator.
HARASSMENT AND DISCRIMINATION POLICY

SUMMARY

The Research Foundation maintains a **strict** policy forbidding unwelcome behaviors or conduct in the workplace based on an individual’s race, color, creed, national origin or ancestry, citizenship, sex or gender, sexual orientation, age, religion, marital or parental status, registered domestic partner status, physical or mental disability, medical condition including genetic characteristics, or any other consideration or basis made unlawful by federal, state, or local law, ordinance, or regulation.

The Research Foundation’s anti-discrimination and anti-harassment policy applies to **all** persons involved in the operation of the Foundation and prohibits discrimination and harassment by any employee of the Research Foundation, including managers, subordinates, and coworkers, as well as by volunteers, customers, vendors or guests.

This policy covers conduct which falls under the category of Sexual harassment. Sexual harassment includes unwanted sexual advances, requests for sexual favors, or visual, verbal or physical conduct of a sexual nature and when:

- **IT IS A CONDITION OF EMPLOYMENT:** Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment; OR

- **IT IS A CONSEQUENCE OF EMPLOYMENT:** Submission to or rejection of such conduct by a person is used as a basis for an employment decision affecting that person; OR

- **IT IS AN OFFENSIVE OR HOSTILE JOB INTERFERENCE:** The conduct unreasonably interferes with a person's job performance or creates an intimidating, hostile or offensive working environment, even if there are no tangible or economic job consequences.

By its very definition, sexual harassment includes many forms of offensive behavior. Some examples include:

- Linking any employment decision or benefit in exchange for sexual favors.
- Making or threatening reprisals after a negative response or refusal to submit to sexual advances.
- Asking for sex (even if there is no demand or threat) or making sexual propositions.
- Engaging in sex while at work.
- Repeated requests for dates (an especially serious action when the person asking has supervisory authority, direct or indirect, over the person being asked).
- Sexually explicit, suggestive, or sexually oriented discussions/questions.
- Comments regarding an employee’s appearance, dress or body that are of a sexual nature or made at inappropriate times or frequency.
- Unwelcome and/or inappropriate touching, assault or impeding or blocking movements.
- Sexual or suggestive jokes or comments that stereotype, demean, or make fun of any protected group.
- Visual conduct: leering, making sexual gestures, displaying or sending sexual or suggestive materials or objects, including pictures, cartoons or posters.
- Retaliation for reporting harassment or threatening to report harassment.

This policy also applies to all other forms of harassment and discrimination, which include discrimination or harassment on the basis of an individual’s race, color, creed, national origin or ancestry, citizenship, sex or gender (including gender identity), pregnancy or related medical conditions, sexual orientation,
age, religion, marital or parental status, registered domestic partner status, physical or mental disability, medical condition (including cancer and genetic characteristics or information), veteran status, or any other consideration or basis made unlawful by federal, state, or local law, ordinance, or regulation. The Foundation’s policy also prohibits harassment and discrimination based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination and harassment is prohibited by the Research Foundation’s policy. The following are some examples of offensive behavior:

- Mimicking or mocking someone because of their membership in, or having attributes associated with their membership in, a protected group.
- Comments or jokes that stereotype, demean, or make fun of any protected group (examples: racial jokes; jokes about disabled persons; jokes about the elderly).
- Unwelcome and/or inappropriate touching, including assault and impeding or blocking movements.
- Hate symbols or messages, or symbols or messages that are hostile to a protected group, including derogatory posters, cartoons, drawings, gestures or objects.
- Slurs/epithets that relate to any protected group.
- Nicknames or epithets that relate to any protected group.

**COMPLAINT PROCEDURE**

The Research Foundation has developed a complaint procedure which provides for a prompt and confidential investigation of any claim of harassment or discrimination, which includes appropriate disciplinary action against one found to have engaged in prohibited harassment and/or discrimination and appropriate remedies to any victim of harassment.

Employees who believe they have been harassed or discriminated against on the job or who are aware of the harassment of others are asked to immediately report such conduct to their own or any other Manager, Project Director, Principle Investigator, or to the Director of Human Resources. Cheree Aguilar – Suarez is the Director of Human Resources, and her direct dial number is (408) 924 – 1505.

All reported incidents will be promptly investigated. The investigation will be completed in as confidential manner as possible, and a determination regarding the alleged harassment will be made and communicated to the employee(s) who complained and the accused harasser(s).

Research Foundation policy also strictly prohibits retaliation by another employee or by the Foundation itself against any person who, in good faith, filed a complaint or who participated in the investigation procedure.

