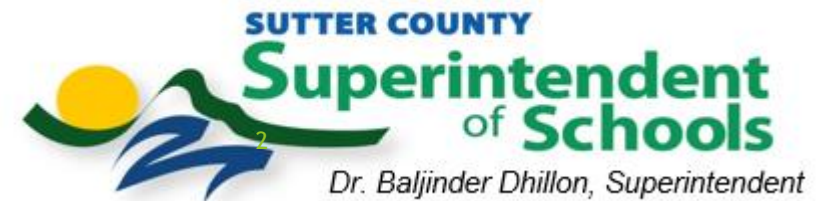


New Employee Orientation

New Employee Orientation Superintendent's Office

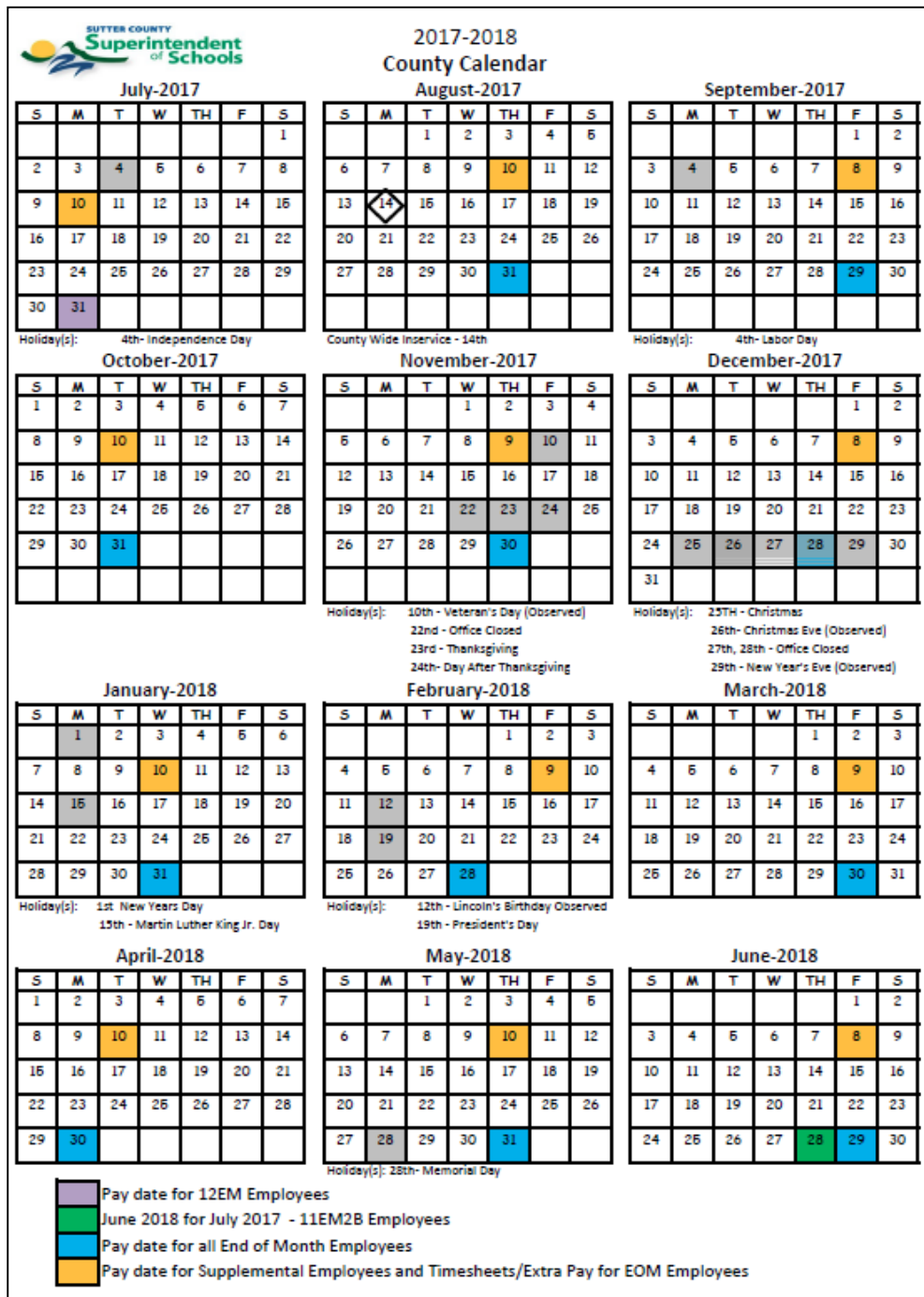


What We Do At Sutter County

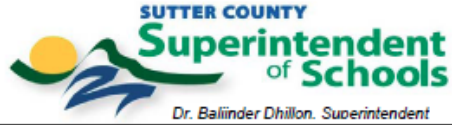
- ▶ Welcome
- ▶ My Background
- ▶ <https://www.dropbox.com/sh/c3txmzvpvflhjda/AAXNlR9iklnMworx33kmgaWa?dl=0>

New Employee Orientation Payroll Department

Pay Dates



Timesheet



970 Klamath Lane
Yuba City, CA 95693
Phone (530) 822-2900
Fax (530) 871-3422

PAYROLL TIME SHEET - (Instructions on reverse)

EMPLOYEES: Submit time sheet immediately upon completion of assignment to supervisors for signature, no later than the 26th of the month.

Your Name: _____ Phone #: _____ Employee ID#: _____
(Please Print Full Legal Name)

Position Title: _____ Location/Dept/Program: _____

Indicate employment status and type(s) of hours you are submitting for payment. Reason: _____

SHORT TERM Straight Time Over Time
 SUBSTITUTE Substituted for _____ If 1:1 student's last name _____
 REGULAR EMPLOYEE - Normal number of hours worked per day _____
 Extra Time (above contract hours / days) Over Time Out of Class Pay Other: _____

Record the number of hours worked per day next to the corresponding day. Indicate Month and Year.
 The Payroll period is from the 26th of one month to the 25th the next month. Record minutes in quarter hour increments.*
 Pay period beginning _____ 26, 20__ Pay period ending _____ 25, 20__
(Month) (Month)

PRIOR MONTH			CURRENT MONTH											
Date	Hours	Min*	Date	Hours	Min*	Date	Hours	Min*	Date	Hours	Min*	Date	Hours	Min*
26			01			08			15			22		
27			02			09			16			23		
28			03			10			17			24		
29			04			11			18			25		
30			05			12			19					
31			06			13			20					
			07			14			21					

I hereby certify that the above information is true and correct and that no part thereof has been paid.

Employee's Signature: _____ Date: _____

INCOMPLETE TIME SHEETS WILL STOP THE PAYMENT PROCESS - COPIES OF TIMESHEETS AND FAXES WILL NOT BE ACCEPTED

TOTAL NORMAL HOURS: _____ X NML PAY RATE: _____ = TOTAL: _____
 TOTAL OVERTIME HOURS: _____ X OT1 PAY RATE: _____ = TOTAL: _____
 GRAND TOTAL: _____

XX FD	XXXX RESC	X YR	XXXX OBJT	XX SO	XXXX GOAL	XXXX FUNC	XXX BR\$	XXX SCH	XXXX DD1	XX D2	Hours or %

Individual verifying hours: _____ Date: _____
 Supervisor's Approval: _____ Date: _____
(print on light yellow paper)



Direct Deposit



DIRECT DEPOSIT ENROLLMENT AUTHORIZATION

Revised 05/01/2014

Please type or use ball point pen – print clearly.

REGULAR EMPLOYEE SUBSTITUTE OR SHORT TERM

SECTION A

NEW ENROLLMENTS/CHANGES REQUIRE A PRE-NOTE AUTHORIZATION. PAPER WARRANTS WILL BE ISSUED & MAILED DURING THIS PROCESS.

TYPE OF ENROLLMENT ACTION		EMPLOYEE ID NUMBER		
1. <input type="checkbox"/> NEW	SECTIONS A, B, C and D MUST BE COMPLETED	NAME (First	Middle	Last)
2. <input type="checkbox"/> CHANGE	SECTIONS A, B, C and D MUST BE COMPLETED	ADDRESS		
3. <input type="checkbox"/> CANCEL	SECTIONS A AND D MUST BE COMPLETED	PHONE		

SECTION B

ATTACH A PERSONALIZED PRE-PRINTED VOIDED CHECK. If you do not have checks or your direct deposit is going to a savings account or pre-paid card, please attach a letter on your financial institution letterhead with your name, account number and transit number used for direct deposit with a bank representative signature.

1. TYPE OF ACCOUNT- MUST BE CHECKED. IF LEFT BLANK, ENROLLMENT WILL NOT BE PROCESSED

C (Checking) S (Savings) P (Pre-Paid Bank Card)

SECTION C

By selecting Direct Deposit, I agree to enrollment in each district listed below. Furthermore, I understand that each district will require a separate PRENOTE authorization.