In addition to the Foundation's internal complaint procedure, employees should also be aware that the federal Equal Employment Opportunity Commission (EEOC) and the California Department of Fair Employment & Housing (DFEH) investigate and prosecute complaints of harassment, discrimination and retaliation in employment. Employees who believe that they have been harassed or discriminated or retaliated against may file a complaint with either of these agencies. Both the EEOC and the DFEH serve as neutral fact finders and attempt to help the parties voluntarily resolve disputes. For more information, contact the nearest office of the EEOC or DFEH. The address and telephone number of the local offices of the EEOC and DFEH are located in the telephone directory.
New Hire Notice -- Injuries Caused By Work

What does workers' compensation cover?
You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures such as hurting your wrist from doing the same motion over and over). Generally, independent contractors, and volunteers who receive no compensation are not covered by workers' compensation benefits. Injuries resulting from off duty recreational, social, or athletic activities, unless condoned or sponsored by your employer, are generally not covered.

Benefits:
Workers’ compensation benefits include: Medical care, temporary disability, permanent disability, supplemental job displacement voucher, and death benefits

Medical Care:
You are entitled to medical care that is reasonably required to cure or relieve you from the effects of your work-related injury. Medical care may include doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. Providers should never bill you directly for work-related injuries. There is a limit on some medical services. Your employer is required to provide you with a claim form within one business day of learning about your injury. It is extremely important that you complete the “Employee” section of the claim form as your employer is required to authorize medical care within one working day after you file the form. If additional care is necessary after the initial treatment, the claims administrator will authorize any care that is appropriate for your injury, including the referral to specialists.

Your Primary Treating Physician (PTP):
This is the doctor with overall responsibility for treating your injury or illness. The primary treating physician determines what type of treatment you need and when you may return to work. A multispecialty medical group of licensed doctors and osteopathy can be designated as personal physicians. If your employer or your employer’s insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness by making a request to the claims administrator. Chiropractors may not continue as the primary treating physician after 24 visits. If specialists, diagnostics, etc. are needed in your case, this physician will be responsible for making the referrals. If you name your personal physician before your injury, you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Special rules apply if your employer offers a Health Care Organization (HCO) or has a medical provider network.

You should receive information from your employer if you are covered by an HCO or MPN. Contact your employer for more information.

Treatment by your personal physician:
You may be treated by your personal physician if you notify your employer prior to your injury. A personal physician includes a medical group of licensed doctors of medicine or osteopathy. Please have your physician complete the attached form and return to your employer. The following requirements must be met:

1. You must have group health coverage from any source for non-industrial illnesses and injuries.
2. Your personal physician must agree in advance to treat you for any work injuries or illnesses
3. Your physician must be your regular physician and surgeon.
4. Your physician has previously directed your medical treatment and retains your records, including your medical history.

What happens if your employer disputes your injury?
State law requires employers to authorize medical care within one working day of receiving a DWC 1 claim form. Your employer may be liable for as much as $10,000 in medical care until your claim is accepted or denied.

Medical Provider Networks:
Your employer may be using a MPN, which is a selected network of health care providers to provide treatment to workers injured on the job. If your employer is using a MPN, a MPN notice should be posted next to this poster to explain how to use the MPN. If you have predesignated your personal physician prior to your work injury, then you may receive treatment from your predesignated doctor. If you have not predesignated and your employer is using a MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by the employer. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN.

What if my employer has a Medical Provider Network?
If your employer has Medical Provider Network additional information can be obtained by reviewing the full employee notification which is required to be posted in close proximity to the workers’ compensation poster.

What if my employer does not have a Medical Provider Network?
If your employer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness within 30 days of reporting your injury. Chiropractors may not continue as...
the primary treating physician after 24 visits. You may use the attached Notice of Personal Chiropractor or Personal Acupuncturist form to notify your employer of this change.

**Emergency Medical Care:**

If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department.

**First Aid:**

If you need first aid treatment, contact your employer. If you have more than a simple first aid injury, you will need to ask your employer for a claim form.

**Temporary Disability (TD) Benefits:**

You may be entitled to payments if you lose wages while recovering. Your temporary disability rate is calculated by multiplying your average weekly wage by two thirds. The first 3 days of disability are not payable under California law unless there is hospitalization at the time of injury or the disability exceeds 14 days. If your physician returns you to work on a modified basis, you may be entitled to wage loss. This is generally calculated by multiplying the difference between your average weekly wage and your earnings during modified duties times two thirds. This is subject to the benefit minimums and maximums set by the California Legislature. Temporary disability benefits are payable within 14 days of the date of injury or knowledge of the injury. Subsequent payments are due every 14 days. For injuries occurring on or after 1/1/08, no more than 104 weeks of temporary disability are payable within 5 years from the date of injury. For longer term conditions (hepatitis B & C, amputations, severe burns, HIV, high velocity eye injuries, chemical burns to the eyes, pulmonary fibrosis, and chronic lung disease) no more than 240 weeks within five years from the date of injury are payable. You may be eligible for state disability benefits from the Employment Development Department (EDD) if TD benefits are stopped, delayed, or denied. There are time limits so contact EDD for more information.

**Permanent Disability (PD) Benefits:**

You may be entitled to payments if your physician says your injury has limited your ability to work. The permanent disability rate is calculated by multiplying your average weekly wage by two thirds, subject to statutory minimums and maximums. The amount of permanent disability or impairment may depend on your doctor’s opinion, as well as your age, occupation type of injury and date of injury. If you have permanent disability or your claims examiner suspects you have permanent disability, a letter will be sent to you explaining your benefits, including the estimate or total value of permanent disability, weekly payment amount, how the benefit was calculated, and all of your related rights under the California Labor Code, including your right to object to the report upon which the determination is being based. Permanent Disability benefits are payable within 14 days of the last payment of temporary disability benefit or after you physician indicates there is permanent disability. The benefit is payable every fourteen days. Permanent Disability benefits are not payable until your claim is finalized if your employer offered a job upon termination of temporary disability benefits.

**Supplemental Job Displacement Benefit:**

You may be entitled to a nontransferable voucher payable to a state approved school. To qualify, your injury must result in a permanent impairment and your employer is unable to offer modified or alternative work within 60 days of receipt of a report asserting that all medical conditions have reached maximum medical improvement. If your employer does not offer a modified or alternate job within 60 days of determination of maximum medical improvement, you may chose to receive a nontransferable voucher to use at a state accredited school for education-related retraining or skill replacement. If you qualify for the supplemental job displacement benefit, your claims examiner will provide a voucher for up to $6,000.00.

**Return to Work Fund**

If your injury results in permanent impairment and it is determined that the amount awarded is disproportionately low in comparison to your loss of earnings, you may be entitled to additional compensation. A fund was established to supplement permanent impairment benefits under specific circumstances. This fund is administered by the Division of Workers Compensation. Your examiner can assist in directing you to the correct resource to determine eligibility.

**Death Benefits:**

Death benefits are paid to dependents of a worker who dies from a work-related injury or illness. The benefit is calculated and paid in the same manner as temporary disability. This benefit is paid at a minimum rate of $224 per week. The death benefit rates are set by state law and the amount depends upon the number of dependents. If dependent minor children are involved, death benefits are payable at least until the youngest child reaches majority age. Burial expenses are also provided under this benefit.

**Report Your Injury:**

Report the injury immediately to your supervisor or to:

Employer representative:  Guadalupe Lechuga ________

Phone number:  408-924-1410 __________________________

Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for your alleged injury and shall be liable for up to ten thousand dollars ($10,000) in treatment until the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars ($10,000). If your claim is denied, you have the right to appeal the decision within one year of the date of injury.
**Discrimination:**

It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person’s workers’ compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

**Questions?**

If you have questions, see your employer or the claims examiner who handles workers’ compensation claims for your employer.

**Claims Administrator:**

Sedgwick Claims Management Services, Inc.

Address:  P.O.Box 14479

City: _ Lexington_ State: _ KY_ Zip: _ 40512_

Phone: __ 916-851-8058__

The employer is insured for workers’ compensation by:

__ CSURMA/AORMA _____________________________

**How do I locate information regarding my employer’s current workers’ compensation carrier?**

For information regarding your employer’s workers’ compensation carrier, please visit the below website.

https://www.caworkcompcoverage.com

If the workers’ compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement - their number can be found in your local White Pages under California State Government, Department of Industrial Relations.

You can get free information from a State Division of Workers’ Compensation Information & Assistance Officer.

The nearest Information & Assistance Officer is at:

Address:  _________________________________

City: ______________ Phone: __________________

Hear recorded information and a list of local offices by calling toll-free (800) 736-7401.

Learn more online: www.dir.ca.gov.