<input type="checkbox"/> BRITTAN (08)	<input type="checkbox"/> PLEASANT GROVE (21)
<input type="checkbox"/> BROWNS (09)	<input type="checkbox"/> SUTTER COUNTY SUPERINTENDENT OF SCHOOLS (05)
<input type="checkbox"/> EAST NICOLAUS (26)	<input type="checkbox"/> SUTTER HIGH (28)
<input type="checkbox"/> FRANKLIN (12)	<input type="checkbox"/> TWIN RIVERS CHARTER (38)
<input type="checkbox"/> LIVE OAK (31)	<input type="checkbox"/> WINSHIP – ROBBINS (24)
<input type="checkbox"/> MARCUM – ILLINOIS (17)	<input type="checkbox"/> YUBA CITY UNIFIED SCHOOL DISTRICT (35)
<input type="checkbox"/> MERIDIAN (18)	<input type="checkbox"/>
<input type="checkbox"/> NUESTRO (20)	

SECTION D

This authorization remains in full force and effect until SCSOS has received written notification from the employee of its cancellation. A minimum of ten days is required to cancel direct deposit prior to the next pay date. For permanent employees, direct deposit will be cancelled upon the termination of employment. Those employees will receive a paper warrant for final pay. Substitutes are responsible for completing a form to cancel their direct deposit upon their termination.

I hereby agree that I WILL NOT have SCSOS direct deposit any of my funds to either a foreign bank account or to a U.S. bank and then have the entire amount forwarded to a bank account in another country.

I hereby authorize SCSOS to provide direct deposit of any salary or wages due me, less any mandatory or authorized withholding or deductions there from, in the above designated account. If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize SCSOS to either:

- (a) Withhold a sum equal to the overpayment from future salary or wages; or
- (b) Recover such overpayment from the above-designated account.

If SCSOS is legally obligated to withhold any part of my wage or salary payment for any reason, or if I no longer meet eligibility requirements for the Direct Deposit program, I understand SCSOS may terminate my enrollment in the program. **IF ANY ACTION TAKEN BY ME OR MY BANK RESULTS IN NON ACCEPTANCE OF A DIRECT DEPOSIT BY THE DESIGNATED FINANCIAL INSTITUTION, I UNDERSTAND THAT SCSOS ASSUMES NO RESPONSIBILITY FOR PROCESSING A SUPPLEMENTAL SALARY OR WAGE PAYMENT UNTIL THE AMOUNT OF THE NON ACCEPTANCE DEPOSIT IS RETURNED TO THE Sutter County Auditor's Office by the financial institution.**

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE PROCEDURES AND DO HEREBY AGREE TO VOLUNTARILY PARTICIPATE IN THE SUTTER COUNTY SUPERINTENDENT OF SCHOOLS DIRECT DEPOSIT PROGRAM AND AGREE TO RECEIVE PAPERLESS STATEMENTS UNDER THESE TERMS.

SIGNATURE	DATE



SUTTER COUNTY
Superintendent
of Schools

Dr. Baljinder Dhillon, Superintendent

Lost Warrant



Affidavit to Obtain a Replacement of Original Warrant COMPLETE IN BLUE INK ONLY

Description of Warrant – For district use only

Payroll Warrant Vendor Warrant

NAME OF PAYEE ON WARRANT		EMPLOYEE ID NUMBER (PAYROLL) or VENDOR NUMBER	
ADDRESS OF PAYEE			
WARRANT NO.	ISSUE DATE	AMOUNT (NET PAY PAYROLL) \$	NAME OF SCHOOL DISTRICT OR AGENCY NO.

District or Agency Contact

DATE OF THIS REQUEST	FIRST AND LAST NAME OF SCHOOL DISTRICT/AGENCY CONTACT PERSON	TELEPHONE NUMBER OF PERSON EXTENSION ()
----------------------	--	---

Certification To be completed by person requesting replacement warrant

As a *payee* or legal custodian, if a replacement warrant is issued, a *stop payment* will be placed on the original warrant. *I understand that I cannot cash the original warrant indicated above if it comes into my possession, and that if it does come into my possession, I must return it to the above named school district office of the County of Sutter immediately. I also understand that I am responsible for any fees incurred if I attempt to cash the original warrant. Additionally, I agree to repay the County of Sutter the amount of this replacement warrant plus interest and reasonable collection expense if my actions have caused the County of Sutter to issue a replacement warrant and it is not owed to me.*

Write the circumstances which caused the loss or destruction etc. **DO NOT PRINT OR TYPE.**

The warrant was not endorsed was endorsed was endorsed "For Deposit Only"

I certify, under penalty of perjury, that the above information is true and correct.

**SIGNATURE OF PERSON CERTIFYING (PAYEE)	**DATE SIGNED
PRINT NAME	TELEPHONE NUMBER ()

ALL REPLACEMENT WARRANTS WILL BE MAILED TO THE ADDRESS ON FILE

**WITNESS	TITLE	**DATE SIGNED
-----------	-------	---------------

**Signature and witness dates must be the same.

Codes relating to Affidavits and replacement warrants: 1. Government Code 29850-28953.5 2. Ed Code 85270	Government Code: 29853.5 (1) You must wait five working days, or a lesser period if permitted by the county, from the date the warrant was mailed in cases where the warrant has been "lost in the mail". After the five day waiting period you are entitled to file an affidavit.	Government Code: 29853.5 (2) If the warrant was not lost in the mail, an affidavit may be filed immediately with the county.	Government Code: 29853.5 (b) When the affidavit has been signed by the legal owner, the county shall issue a replacement warrant no later than five working days from the date the affidavit has been signed and filed with the county. The replacement warrant is issued in lieu of the original warrant.
---	--	--	--

Submit this ORIGINAL AFFIDAVIT completed in BLUE INK to →

Sutter County Superintendent of Schools
 Attention: Payroll or Accounts Payable Department
 970 Klamath Lane
 Yuba City, CA 95993



SUTTER COUNTY
Superintendent
of Schools

Dr. Baljinder Dhillon, Superintendent

W-4/W-2

Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w-4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<input type="text"/>
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<input type="text"/>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<input type="text"/>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<input type="text"/>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<input type="text"/>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<input type="text"/>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	<input type="text"/>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	<input type="text"/>

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2017
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 <input type="text"/>
6 Additional amount, if any, you want withheld from each paycheck				6 \$ <input type="text"/>
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				7 <input type="text"/>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	
For Privacy Act and Paperwork Reduction Act Notice, see page 2.		Cat. No. 102200		Form W-4 (2017)



DE-4



This form can be used to manually compute your withholding allowances, or you can electronically compute them at www.taxes.ca.gov/de4.pdf.

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes)
	<input type="checkbox"/> MARRIED (one income)
	<input type="checkbox"/> HEAD OF HOUSEHOLD

1. Number of allowances for Regular Withholding Allowances, Worksheet A _____
Number of allowances from the Estimated Deductions, Worksheet B _____
Total Number of Allowances (A + B) when using the California Withholding Schedules for 2017 _____
OR
2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____
OR
3. 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. (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.

Signature _____ Date _____

Employer's Name and Address	California Employer Account Number
-----------------------------	------------------------------------

Give the top portion of this page to your employer and keep the remainder for your records.

YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM.

IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

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. You should complete this form if either:

- (1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or;
- (2) You claim additional allowances for estimated deductions.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables. **If you rely on the number of withholding allowances you claim on your Form W-4 withholding allowance**

certificate for your state income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your Form W-4 and/or 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. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption is good for one year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new Form W-4 by December 1.



Statutory Deductions

▶ Classified

- ▶ CalPERS (Retirement)
- ▶ Medicare (1.45%)
- ▶ OASDI/Social Security (6.2%)
- ▶ State Disability (SDI) (.9%)

▶ Certificated

- ▶ CalSTRS (Retirement)
- ▶ Medicare (1.45%)
- ▶ No OASDI / Social Security
- ▶ No State Disability (SDI)

CalPERS and CalSTRS

- ▶ Employee Rates
 - ▶ CalPERS (Classic 7%) (PEPRA 6.5%)
 - ▶ CalSTRS (2% @ 60 10.25%) (2% @ 62 9.205%)
- ▶ Working Retirees? See Shawna Crocker
 - ▶ CalPERS-limited to 960 hours a fiscal year
 - ▶ CalSTRS-limited to an actuarially set amount. For FY 2017/18 it is \$43,755
- ▶ Mandatory Membership Qualifications
 - ▶ Full Time = Mandatory STRS/PERS
 - ▶ Part Time Certificated = Mandatory STRS after 100 complete days in fiscal year
 - ▶ Can elect membership any time during employment
 - ▶ Part Time Classified = Mandatory PERS after 1,000 hours in a fiscal year
 - ▶ Once a member = Always a member

My.Calpers.ca.gov

My.CalSTRS.com

403(b)/457



SRA – SALARY REDUCTION AGREEMENT
403(b) (TSA) Plan

SUTTER COUNTY OFFICE OF EDUCATION

This Agreement must be signed by the Employee and received by the Plan Administrator. If you participate in multiple 403(b) (TSA) accounts, all salary reductions must be on one SRA form. This Agreement is not effective until approved. This Agreement is irrevocable by the Employee as to any salary or amounts paid, but may be terminated or changed as to salary not yet paid. Compensation to be paid to this Employee shall be reduced by the sum indicated below per pay period starting with the compensation to be paid on the date requested below, or the first available payroll period after all requirements are satisfied. Please note that any SRA initiating contributions to be directed to a non-registered 403(b) provider must be rejected in conformance with California Education Code 25100 et. seq. Please note that the contribution amount may not exceed the maximum allowable contribution limit as adjusted annually by the Internal Revenue Service.