**False claims and false denials:**

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers’ compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers’ compensation benefits for any injury that arises from your voluntary participation in any off-duty recreational, social, or athletic activity that is not part of your work-related duties.
PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) if:

On the date of your work injury you have health coverage for injuries and illnesses that are not work related;

The doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;

Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries;

Prior to the injury your doctor agrees to treat you for work injuries or illnesses;

Prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: ____________________________________________________________

Complete this section.

TO: (name of employer). If I have a work-related injury or illness, I choose to be treated by:

(name of doctor) (M.D., D.O.)

(street address, city, state, ZIP) (telephone number)

Employee Name (please print): ____________________________________________

Employee’s Address: ______________________________________________________

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: ________________________________

Employee’s Signature: __________________________________ Date: ___________

Physician: I agree to this pre-designation:

Signature: ____________________________ Date: ___________

(physician or designated employee of the physician)

The physician is not required to sign this form, however, if the physician or designated employee of the physician does not sign, other documentation of the physician’s agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1 (a)(3).
NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist. Chiropractors may not continue as the primary treating physician after 24 visits.

Note: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term “chiropractic visit” means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by a surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers’ Compensation’s Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist’s Information:

__________________________
(name of chiropractor or acupuncturist)

__________________________
(street address, city, state, ZIP)

__________________________
(telephone number)

Employee Name (please print): ________________________________

Employee’s Address: ________________________________

Employee’s Signature: ________________________________ Date: ________
TO: Research Foundation Employees
FROM: Human Resources Office
SUBJECT: Work Related Injuries or Illnesses

The following is a listing of preferred Providers that can attend to work-related injuries or illnesses of Foundation employees. In an emergency, please call 911.

**MONTEREY AND SANTA CRUZ COUNTIES**

<table>
<thead>
<tr>
<th>Doctors on Duty – Marina</th>
<th>Doctors on Duty – Monterey</th>
<th>Doctors on Duty – Salinas Urgent Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>3130 Del Monte Blvd</td>
<td>501 Lighthouse Ave</td>
<td>558 Abbott Street Suite A</td>
</tr>
<tr>
<td>Marina, CA 93933</td>
<td>Monterey, CA 93940</td>
<td>Salinas, CA 93901</td>
</tr>
<tr>
<td>Phone: (831) 883 – 3330</td>
<td>Phone: (831) 649 – 0770</td>
<td>Phone: (831) 755 - 7880</td>
</tr>
<tr>
<td>Fax: (831) 883 – 3335</td>
<td>Fax: (831) 649 – 0142</td>
<td>Fax: (831) 755 - 7886</td>
</tr>
<tr>
<td>Monday – Friday 8 a.m. to 6 p.m.</td>
<td>Monday – Saturday 8 a.m. to 8 p.m.</td>
<td>Monday – Friday 8 a.m. to 6 p.m.</td>
</tr>
<tr>
<td>Saturday 8 a.m. to 3 p.m.</td>
<td>Sunday 8 a.m. to 6 p.m.</td>
<td>Closed Saturday &amp; Sunday</td>
</tr>
<tr>
<td>Closed Sunday</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctors on Duty – Salinas South Main</th>
<th>Doctors on Duty – Santa Cruz</th>
<th>Doctors on Duty – Seaside</th>
</tr>
</thead>
<tbody>
<tr>
<td>1212 South Main Street</td>
<td>615 Ocean Ave</td>
<td>1513 Fremont Blvd Suite E1</td>
</tr>
<tr>
<td>Salinas, CA 93901</td>
<td>Santa Cruz, CA 95060</td>
<td>Seaside, CA 93955</td>
</tr>
<tr>
<td>Phone: (831) 422 – 7777</td>
<td>Phone: (831) 425 – 7991</td>
<td>Phone: (831) 899 - 1910</td>
</tr>
<tr>
<td>Fax: (831) 422 – 0136</td>
<td>Fax: (831) 425 – 7346</td>
<td>Fax: (831) 393 - 9483</td>
</tr>
<tr>
<td>Monday – Sunday 8 a.m. to 8 p.m.</td>
<td>Monday – Friday 8 a.m. to 8 p.m.</td>
<td>Monday – Friday 8 a.m. to 6 p.m.</td>
</tr>
<tr>
<td>Saturday &amp; Sunday 8:30 a.m. to 3 p.m.</td>
<td>Saturday &amp; Sunday 8 a.m. to 3 p.m.</td>
<td>Saturday 8 a.m. to 3 p.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Closed Sunday</td>
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<thead>
<tr>
<th>Doctors on Duty – Watsonville</th>
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<th></th>
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<tbody>
<tr>
<td>1505 Main Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watsonville, CA 95076</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (831) 722 – 1444</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax: (831) 722 – 4414</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday – Friday 8 a.m. to 8 p.m.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday &amp; Sunday 8 a.m. to 5 p.m.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SANTA CLARA COUNTY**