THIS AGREEMENT SUPERCEDES AND REPLACES ALL PRIOR 403(b) (TSA) SALARY REDUCTION AGREEMENTS – INCLUDING THE AMOUNT(S), PROVIDER(S), AND EFFECTIVE DATE(S).

Employee Name		Social Security Number	Date of Birth	Date of Hire
Phone (Day)	Phone (Home)	Mailing Address		City, State, Zip
Email Address				<input type="checkbox"/> Classified <input type="checkbox"/> Certificated

403(b) PLAN – TSA : Check Box: Agent/Broker must also sign below for all annuity sales.

- This is to Initiate/Start a New 403(b) (TSA) SRA (Check only if not currently participating)
- This is to Change the Amount of my currently existing 403(b) (TSA) Salary Reduction Agreement
- This is to Change my Company/Provider
- This is to Terminate/Stop my 403(b) (TSA) SRA (Indicate below the Effective Date & Company/Provider Name)

Monthly Amount \$ _____ Effective with my payroll date (mm/dd/yyyy): _____, 20____

The Employer in accordance with the employer's 403(b) Plan shall transmit the above in the following manner:

Company/Provider Name: _____

\$ _____ To: _____
Account # _____

\$ _____ To: _____
Account # _____

\$ _____ To: _____
Account # _____

EMPLOYEE ACKNOWLEDGES that Employee has read, understands, and agrees to the terms and conditions set forth on the reverse side of this form. Employee further understands that a termination of salary reduction contributions to a provider that has not complied with or maintained registration in conformance with California law relating to those registration requirements will mean that Employee may not resume contributions later to that non-conforming provider. IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of the parties hereto and the Employee has read and understands the terms and conditions listed on the reverse side of this form.

Employee Signature: _____ Date: _____

ADVISOR/BROKER INFORMATION: Agent/Broker Name: _____ Phone: _____ Email: _____

FOR ANNUITY SALES ONLY: By signing below, I agree that for annuity product being initiated within the Employer's 403(b) Plan that there is no life insurance component included within the annuity product and that no portion of the Employee's contribution to the Employer's 403(b) Plan is going toward the purchase of life insurance.

Agent/Broker Signature: _____ Date: _____

Envoyplanservices.com



Flexible Spending Account (FSA) Health Savings Account (HSA)


FSA Plan	HSA Plan
Pre-tax payroll deduction (receive the tax benefit immediately)	Pre-tax payroll deduction (receive the tax benefit immediately) or on your own (receive the tax benefit when taxes are filed)
Elect up to \$2,600 annually for Medical \$5,000 for dependent care reimbursement	Elect up to \$3,400 for an individual and \$6,750 for a family annually for Medical reimbursement
Any employee is eligible to participate	Employees must be on a high deductible Health plan
Use it or lose it	Balances roll over year to year
Federal and State tax deductible	Federal tax deductible
Reduces Social Security and Medicare Taxes	Reduces Social Security and Medicare Taxes




SUTTER COUNTY
Superintendent
of Schools

Dr. Baljinder Dhillon, Superintendent

Sun Life Beneficiary



Sun Life Assurance Company of Canada
Beneficiary Designation



You may use this form to designate who will receive the Group Life Insurance proceeds in the event of your death.

The designations you make on this form replace any prior beneficiary designations. Designations apply to your Basic as well as any Optional Life Insurance you have under your Group Policy. If you would like different beneficiaries for your Basic and Optional coverages, please indicate that below.

See Page 2 of this form for sample beneficiary designations and more information.

1 Employee and employer Information

Please print clearly

Your Name (first, middle initial, last)		Social Security Number	
Employer's Name		Group Policy No.	Billing Group No.
SUTTER COUNTY SUPERINTENDENT OF SCHOOLS		12313	

2 Beneficiary Designation

For Primary Beneficiaries, indicate who should receive the Group Life Insurance proceeds in the event of your death.

For Secondary (also known as Contingent) Beneficiaries, indicate who should receive the Group Life Insurance proceeds in the event that ALL of your Primary Beneficiaries are not living at the time of your death.

Please make your beneficiary designation(s) below. If you need more space, attach another sheet to this form.

You may designate more than one Primary or Secondary Beneficiary. If you do, make sure to indicate the percentage share each should receive. The total within each class (Primary and Secondary) must equal 100%. If you do not specify percentages, surviving beneficiaries within the class will share proceeds equally.

Primary Beneficiary(ies)		Social Security Number	Relationship to Employee	Percent Share of Proceeds*
1. Name: _____ Address: _____	_____	_____	_____	_____ %
2. Name: _____ Address: _____	_____	_____	_____	_____ %

Secondary (Contingent) Beneficiary(ies)		Social Security Number	Relationship to Employee	Percent Share of Proceeds*
1. Name: _____ Address: _____	_____	_____	_____	_____ %
2. Name: _____ Address: _____	_____	_____	_____	_____ %

* The total within each class (Primary and Secondary) must equal 100%.

3 Signature

Employers: Keep the signed original copy of this form with the employee's records.

Important: You must sign and date this form for your designation to become effective. Make a copy for your records and return the signed original to your employer.

Signature of Employee	Date Signed
X	_____

XGR740 • Beneficiary Designation Page 1 of 2

Payroll Department Team

- ▶ Barbara Henderson, Director, Internal Services
 - ▶ Barbara.Henderson@suttercoe.org 530-822-2927
- ▶ Catherine Hawes, Payroll Coordinator
 - ▶ Catherine.hawes@suttercoe.org 530-822-2942
- ▶ Shawna Crocker, Payroll Specialist
 - ▶ Shawna.crocker@suttercoe.org 530-822-2940
- ▶ Chelsey McGraw, Payroll Specialist
 - ▶ Chelsey.mcgraw@suttercoe.org 530-822-2943
- ▶ Becky Whitaker, Payroll Specialist
 - ▶ Becky.Whitaker@suttercoe.org 530-822-2941
- ▶ Shawna Williamson, Payroll Specialist
 - ▶ Shawna.Williamson@suttercoe.org 530-822-2944

Human Resources

EVALUATION CHART

PROBATIONARY PERIODS:

Teachers	every year
Psychologists	every year
Nurses	every year
Para-Educators	4 th & 8 th months (2 evals prior to permanency)
Classified	4 th & 8 th months (2 evals prior to permanency)

PERMANENT EMPLOYEES:

Teachers	every other year	(2 years)	05/01/20XX
Psychologists	every other year	(2 years)	05/01/20XX
Nurses	every other year	(2 years)	05/01/20XX
Para-Educators	every other year	(2 years)	
Other Classified	every other year	(2 years)	

TEMPORARY EMPLOYEES:

Teachers	every other year	(2 years)	05/01/20XX
Other Certificated	every other year	(2 years)	05/01/20XX

YEAR/YEAR EMPLOYEES:

Management	every year		06/30/20XX
------------	------------	--	------------

No Evaluation Required:

Short Term
TCIP
Retirees
Relief ROP Instructors

In-House Application Process

CTA Unit Members (Article 9, Reassignment / Transfer)

- Transfer form goes out to staff by March 20th
- Initial deadline to return is April 20th
- May update transfer form with “wish list” any time throughout the year
- Forms maintained in the HR Department
- In-house candidates are considered prior to opening to the public
- Interviews may be conducted if more than one unit member requests the same position.

Pursuant to the bargaining unit agreement, this form must be returned to the County Office no later than April 30, 2017.

“Teachers / Counselors / Psychologists / Nurses”

TRANSFER REQUEST FORM

Please complete this form and return to the Human Resources Department indicating any of the following:
 1) you are interested in being considered for a TRANSFER (change in assignment) at any time during the 2017/2018 school year. If so, complete your “wish list” below.
 2) you would like to request an INCREASE OR DECREASE (in time) of your current assignment;
 3) you are NOT interested in making a change.

	I am NOT interested in making a change in assignment for the 2017/2018 school year.
--	--

	I am requesting an INCREASE or DECREASE in my assignment for the 2017/2018 school year.	From:	To:
--	---	-------	-----

Employee Name:	Telephone Number:
Current Position:	Current Worksite(s):

Alternate Number (preferably a Cell Phone) where you can be reached while on vacation:

Below is my “wish list” of positions I would like to be considered for, should they become available during the 2017 / 2018 school year:

Order of Preference	% of Full-Time Equivalent (days per week)	Program (see acronyms on back)	Worksite (list if you want a specific site or indicate “any”)	Do you currently hold the appropriate CA Credential for this assignment?
#1 Choice				
#2 Choice				
#3 Choice				
#4 Choice				
#5 Choice				

For Human Resources Use Only: 20

Date Received by HR:	Date Revised:	Date Revised:	Date Revised:
----------------------	---------------	---------------	---------------

In-House Application Process

CSEA Unit members (Article 8, Reassignment, Transfer, and Promotions):

- All openings are posted “in-house” for 5 working days to unit members (via email)
- In-house candidates are considered prior to opening to the public
- Use EDJOIN to submit application (advertisement password protected)
- Application packet consists of:
 - Letter of Interest
 - Resume



970 Klamath Lane
Yuba City, CA 95993
(530) 822-2900
Fax (530) 671-3422

TO: Classified Employees
FROM: Wendy Bedard, Human Resources Director
RE: **New Year Packet**

Enclosed you will find your **2017/2018 employee new year packet** which includes:

- Items to be completed and returned;
- Documents to keep for future reference;
- A list of policies and procedures that need to be reviewed on the County Office website.