<table>
<thead>
<tr>
<th>NovaCare Clinic Samaritan</th>
<th>Samaritan Medical Care Center</th>
<th>U.S. Health Works-Santa Clara</th>
</tr>
</thead>
<tbody>
<tr>
<td>2577 Samaritan Dr. Ste. 760</td>
<td>554 Blossom Hill Road</td>
<td>2011 South Monterey Road</td>
</tr>
<tr>
<td>San Jose, CA 95124</td>
<td>San Jose, CA 95123</td>
<td>San Jose, CA 95112</td>
</tr>
<tr>
<td>(408) 358-1074</td>
<td>(408) 281-2772</td>
<td>(408) 288-3800</td>
</tr>
<tr>
<td>hrs: 7:30-5:30 M-F</td>
<td>hrs: 8-5 M-F</td>
<td>hrs: 8-5 M-F</td>
</tr>
<tr>
<td>language, Spanish</td>
<td>language, Spanish</td>
<td>language, Spanish/Tagalog</td>
</tr>
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</table>

Rev Date: 03/09/2012
**SANTA CLARA COUNTY CONT’D**

<table>
<thead>
<tr>
<th>NovaCare Clinic San Jose</th>
<th>Doctors on Duty</th>
<th>Saratoga Medical Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>636 E. Santa Clara Street</td>
<td>1910 N. Capitol Ave.</td>
<td>1060 Saratoga Ave.</td>
</tr>
<tr>
<td>San Jose, CA 95112</td>
<td>San Jose, CA 95132</td>
<td>San Jose, CA 95129</td>
</tr>
<tr>
<td>(408) 275-9094</td>
<td>(408) 942-0333</td>
<td>(408) 243-6911</td>
</tr>
<tr>
<td>hrs: 7:30-4:30 M-F</td>
<td>hrs: 8-9 7 days/week</td>
<td>hrs: 9-9 M-F</td>
</tr>
<tr>
<td>language, Spanish/ Vietnamese</td>
<td>language, Spanish</td>
<td>language, Spanish</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>HealthSouth Med Clinic</th>
<th>HealthSouth Med Clinic</th>
<th>U.S Healthworks Santa Clara</th>
</tr>
</thead>
<tbody>
<tr>
<td>673 E. Brokaw Road</td>
<td>2737 Walsh Ave.</td>
<td>2488 De La Cruz Blvd.</td>
</tr>
<tr>
<td>San Jose, CA 95112</td>
<td>Santa Clara, CA 95051</td>
<td>Santa Clara, CA 95050</td>
</tr>
<tr>
<td>(408) 436-1888</td>
<td>(408) 727-1900</td>
<td>(408) 988-6868</td>
</tr>
<tr>
<td>hrs: 7-7 M-F</td>
<td>hrs: 7-7 M-F &amp; 9-5 Sat</td>
<td>hrs: 7-7 M-F</td>
</tr>
<tr>
<td>language, Spanish</td>
<td>language, Spanish</td>
<td>language, Spanish/ Tagalog</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>U.S Healthworks Milpitas</th>
<th>Palo Alto Medical Clinic</th>
<th>Gateway Family Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>1717 South Main Street</td>
<td>920 Bryant Street</td>
<td>50 E. Hamilton Ave Ste 100</td>
</tr>
<tr>
<td>Milpitas, CA 95035</td>
<td>Palo Alto, Ca 94301</td>
<td>Campbell, CA 95008</td>
</tr>
<tr>
<td>(408) 957-5700</td>
<td>(415) 853-2959</td>
<td>(408) 364-7600</td>
</tr>
<tr>
<td>hrs: 7-7 M-F</td>
<td>hrs: 7-9 7 days/ week</td>
<td>hrs: 9-8 M-F 9-1 Sat</td>
</tr>
<tr>
<td>language, Spanish/ Vietnamese</td>
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<table>
<thead>
<tr>
<th>U.S Healthworks Sunnyvale</th>
<th>Camino Medical Group</th>
<th>NovaCare Clinic Cupertino</th>
</tr>
</thead>
<tbody>
<tr>
<td>1197 East Arques Ave</td>
<td>325 North Mathilda Ave.</td>
<td>20289 Stevens Creek Blvd.</td>
</tr>
<tr>
<td>Sunnyvale, CA 94086</td>
<td>Sunnyvale, CA 94086</td>
<td>Cupertino, CA 95015</td>
</tr>
<tr>
<td>(408) 773-9000</td>
<td>(408) 733-4380</td>
<td>(408) 996-8656</td>
</tr>
<tr>
<td>hrs: 7-7 M-F</td>
<td>hrs: 7:30- 5 M-T,TH 9-5 Wed&amp; 7:30-4 Fri</td>
<td>hrs: 8-8 7 days/ week</td>
</tr>
<tr>
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<table>
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<tr>
<th>South Valley Health Center</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>9460 No Name Uno, Ste 230</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gilroy, CA 95020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(408) 842-1544</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hrs: 8-5 M-F</td>
<td></td>
<td></td>
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<tr>
<td>language, Spanish</td>
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</table>