The items that you see each year in your packet are items we are mandated by law to provide employees on an annual basis, as well as important employment policies and procedures. Every item should be reviewed each year as policies and procedures are continually updated, and we occasionally add new items.

The following is a list of the items that need to be returned to the County Office Human Resources Department to the attention of Leann Pinkston by **July 31, 2017:**

- Checklist of items received and reviewed on the website
- Flexible Spending Account (FSA) Form
- Emergency Card (new one every year)
- Calendar of scheduled work days (only for employees less than 12 mos)
Note: Employees being paid on a twelve month pay schedule but work 10 or 11 months, must work at least ONE day each month they are paid. Please make sure your calendar reflects one work day each month.

If you do not have a computer available to you for reviewing the items on the County Office website, please contact the Human Resources Department at 822-2900 and a computer will be made available for your use. Instructions on how to access the items are on the enclosed checklist.

If you have any questions or concerns, please don't hesitate to contact me at (530) 822-2905.

Thank you for your cooperation!

/wb

Enclosures

Classified Employees

2017 – 2018 NEW YEAR PACKET CHECKLIST

Please complete this form and return it **no later than July 31, 2017** to the following:
Attn: Leann Pinkston, Human Resources Department
Sutter County Superintendent of Schools
970 Klamath Lane, Yuba City, CA 95993

Place your initials next to each item received:

_____ Salary Worksheet & Salary Schedule	_____ Emergency Card
_____ Flexible Spending Account (FSA) Form	_____ County Office Calendar
_____ Projected Work Days Calendar (yellow) (for employees that work less than 12 months/year only)	_____ AESOP- Upcoming Changes

The following are items to be reviewed on the County Office website. When all items have been reviewed, please sign on Page 2 and return this checklist to the Human Resources Department.

To access these items on the website (www.sutter.k12.ca.us), click on the tab at the top "Employees", then on the left column select "New Year Packet".

Social Contract

- Social Contract

Workers' Compensation:

- Designated Doctor Process
- Notice to Employees

Safety and Health Programs:

- Bloodborne Pathogen Awareness
- Disaster Service Worker
- Ergonomics Program
- Exposure Control Plan
- Fire Prevention & Evacuation
- General Safety Guidelines
- Hazard Communication Program
- Heat Illness and Prevention Plan
- Injury and Illness Prevention Program
- Personal Protective Equipment
- Pesticide Notice
- Report of Unsafe Condition/Hazard
- Safety Hotline
- Safety & Emergency Operations Plan
- Tuberculosis Awareness

Absences:

- Attendance Standards
- Absence Reporting Instructions
- AESOP – Facts to Remember
- AESOP Employee Guide

Affordable Care Act:

- ACA Memo
- Marketplace Coverage Options
- Individual Mandate Penalty

Office Policies:

- Professional Standards – ALL
- Professional Standards – Classified
- Anti-Bullying Policy
- Child Abuse Reporting Requirements
- Computer Acceptable Use Policy
- Confidentiality Agreement
- Dress and Grooming
- Drug and Alcohol Free
- Employee Property Reimbursement
- Family Care and Medical Leave
- Fleet Vehicle Procedures (**NEW**)
- Incompatible Activities
- Lactation Accommodations
- Non-Discrimination in Employment
- Possession of Weapons
- Sexual Harassment
- Tobacco Free
- Travel Policy
- Uniform Complaint Procedures

Payroll Information:

- Unit Policy (certificated)
- Unit/Degree Stipend Program (classified)
- Dependent Care Spending Account Plan Details
- Medical Spending Account Plan Details
- Flexible Spending Account Plan Overview
- 403b / 457 Plan Comparison
- 403b Plan Highlights
- 457 Plan Highlights
- 403b Enrollment Procedures
- 457 Enrollment Procedures

(signature needed on back page.....)

I have received the information from Sutter County Superintendent of Schools office that I indicated on Page 1 of this checklist on _____, (date)

I have reviewed all of the information that I received on Page 1 of this checklist, as well as the information made available for me to review on the County Office website.

Signature Date

Name (please print) Title

Sutter County Superintendent of Schools Office
EMPLOYEE EMERGENCY CARD
"Confidential"

EMPLOYEE INFORMATION

Last Name: _____ First: _____
Position: _____ Work Site: _____
Home Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Home Email: _____

EMERGENCY CONTACT INFORMATION

Person To Notify: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Alternate Person: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

HEALTH INFORMATION

Primary Physician: _____ Phone: _____

Providing health information is optional. In case of an emergency, please document any important information that Human Resources will need to know.

Health: Known Life Threatening Health Problem(s): _____

Allergies: _____

Medications: _____

Signature: _____ Date: _____



SUTTER COUNTY SUPERINTENDENT OF SCHOOLS invites you to **Absence Management** -

Hello Amy,

SUTTER COUNTY SUPERINTENDENT OF SCHOOLS invites you to **Absence Management** (formerly Aesop).

***Important: please do not forward this invitation.** The sign-in and create account buttons below are connected directly to your personal information.

[Sign in with Existing Account](#)

Are you new to Frontline Education products?

[Create a New Account](#)

Welcome Amy!

to Absence Management (formerly Aesop)

SUTTER COUNTY SUPERINTENDENT OF
SCHOOLS

Create an Account

First Name

Last Name

Username

Password

 [Show](#)

Email Address

Your email address is required.

I accept the [terms and conditions](#).

Create Your Account

Already have an account? [Sign In](#)



frontline
education™

Absence Reasons

- ▶ Employee Sick
 - ▶ Dr. appointments, personal illness
- ▶ Family Sick
 - ▶ Children/Spouse/Domestic Partner/Parents
 - ▶ Dr. Appointments, illnesses, emergencies

Absence Reasons

- ▶ Personal Necessity
 - ▶ Illness of a member of immediate family
 - ▶ Accident involving employee/employees immediate family's property
 - ▶ Imminent danger to the home/property
 - ▶ Child Adoption Procedures
 - ▶ Court Appearances
- ▶ Compelling Personal Leave
 - ▶ "Don't ask, don't tell"
 - ▶ **Must have prior approval**
- ▶ **Vacation**
 - ▶ **Must have prior approval**

Leave of Absences

- ▶ Medical & Personal
 - ▶ Doctor's note to Supervisor/HR ASAP
 - ▶ Fill out Request for Leave form (HR)
 - ▶ Contact Ashley Carr for Leave Benefits
 - ▶ Make sure a calendar has been turned into HR

In Case of Work Injury

- ◆ Immediately report your injury to your supervisor
- ◆ Call the Nurse Hotline 1-877-518-6702
- ◆ If directed to a medical facility for treatment see maps below for directions

Location: 1531 Plumas Court, Yuba City



(530) 751-4900
Monday-Friday
8AM -6PM



Emergency Room
Corner of F & 3rd Street
Marysville, CA 95901

The #1 provider of online staff training and compliance for schools.

LOGIN

Sutter County Superintendent of Schools

Username



Sign in

[Forgot Login?](#)



The safety of our staff and students is of utmost importance. That's why we're pleased to offer the SafeSchools Online Training System to our employees. We're confident you'll find these courses to be informative and helpful towards maintaining a safe learning environment.

Mandatory Training

Course	Due	Time	Status
 Human Trafficking Awareness (Full Course)	Thursday, November 30, 2017 (122 days remaining)	21 minutes	Not Started
 Injury and Illness Prevention Plan (IIPP) (Employee)	Sunday, December 31, 2017 (153 days remaining)	15 minutes	Not Started
 Active Shooter (Full Course (Staff))	Wednesday, January 31, 2018 (184 days remaining)	44 minutes	Not Started
 Sexual Harassment: Staff-to-Staff (Full Course)	Wednesday, February 28, 2018 (212 days remaining)	17 minutes	Not Started
 Workplace Violence (Full Course (Employee))	Saturday, March 31, 2018 (243 days remaining)	20 minutes	Not Started
 Fire Extinguisher Safety (Full Course)	Thursday, May 31, 2018 (304 days remaining)	10 minutes	Not Started
 Integrated Pest Management (Full Course (California))	Thursday, August 31, 2017 (31 days remaining)	60 minutes	In Progress
 Diversity Awareness: Staff-to-Student (Full Course)	Saturday, September 30, 2017 (61 days remaining)	25 minutes	Not Started
 Incident Command Systems (Full Course)	Tuesday, October 31, 2017 (92 days remaining)	30 minutes	Not Started
 Mandated Reporter: Child Abuse and Neglect (Full Course California)	--	39 minutes	 Completed



Select an item from the list

Introduction	Completed	▶
IPM Basics	Completed	▶
IPM Program Essentials	Completed	▶
Treatments and Tenets	Required	▶
Roles and Requirements of School Staff and Pest Management Professionals	Required	▶
Quiz	Required	▶

Have a question? Please contact your Keenan SafeSchools coordinator.

Author

Janet Hurley



Janet Hurley is the Program Specialist for the Southwest Technical Resource Center and Texas AgriLife Extension. She oversees the production of a bimonthly newsletter, a website, and database of school IPM Coordinators. She is an approved trainer for school IPM Coordinators in Texas; co-chair of the Southern Region School IPM Workgroup; and sits on the National School IPM 2015 steering committee.

Description

This course is designed to familiarize staff members with the principles of an effective Integrated Pest Management (IPM) program as well as the steps they can take to implement an IPM program. This course covers the definition of IPM, the key principals of an IPM program, IPM program essentials, managed treatments and tenets of IPM, and the role of staff in IPM.

This version is designed for school staff members in California.

Resources

[IPM Institute of North America](#)

[California Department of Toxic Substance Control](#)

[California Department of Pest Regulation - School IPM](#)

[US EPA – Managing Pests in Schools](#)

[IPM Centers](#)

[National School IPM Information Source](#)

Health Benefits

Certificated Employees (CTA Unit Members)

CALIFORNIA'S VALUED TRUST - CVT

- ✓ Open Enrollment - September (Effective Oct. 1st)
- ✓ Enrollment forms are filled out Electronically (online)

Classified & Management Employees - (CSEA Unit Members)

TRI-COUNTY SCHOOLS INSURANCE GROUP - TCSIG

- ✓ Open Enrollment - May (Effective July 1st)
- ✓ Enrollment forms are filled out on paper (we send them in)
- ✓ When adding (you have 30 days to enroll your dependent), dropping dependents or have a name change, we do need to be notified and you will have to complete the required enrollment form.

Lark Sanchez

larks@sutter.k12.ca.us

530.822.2902

TB Renewal

- All employees must have a current TB test on file.
- TB tests are good for 4 (four) years.
- HR tracks all TB test dates for all employees and will send out a notification before it will be expiring. Your supervisor is also notified of this information.
- HR sends you to our clinic - free of charge
- If we do not have your results in by the expiration date, you will be sent home without pay until taken care of.

Credentials

All certificated staff **must have** a valid California credential to be qualified to teach.

All certificated teaching assignments must be filled with the appropriate credential.

Two Types of general credentials:

Preliminary

Clear

If you have a preliminary credential, or need a credential to match your current assignment, you will need assistance as soon as possible.

Point of Contact for any credentialing or certificated assignment changes:

Kathy Tamez

kathyt@sutter.12.ca.us

530.833.8804

Human Resources

Wendy Bedard HR Director

wendyb@sutter.k12.ca.us 822-2905

Lark Sanchez - HR Assistant

larks@sutter.k12.ca.us 822-2902

Ashley Carr - HR Assistant

ashleyc@sutter.k12.ca.us 822-2903

Kathy Tamez - Credential Analyst

Kathyt@sutter.k12.ca.us 822-2904

Jenny Gibbs -Substitute Services

jennyg@sutter.k12.ca.us 822-2908

Leann Pinkston- Director of First Impressions

leannp@sutter.k12.ca.us 822-2901

New Employee Orientation

California Teacher's Association (CTA)

CTA Union Information

Officers

- ▶ President - Mike Greer mikegparadise@aol.com
Cell 530-864-6644 Work 530-822-2415
- ▶ Vice President - Lynnette Ristine Work 530-822-2414
- ▶ Treasurer - Peter Cremer Work 530-822-2409
- ▶ Secretary - Vacant
- ▶ Membership Chair - Vacant
- ▶ Grievance Chair - Vacant

CTA Union Information

Negotiations Team

- ✓ Lynnette Ristine
- ✓ Suzanne Myers
- ✓ Kathleen Wankmuller
- ✓ Wendy Lawson
- ✓ Rebecca Miller-Scott

Union Information

Meeting Dates

Aug 14, 2017

Sept 18, 2017

Oct 16, 2017

Nov 13, 2017

Dec 15, 2017 (activity)

Jan 22, 2018

Feb 26, 2018

Mar 19, 2018

Apr 16, 2018

May 21, 2018



New Employee Orientation

CSEA – California Schools Employee Association

Contract



- ▶ **Article 1 – Wall to wall Classified Positions**
- ▶ **Article 2 – Current Term July 1, 2017, June 30, 2020**
- ▶ **Article 3 – Union Dues – deducted Sept – June – 1.5% of with an annual maximum of \$472.50 plus local dues of \$2**
- ▶ **Article 4 – Association Rights – use of facility for Chapter meetings – last Tuesday of the month – 3:30 p.m. and 5:15 p.m.**
- ▶ **Article 5 – Personnel Files – employee may examine**
- ▶ **Article 6 – Evaluation – Purpose – provide employee with timely feedback - Probation Period of 9 months with evaluations at 4 and 8 months**
- ▶ **Article 7 – Grievance Procedure**

Contract cont.

- ▶ **Article 13 – Vacations**
 - ▶ Student attendance day Unit Members – paid as part of salary
 - ▶ All other members request thru Aesop
- ▶ **Article 14 – Leaves**
 - ▶ Check balances on Aesop/Frontline
 - ▶ No Tell – Compelling Personnel Necessity – 5 of the 7
 - ▶ Family School Leave – up to 40 hours per year (maximum 8 hours per calendar month) for participation in child/grandchild’s school/child care activities. Use Vacation, Personal Necessity or comp time.
 - ▶ Catastrophic Leave
- ▶ **Article 15 – Extended School Year Assignments**
 - ▶ Voluntary Basis – apply internally
 - ▶ Earn 2 hours of sick leave for every 10 days worked



Contract cont.

- ▶ **Article 16 – Safety Conditions of Employment**
 - ▶ **PPE – Personal Protective Equipment**
 - ▶ **Custodial, Maintenance and Food Service - \$150/annual safety boots/shoes – authorized first by immediate supervisor –**
 - ▶ **Vehicles assigned to classrooms/sites for CBI to student will be equipped with cell phone**
- ▶ **Article 17 – Specialized Health Care**
 - ▶ **Para-Educator - Annual Stipend after training with nurse**
- ▶ **Article 18 – Disciplinary Action Procedure**
- ▶ **Article 19 – Layoffs**
- ▶ **Article 20 – Training/Staff Development**
 - ▶ **Classroom Staff – 2 workdays**
- ▶ **Article 21 – Community Based Instruction**
 - ▶ **Para-Educator – Annual Stipend**



Contract cont.

- ▶ **Article 22 – Probationary/Permanent Status**
 - ▶ 9 months
- ▶ **Article 23 – Reclassification**
 - ▶ October 1st for Fall consideration
 - ▶ March 1st for Spring consideration
- ▶ **Definition and Glossary**
- ▶ **Addendums and Appendices**
 - ▶ Salary Schedules
 - ▶ Mileage Chart
 - ▶ Collaboration Report
 - ▶ Para-Educator Report
 - ▶ Evaluation Forms
 - ▶ Extra Hours Request/Authorization Form
 - ▶ Reclassification Forms



Benefits of Membership



The screenshot shows the top navigation bar of the CSEA website. On the left, there are social media icons for Facebook, Twitter, Instagram, and YouTube. In the center, the CSEA logo (a shield with a bear and the text 'CSEA AFL-CIO') is displayed next to the organization's name 'California School Employees Association' in large yellow font. On the right, there is a 'LOGIN' button and a search bar with the placeholder text 'Search...'. Below the main header is a dark blue navigation menu with white text and dropdown arrows for: HOME, ABOUT US, SCHOOL AND COMMUNITY, ISSUES, BENEFITS, EVENTS, TRAINING, MEMBER RESOURCES, and MY CSEA.



Headlines

- September 28, 2017 | Edsource Today
Immigration crackdown taking heavy toll on California students
- September 26, 2017 | Unknown
Senate won't vote on GOP health care bill
- September 20, 2017 | The Sacramento Bee
California pensioners: Your COLAs are safe, for now
- September 19, 2017 | Santa Maria Sun
Santa Maria High School District passes 1 percent salary increase
- September 18, 2017 | The Sacramento Bee
Public employees should control CalPERS elections
- September 18, 2017 | Tucson.com

Additional Information

- ▶ Job Stewards/Site Representative
- ▶ Contract Copy
- ▶ Meetings
- ▶ Victory Club



Executive Board Members – Chapter #634

January 2017-December 2018

- ▶ **Lisa Scott, President**
- ▶ **Marilee Miralrio-Perez, 1st Vice President**
- ▶ **Heather Murray, 2nd Vice President**
- ▶ **Robin Midkiff, Treasurer**
- ▶ **Laura Munoz, Secretary**
- ▶ **Jessica Diaz, Communications Officer**
- ▶ **Angie Gresham, Chief Union Steward**
- ▶ **Kim Leverett, Site Rep Coordinator**
- ▶ **Stephanie Graham, Past President**
- ▶ **Demetrio Mendez, Sergeant at Arms**



New Employee Orientation

Internal Business Services

All forms referenced are available at
www.sutter.k12.ca.us > Departments > Business Services > Business Forms



Inventory Tracking

- ▶ Inventory- Items that cost over \$500 will need to be tagged. Please forward purchase information to Account Specialist (Yosa Figueroa).
 - ▶ PO number, price, location, etc.
- ▶ Check out to employee reports- Sent out in August and April.
 - ▶ Review, sign, and return to Account Specialist (Yosa Figueroa).
 - ▶ Used for MIS and Budget Development Calculations