**SAN MATEO COUNTY**

<table>
<thead>
<tr>
<th>Sequoia Health Center</th>
<th>Fremont Urgent Care Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>633 Veterans Blvd.</td>
<td>39500 Fremont Blvd.</td>
</tr>
<tr>
<td>Redwood City, CA 94062</td>
<td>Fremont, CA 94538</td>
</tr>
<tr>
<td>(415) 364-1565</td>
<td>(510) ^51-5500</td>
</tr>
<tr>
<td>hrs: 8-5 M-F</td>
<td>hrs: 8-8 M-F, 9-5 Sat&amp; Sun</td>
</tr>
<tr>
<td>language, Spanish</td>
<td>language, Spanish</td>
</tr>
</tbody>
</table>

**ALAMEDA COUNTY**

**Report the Illness or Injury to Research Foundation Human Resources as soon as possible.**
Call either Lupe Lechuga (408-924-1410) or Ranjit Kaur (408-924-1409).

**During Clinic Hours:** Telephone the medical group you have chosen to inform them that a Foundation employee is in route.

**During Off Hours:** Telephone the medical group you have chosen to inform them that a Foundation employee is in route. Necessary follow up will be handled during normal office hours.

**An Employee Accident Report (FP5)** must be completed by the Employee’s supervisor within 24 hours and sent to the Foundation Human Resources office after any accident or illness requiring treatment.
MEMORANDUM

DATE: February 12, 2013

TO: All Research Foundation Staff and Faculty Employees

FROM: Jerri Carmo, Interim Chief Operating Officer

RE: Mandatory Reporting of Child Abuse and Neglect
Executive Order 1083

On September 24, 2012, the Governor signed into law amendments to the California Child Abuse and Neglect Reporting Act ("CANRA"), Penal Code §§ 11164-11174.3. The law is intended to protect children from abuse and neglect.

In response to the new law, the Chancellor of the California State University issued Executive Order 1083, providing direction in implementing CANRA. In summary, Executive Order 1083 does the following:

- Establishes who is a mandated reporter within the CSU;
- Identifies the responsibilities of mandated reporters;
- Provides forms and training resources for mandated reporters;
- Identifies information that must be included on job postings/position announcements and job descriptions;
- Requires each campus to designate a Mandated Reporting Coordinator; and
- Specifies the responsibilities of the campus Mandated Reporting Coordinator.

Effective January 1, 2013, pursuant to the terms of the new law, every CSU employee became a mandated reporter for suspected child abuse or neglect. **While SJSU Research Foundation employees are not CSU employees, because of our close association with San Jose State University, the SJSU Research Foundation will comply with the tenets of the new legislation as well. Only volunteers at the Research Foundation are exempt from this new law.**

**Instructions to SJSU Research Foundation employees who are also SJSU employees:**
The Research Foundation will work with SJSU’s Reporting Coordinator to certify that all required documents are on file. You have already received a request from SJSU to submit your acknowledgement of Mandated Reporter status, and no further action is necessary.
Instructions to SJSU Research Foundation employees:
To comply with the Executive Order, each Research Foundation employee must:

1) Complete the attached Acknowledgment of Mandated Reporter Status and Legal Duty to Report Abuse and Neglect form and submit it to the SJSU Research Foundation’s Human Resources department no later than March 1, 2013. This form can be located at http://www.calstate.edu/eo/EO-1083.pdf, Attachment “A” (2 pages).