Petty Cash

SUTTER COUNTY SUPERINTENDENT OF SCHOOLS OFFICE
PETTY CASH DISBURSEMENT FORM

REQUEST

AMOUNT: _____ DATE: _____

FOR PURCHASE OF: _____

ACCOUNT TO CHARGE: _____

APPROVED BY: _____ SIGNATURE: _____

DISTRIBUTION

DISTRIBUTED TO: _____ SIGNATURE: _____

DISTRIBUTED BY: _____ SIGNATURE: _____

RECEIPT OF PURCHASE

TOTAL OF RECEIPTS: _____

FUNDS RETURNED: _____ DATE: _____

SIGNATURE OF PERSON RETURNING FUNDS: _____

SIGNATURE OF PERSON RECEIVING FUNDS: _____

ATTACH RECEIPT

▶ Petty Cash (\$200 limit)

- ▶ The use of Petty Cash reimbursement is not intended to supersede the normal requisition/purchase order process or the personal claim reimbursement process
- ▶ Petty Cash cannot be used to reimbursements made with a Credit Card/ATM card
- ▶ Planned expenditures such as catering and conference costs should be processed through Accounts Payable's Pre-Payment Process
- ▶ Be sure to include Budget Code & Authorizing Signature prior to submitting request
- ▶ Lost funds are the responsibility of the staff person who received the Petty Cash
- ▶ Submit Petty Cash forms to Laura Crowninshield, Account Specialist II

Use of Copy Machine

▶ Business Copies

- ▶ Departments/Programs are given id codes/passwords for the use of the copy machines located at Sierra Building, Building 300, One Stop, FRA & the main building located on Klamath Lane.
- ▶ Please be sure to use the code you are given appropriately to ensure proper accounting for the use of the equipment.

▶ Personal Copies

- ▶ Copies for personal use can be made at our Klamath Lane Building Copy Room using ID Code: 6000 Password: 4953
- ▶ Use the Personal Copy Log Sheet provided in the Copy Room to track copies made
- ▶ Each quarter, if personal copies were made, employees will receive an email with amount due. Contact Account Specialist II (Laura Crowninshield) for more information or to make payments.
- ▶ Amounts due are payable within 30 days of notice. At Fiscal Year end (June 30th) payments must be made by June 28th.

Request for Invoice

**SUTTER COUNTY SUPERINTENDENT OF SCHOOLS
REQUEST FOR INVOICE**

TO: _____ Internal Business Services Department
 FROM: _____
 DATE: _____ (Name / Department)

Please complete the following information:

Name to Invoice: _____
 Address: _____

 Attn or Contact Person: _____
 (Name / Phone #)
 Amount: _____
 Description: _____
 (Specific Detail)

 Additional Comments & Instructions: _____

Budget Codes to Post
 Deposit or Refund:

XX FD	XXXX RESC	X YR	XXXX OBJT	XX SO	XXXX GOAL	XXXX FUNC	XXX BRS	XXX SCH	XXXX DD1	XX D2	Amount

* For example dock dates, detail of dock calculation, termination or resignation date, family medical leave, maternity.

Backup/detail to support billing request must be attached.

Allow 3 days for processing by Business Department

Internal use only: Health & Welfare Deposits 01-0000-0-9514-20-0000-0000-000-0000-00

C:\Users\Laura\OAppData\Local\Temp\Request For Invoice-3.xls
7/31/08

► Invoicing

- From time to time, departments need to invoice other vendors, districts, etc. for services rendered, reimbursement of supplies or other expenditures paid by our organization. Invoices are created and maintained by the Business Department.
- Submit Request for Invoice forms to Laura Crowninshield, Account Specialist II

Reimbursements

C S S F 0 0 1

SUTTER COUNTY SUPERINTENDENT OF SCHOOLS
Reimbursement Invoice - Other

EMPLOYEE: _____ DATE: _____
(Please Print)

ADDRESS: _____

ITEM <small>(Please Itemize & Attach All Original Receipts)</small>	COST

TOTAL: _____

I, hereby, certify that no profit or gain was made from this transaction.

_____ Date
Claimant's Signature

Approved: _____ Title: _____

Budget Code	V#

Reimb blue.xls
2-28-03
revised 9/29/03

- ▶ Authorized purchases made on behalf of the agency
- ▶ Detailed receipts from purchase are required to process reimbursement
- ▶ Submit all reimbursement within 30 days from date of purchase

Staples

- ▶ Double check the packing slip to make sure that all the items that you received are correct
 - ▶ Back-ordered items may not receive a packing slip when you do receive them.
- ▶ Have the packing slip authorized to pay > Turn in to Accounts Payable
- ▶ If there is no packing slip, wait to receive the invoice.
 - ▶ Once you receive the invoice, have the invoice authorized to pay and then turn in to Accounts Payable
- ▶ Keep a copy for your records. Paperwork may get lost in transition from site to site.
- ▶ We have a contract with Staples, so purchases should be made from Staples whenever possible unless they do not carry the product needed.
- ▶ If you have any urgent issues with Staples, contact Jaicee Thompson in Accounts Payable

Travel Policy

CSSF 004

**SUTTER COUNTY SUPERINTENDENT OF SCHOOLS
Travel Expense Claim**

NAME _____ DATE OF CLAIM _____

ADDRESS _____

DATES: From _____ To _____ LOCATION: _____

DATE								TOTAL
Conference/Purpose								
Registration Fee:								
Lodging:								
Hotel								
Portering Service								
Telephone Calls								
Transportation:								
Airlines								
Train								
Bus								
Car Rental								
Taxi								
_____ miles @ _____¢								
Food:								
Breakfast								
Lunch								
Dinner								
Other:								
Parking Fees								
Tolls								
LESS PREPAID EXPENSES AND CASH ADVANCES								
TOTAL								

DETAILED RECEIPTS MUST BE ATTACHED TO VERIFY THE ABOVE EXPENSES.
Any reimbursement without a receipt is reportable income.

I hereby certify that the above statement represents the actual and necessary expenses incurred for the purposes indicated above.

Signature of Claimant _____ Signature of Administrator _____

Budget Code: _____	V# _____
--------------------	----------

jm11/16/99
revised 2/28/03
revised 8/28/03
revised 8-18-05

Proof of insurance is mandatory for any mileage claim.

- ▶ Meal Limits
 - ▶ Breakfast: \$10
 - ▶ Lunch: \$15
 - ▶ Dinner: \$25
 - ▶ *The total allowed does not include tax, tip (up to 20%), or drink*
- ▶ Overnight travel and lunch reimbursement
 - ▶ If the event was not overnight and you would like to get reimbursed for your meal, you will be taxed on the reimbursement
- ▶ No alcohol reimbursements (and other common sense prohibitions)
- ▶ Submit each reimbursement within 30 days

Purchase Order Process

- ▶ What is a Purchase Order?
 - ▶ Authorization to purchase
 - ▶ Purchases over \$50 must have a Purchase Order (PO)
- ▶ Steps to create a PO
 - ▶ Requisition (RQ) - Approval - AP to Print POs - Reference/Attach to invoice for payment
- ▶ See Accounts Payable Account Specialists (Jaicee Thompson or Marianna Lamb) for further details on requisitions of POs.
- ▶ For training on the Requisition Process, please contact Grace Morey, Administrative Secretary (GraceM@sutter.k12.ca.us)

Vendor Lookup

The screenshot displays a software application window titled "05 - COUNTY SCHOOL SERVICE FUND". The interface includes a menu bar (View, District, Year, Messages, Window, Help) and a toolbar with various icons. A navigation tree on the left shows folders like "Favorites", "Go", "Print Manager / Job Menu / Utilities", "Finance", "AP / Purchasing", "Lookups", and "W2 / 1099". The "Vendor Lookup" option is highlighted in the "Lookups" folder. The main form has tabs for "Vendor Lookup", "IIN Lookup", "Commodity Lookup", "Employee Lookup", and "Results". The "Vendor Lookup" tab is active, showing fields for "District" (05), "Date" (//), "Status" (Active, Inactive, Both), and checkboxes for "Include additional addresses" and "Include commo". The "Contact Information" section includes a "Name" field with an asterisk, "Address", "City", "State", and "Zip" fields. The "Additional Information" section includes "Remit Name", "Remit Address", "City", and "State" fields. Other fields include "Vendor Number", "Contact", "Phone", "Fax", "1099" (Yes, No, All), "Name", "Preset", "Tax ID", "Use Tax" (A - All), "Use tax 1", "Use tax 2", "Terms", "Account Number", "Rating", "Msg Flag", "Category", "Comment", "Type", and "Revolving Cash Object".