2) An online training course is being developed in accordance with the directives of the Executive Order. Once it is available, each employee must complete that as well. We will provide more information about how to do that once the course is available.

In the meantime, we request that you review the following information outlined in the Executive Order (please refer to the following link: http://www.calstate.edu/eo/EO-1083.pdf)

Section II: When Reporting is Required
Section III: Abuse That Must be Reported
Section IV: What is Not Child Abuse
Section VI: Outlines the procedures for making a report and identifies Form SS 8572 (Suspected Child Abuse Report, http://ag.ca.gov/childabuse/pdf/ss_8572.pdf) as the appropriate form to complete and submit once the incident has been reported.

Going forward, all position descriptions and job announcements will include language that indicates the incumbent is a mandated reporter. Existing positions descriptions do not need to be updated.

If you have any questions regarding this information, please feel free to call Cheree Aguilar, Senior Director of Human Resources, at 408-924-1505, or cheree.aguilar@sjsu.edu.

References:

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS
AND LEGAL DUTY TO REPORT CHILD ABUSE AND NEGLECT

California law requires certain people to report known or suspected child abuse or neglect. For purposes of Executive Order 1083, which implements California law, you are such a person, known in the law as a “mandated reporter.” The law requires that you, as a mandated reporter, sign this statement that you know your legal reporting obligations, summarized below, and will comply with them.

The definition of mandated reporter (Penal Code § 11165.7), along with the law describing your reporting obligations (Penal Code § 11166) and the law describing the content of reports and the confidentiality of those who report (Penal Code § 11167) is provided in Attachment C to CSU Executive Order 1083. The Executive Order and all its attachments are available at http://calstate.edu/eo/EO-1083.html.

WHEN REPORTING ABUSE IS REQUIRED
As a mandated reporter, whenever in your professional capacity or within the scope of your employment you have knowledge of or observe a person under the age of 18 years whom you know or reasonably suspect has been the victim of child abuse or neglect, you must report the suspected incident (Penal Code § 11166).

MANDATED REPORTING COORDINATOR
Each campus has a Mandated Reporting Coordinator (Coordinator), who is available to assist you and other mandated reporters in performing their duties. Your Coordinator is [name], who can be reached at [email] and [phone no.]. The Coordinator can help with identifying whether there is a reasonable suspicion that abuse has occurred and how to report it, as well as provide you with appropriate resources.

PROCEDURE FOR REPORTING
To make a report, you must use the following procedure:

- Immediately, or as soon as practically possible, contact the campus police by telephone.
- Within 36 hours of receiving the information concerning the incident prepare a written report using the form provided in Attachment D and send, fax or electronically transmit the report to the campus police (Penal Code § 11166).

The Coordinator can help you fill out the incident form.

The CSU encourages, but does not require, mandated reporters to also report suspected child abuse or neglect to their supervisors. Reporting to a supervisor, a coworker, or other person shall not be a substitute for making a mandated report to the agencies listed above.

ABUSE THAT MUST BE REPORTED
Physical injury inflicted by other than accidental means on a child (Penal Code § 11165.6).

Sexual abuse meaning sexual assault or sexual exploitation of a child (Penal Code § 11165.1).

Neglect meaning the negligent treatment or maltreatment of a child by a parent or caretaker under circumstances indicating harm or threatened harm to the child’s health or welfare (Penal Code § 11165.2).

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child to be placed in a situation in which the child or child’s health is endangered (Penal Code § 11165.3).
Unlawful corporal punishment or injury willfully inflicted upon a child and resulting in a traumatic condition (Penal Code § 11165.4).

WHAT IS NOT CHILD ABUSE?
The law does not consider the following child abuse for reporting purposes:

- Corporal punishment that is not cruel or inhumane or does not result in a traumatic condition
- Injuries caused by two children fighting during a mutual altercation (Penal Code § 11165.4)
- An injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment (Penal Code § 11165.6)
- Reasonable and necessary force used by public school officials to quell a disturbance threatening physical injury to person or damage to property (Penal Code § 11165.4)
- Voluntary sexual conduct between minors
- Not receiving medical treatment for religious reasons (Penal Code § 1165.2(b))
- An informed and appropriate medical decision made by a parent or guardian after consultation with a physician who has examined the child (Penal Code § 11165.2(b))

IMMUNITY AND CONFIDENTIALITY OF REPORTER
No mandated reporter shall be civilly or criminally liable for any report required or authorized by law (Penal Code § 11172(a)). The identity of a mandated reporter who makes a report, and the report itself, is confidential and disclosed only among appropriate agencies (Penal Code §§ 11167(d)(1)).

PENALTY FOR FAILURE TO REPORT ABUSE
A mandated reporter who fails to make a required report is guilty of a misdemeanor punishable by up to six months in jail, a fine of $1,000, or both. Any mandated reporter who willfully fails to report abuse or neglect, or any administrator or supervisor who impedes or inhibits a report of abuse, where that abuse results in death or great bodily injury, shall be punished by up to one year in jail, a fine of $5,000, or both.
PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost–sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer–offered coverage. Also, this employer contribution—as well as your employee contribution to employer–offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact Ranjit Kaur at 408–924–1409 or by email at ranjit.kaur@sjsu.edu.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov or www.coveredca.com for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. You can also contact customer service at 1–800–300–1506.

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1 An employer–sponsored health plan meets the "minimum value standard" if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
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<tbody>
<tr>
<td>San Jose State University Research Foundation</td>
<td>946017638</td>
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<table>
<thead>
<tr>
<th>5. Employer address</th>
<th>6. Employer phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>210 N. Fourth St, 4th Floor</td>
<td>408-924-1400</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. City</th>
<th>8. State</th>
<th>9. ZIP code</th>
</tr>
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<tbody>
<tr>
<td>San Jose</td>
<td>CA</td>
<td>95112</td>
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</table>

<table>
<thead>
<tr>
<th>10. Who can we contact about employee health coverage at this job?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ranjit Kaur</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Phone number (if different from above)</th>
<th>12. Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>408–924–1409</td>
<td><a href="mailto:ranjit.kaur@sjsu.edu">ranjit.kaur@sjsu.edu</a></td>
</tr>
</tbody>
</table>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - [ ] All employees. Eligible employees are:
    - [ ] Some employees. Eligible employees are:
      - Employees classified as benefits eligible

- With respect to dependents:
  - [ ] We do offer coverage. Eligible dependents are:
    - Spouse
    - Registered domestic partner
    - Children (natural, adopted, domestic partner’s, or step) up to age 26
    - Children, up to age 26, if the employee or annuitant has assumed a parent–child relationship and is considered the primary care parent
    - Certified disabled dependent children age 26 and older

  - [ ] We do not offer coverage.

- [ ] If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

  ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here’s the employer information you’ll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.
The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

- [ ] Yes (Continue)
  
  13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? 

- [x] No (STOP and return this form to employee)

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**14. Does the employer offer a health plan that meets the minimum value standard**?

- [ ] Yes (Go to question 15)
- [x] No (STOP and return form to employee)

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**15. For the lowest-cost plan that meets the minimum value standard offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

  a. How much would the employee have to pay in premiums for this plan? $ 


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If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don’t know, STOP and return form to employee.

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**16. What change will the employer make for the new plan year?**

- [ ] Employer won't offer health coverage
- [ ] Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

  a. How much would the employee have to pay in premiums for this plan? $ 


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* An employer-sponsored health plan meets the "minimum value standard" if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)
Effective May 1, 2015, the San Jose State University Research Foundation will be operating under one standardized e-mail format for all its employees in alignment with the San Jose State University initiative. The purpose of having this standardized email format is to ensure that we have one distinct method of conveying all Research Foundation related communication or emergency information in an efficient manner. Every Research Foundation employee will be required to use the standardized e-mail format (@sjsu.edu).

For Research Foundation new hires, this standardized e-mail account will be set up as part of the new hire process. We recognize that some employees may already have preferred, location based, e-mail accounts. These employees can activate their Research Foundation e-mail account and forward any e-mail received to their preferred, location based, e-mail account. If you are already using SJSU Gmail account, no action is required on your part. If you have not activated your SJSU Gmail account, follow the instructions listed below to activate your account using your nine digit SJSUOne identification number. If you do not know your SJSU id number, please contact HR at (408) 924-1460.

To access your SJSU email:

- First-time users, begin by setting your password at SJSUOne Set/Reset Password
- Then, to access your email account, go to SJSU Email (SSO Login)
- To sign in, use your SJSUOne ID and password—the same ID and password you use to access MySJSU and the campus wireless network
- After you login, you will see your email address (in upper right corner of screen) and it will use the format: firstname.lastname@sjsu.edu

We appreciate your support as we launch this new initiative to improve and streamline the Research Foundation communications.

If you have any questions regarding this communication, please contact Human Resources at (408) 924-1460