1) Select Vendor Lookup

2) Type * (vendor name)

3) Select binoculars or enter

Methods Used to Purchase

Sutter County Superintendents Office
REQUEST FOR PRE-PAYMENT

Important Note: Receipts for the purchase(s) listed below will be returned to the County Office accounts payable dept. no later than 48 hours after purchase.
Initial Please: _____

Vendor: _____ Date: _____

Vendor Address: _____ Name/Dept. _____

Vendor #: _____

Special Instructions: _____

Qty.	Unit	Unit Cost	Description	Total
Please attach any supporting documents i.e.: conference announcements, registration forms, fliers, etc.				Subtotal
				S&H
				Tax
				Total

Account Code: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Authorized By: _____ Date: _____

I:\Forms\Admin\Request for Pre-Payment.docx bl 9/4/13

- ▶ **Pre-Payment Request**
 - ▶ Planned expenditures such as catering for an event or conference costs can be submitted for payment prior to the event; eliminating out of pocket expenses needing reimbursement
 - ▶ Final receipts are required to be turned in after the event to balance pre-payment request

- ▶ **Credit Cards**
 - ▶ Management have CalCards for certain purchases
 - ▶ Before Employees make any purchase, check to see if the CalCard can be used instead of the Employee’s personal credit card or cash

- ▶ **Reimbursements**
 - ▶ Employee uses their own cash or credit card and submits receipt(s) and Request for Reimbursement Form to Account Payable

A/P Warrants



Affidavit to Obtain a Replacement of Original Warrant COMPLETE IN BLUE INK ONLY

Description of Warrant – For district use only

Payroll Warrant Vendor Warrant

NAME OF PAYEE ON WARRANT		EMPLOYEE ID NUMBER (PAYROLL) or VENDOR NUMBER		
ADDRESS OF PAYEE				
WARRANT NO.	ISSUE DATE	AMOUNT \$ (NET PAY/PAYROLL)	NAME OF SCHOOL DISTRICT OR AGENCY	NO.

District or Agency Contact

DATE OF THIS REQUEST	FIRST AND LAST NAME OF SCHOOL DISTRICT AGENCY CONTACT PERSON	TELEPHONE NUMBER OF PERSON ()	EXTENSION ()
----------------------	--	--------------------------------	---------------

Certification To be completed by person requesting replacement warrant

As a payee or legal custodian, if a replacement warrant is issued, a stop payment will be placed on the original warrant. I understand that I cannot cash the original warrant indicated above if it comes into my possession, and that if it does come into my possession, I must return it to the above named school district office of the County of Sutter immediately. I also understand that I am responsible for any fees incurred if I attempt to cash the original warrant. Additionally, I agree to repay the County of Sutter the amount of this replacement warrant plus interest and reasonable collection expense if my actions have caused the County of Sutter to issue a replacement warrant and it is not owed to me.

WRITE IN LONGHAND the circumstances which caused the loss, destruction, mutilation etc. DO NOT PRINT OR TYPE.

The warrant was not endorsed was endorsed was endorsed "For Deposit Only"

I certify, under penalty of perjury, that the above information is true and correct.

**SIGNATURE OF PERSON CERTIFYING (PAYEE)	**DATE SIGNED
PRINT NAME	TELEPHONE NUMBER ()

Handling of Replacement Warrant

WILL PICK UP AT THE COUNTY OFFICE FORWARD TO DISTRICT OFFICE MAIL

**WITNESS	TITLE	**DATE SIGNED
-----------	-------	---------------

**Signature and witness dates must be the same.

Codes relating to Affidavits and replacement warrants: 1. Government Code 29850-29853.5 2. Ed Code 85270	Government Code: 29853.5 (1) You must wait five days, or a lesser period if permitted by the county, from the date the warrant was mailed in cases where the warrant has been "lost in the mail". After the five day waiting period you are entitled to file an affidavit.	Government Code: 29853.5 (2) If the warrant was not lost in the mail, an affidavit may be filed immediately with the county.	Government Code: 29853.5 (3) When the affidavit has been signed by the legal owner, the county shall issue a replacement warrant no later than five working days from the date the affidavit has been signed and filed with the county. The replacement warrant is issued in lieu of the original warrant.
---	--	--	--

Submit this ORIGINAL AFFIDAVIT completed in BLUE INK to

Sutter County Superintendent of Schools
Attention: Payroll or Accounts Payable Department
970 Klamath Lane
Yuba City, CA 95993

- ▶ Warrants are printed twice a week: Tuesday and Thursday
- ▶ Lost warrants must be reported to A/P
 - ▶ The employee will need to sign a document called an Affidavit of a Lost Warrant promising they will not cash the warrant if it's found

Miscellaneous Items

- ▶ Gift Card Tax- If you are awarded a gift card from the office, you will be taxed on your “winnings” (this is not our rule). To assess the tax, any employees receiving a gift card will need to sign a form stating that they understand the tax will be taken. Employees may refuse the gift card and they will not be taxed.

Internal Business Services

- ▶ Barbara Henderson, Director Internal Business Services
 - ▶ Barbarahe@sutter.k12.ca.us 822-2927
- ▶ Maria Crocker, Internal Business Coordinator III
 - ▶ MariaCr@sutter.k12.ca.us 822-2926
- ▶ Jaicee Thompson, Accounts Payable
 - ▶ JaiceeT@sutter.k12.ca.us 822-2920
- ▶ Marianna Lamb, Accounts Payable
 - ▶ MariannaL@sutter.k12.ca.us 822-2981
- ▶ Yosa Figueroa, Account Specialist I
 - ▶ YosaF@sutter.k12.ca.us 822-2916
- ▶ Laura Crowninshield, Account Specialist II
 - ▶ LauraC@sutter.k12.ca.us 822-2919
- ▶ Jay VanDuzer, Accountant I
 - ▶ JayV@sutter.k12.ca.us 822-2918
- ▶ Brenda Spannbauer, Accountant I
 - ▶ BrendaS@sutter.k12.ca.us 822-2923
- ▶ Dawn Heraty, Accountant II
 - ▶ DawnH@sutter.k12.ca.us 822-3007
- ▶ Susan Miller, Accountant II
 - ▶ SusanM@sutter.k12.ca.us 822-2917

All forms referenced are available at
www.sutter.k12.ca.us > Departments > Business Services > Business Forms

New Employee Orientation Information Technology

Services Provided

▶ Software

- ▶ Financial (QSS/QCC)
- ▶ CALPADS/Aeries
- ▶ Web Pages

▶ Hardware/Network

- ▶ Internet (Districts)
- ▶ Internet (SCSOS)
- ▶ Email
- ▶ Server/Desktop Repair
- ▶ Phone Systems
- ▶ Classrooms

Acceptable Use Policy

- ▶ **County Owned Technology**
 - ▶ Laptops/Desktops/Tablets
 - ▶ Information Property of SCSOS
 - ▶ Cell Phones & Email
- ▶ **Social Media**

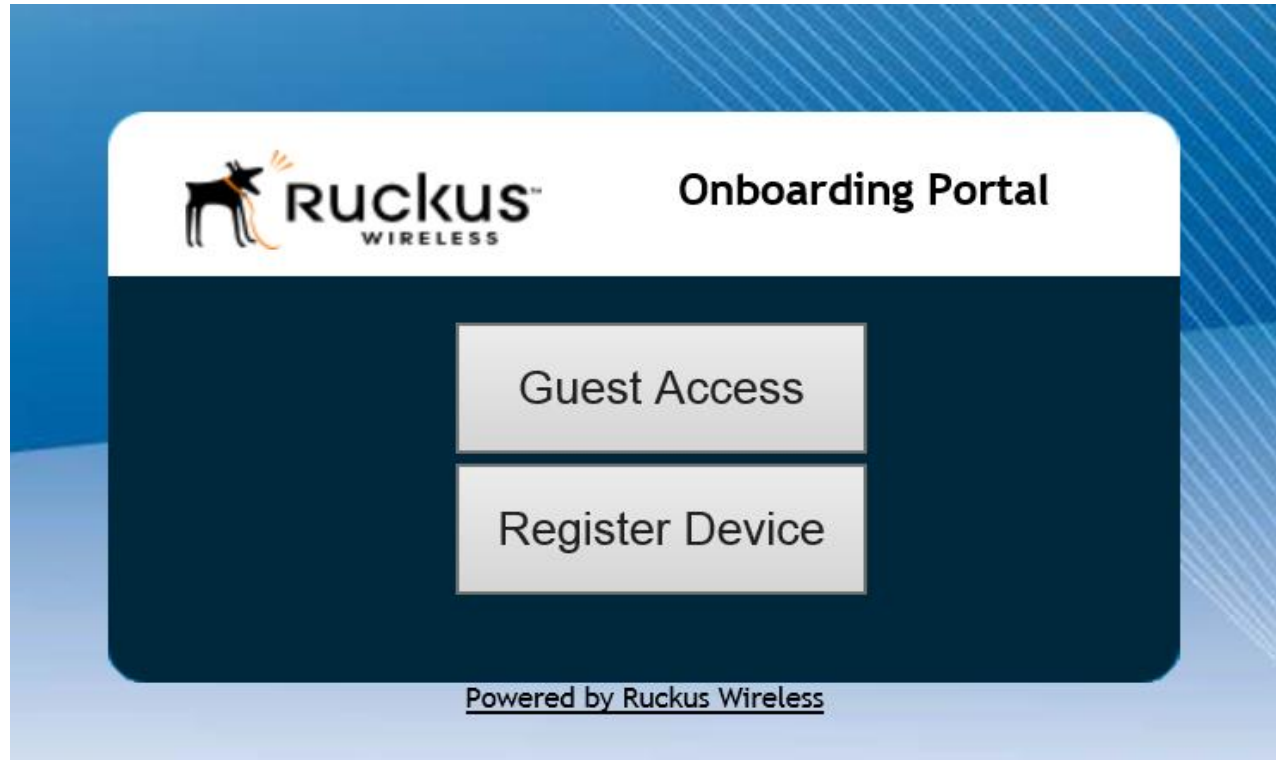
Public Owned Information

- ▶ Most Data is Publicly Available
 - ▶ Public Records Requests
 - ▶ Information Property of SCSOS
 - ▶ Computers & SCSOS Owned Tablets/Cell Phones
- ▶ Recent Legal Changes
 - ▶ Lawsuits & Disclosures

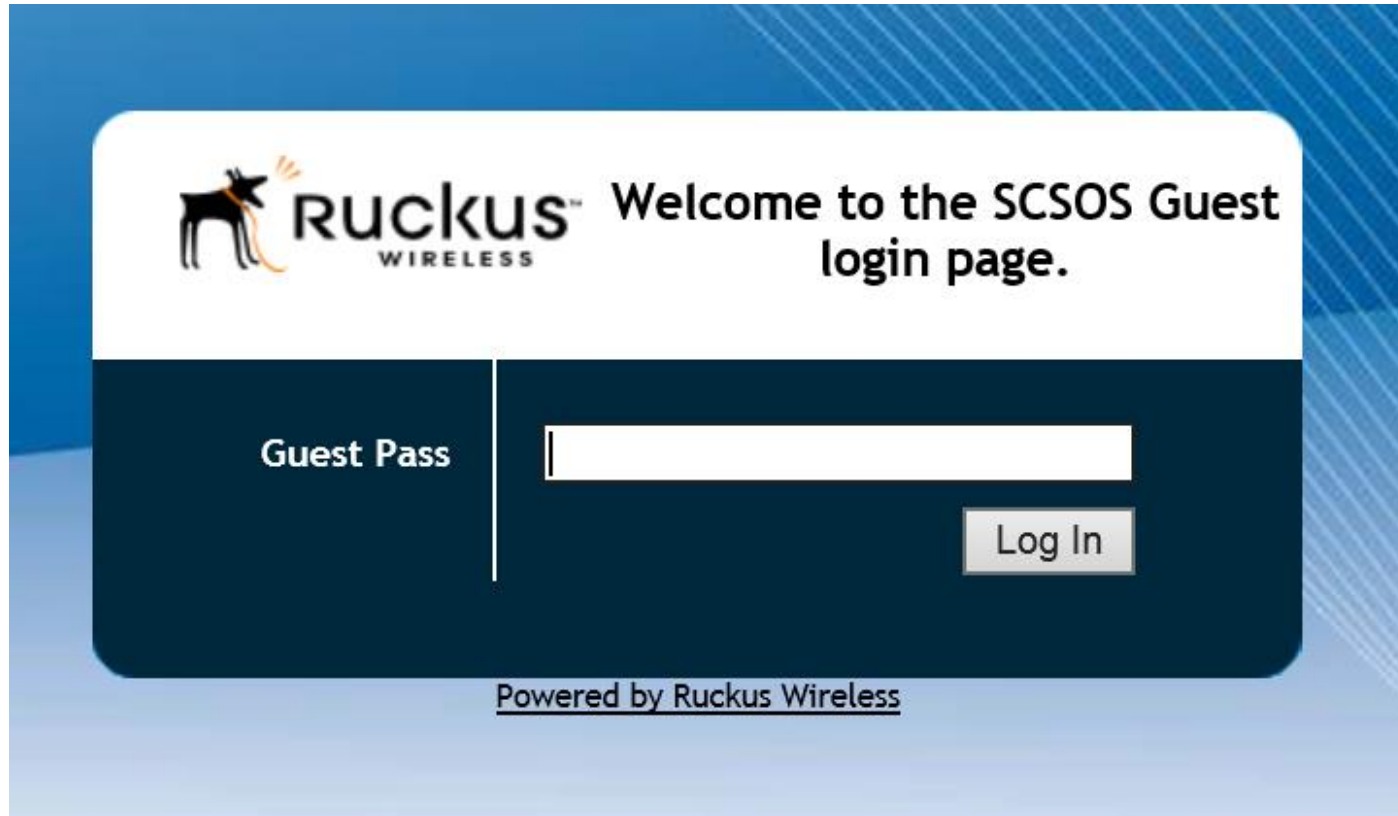
Wireless (WiFi) Access


- ▶ Internal Networks
 - ▶ Primary devices
 - ▶ Conference Networks
- ▶ Special Ed/Districts
 - ▶ Recent Legal Changes

SCSOSconf Connection Instructions



SCSOSconf Connection Instructions



 **RUCKUS**[™] WIRELESS

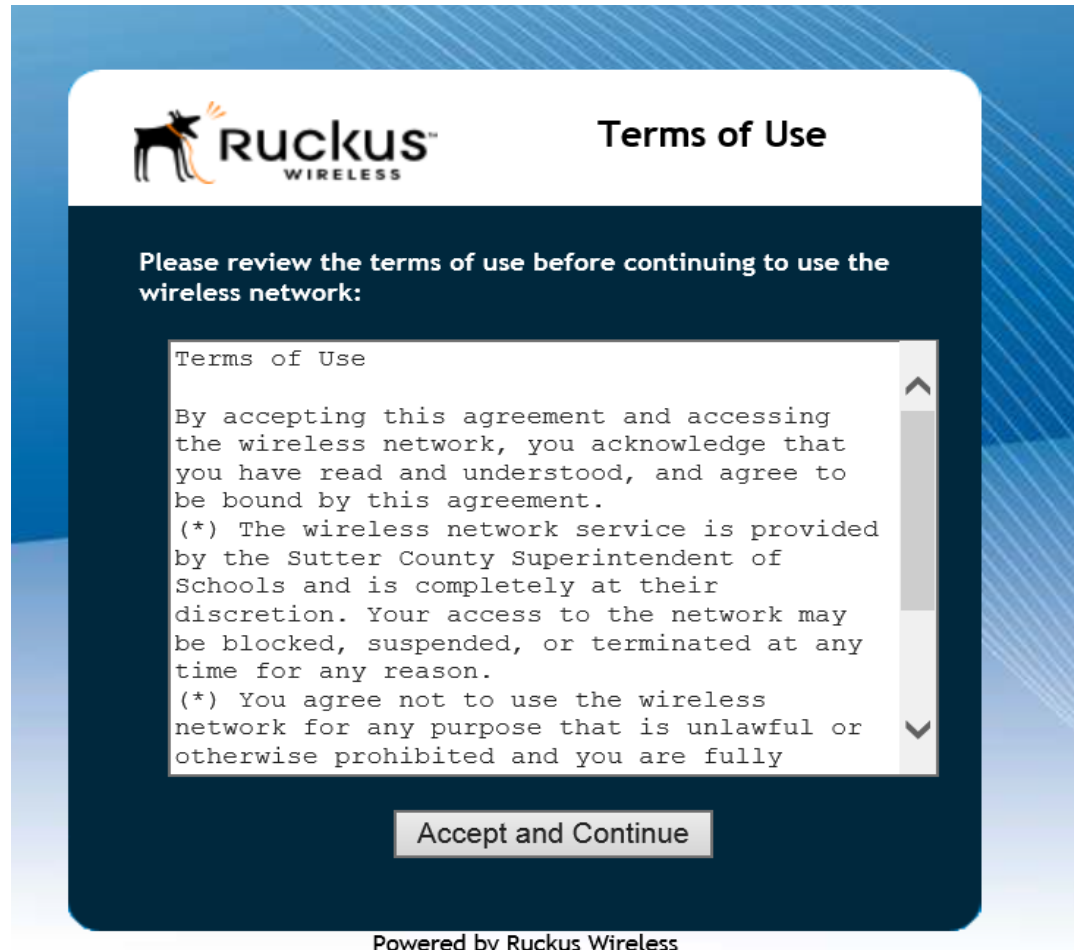
Welcome to the SCSOS Guest login page.

Guest Pass

Log In

Powered by Ruckus Wireless

SCSOSconf Connection Instructions



The screenshot shows a 'Terms of Use' dialog box from Ruckus Wireless. At the top left is the Ruckus Wireless logo, which features a stylized dog head with orange signal waves. To the right of the logo, the text 'Terms of Use' is displayed. Below the header, a dark blue box contains the text: 'Please review the terms of use before continuing to use the wireless network:'. Underneath this is a white text area with a vertical scrollbar. The text in the scrollbar reads: 'Terms of Use', 'By accepting this agreement and accessing the wireless network, you acknowledge that you have read and understood, and agree to be bound by this agreement.', '(* The wireless network service is provided by the Sutter County Superintendent of Schools and is completely at their discretion. Your access to the network may be blocked, suspended, or terminated at any time for any reason.', and '(* You agree not to use the wireless network for any purpose that is unlawful or otherwise prohibited and you are fully'. At the bottom of the dialog box is a grey button labeled 'Accept and Continue'. Below the dialog box, the text 'Powered by Ruckus Wireless' is visible.

SCSOSconf Connection Instructions

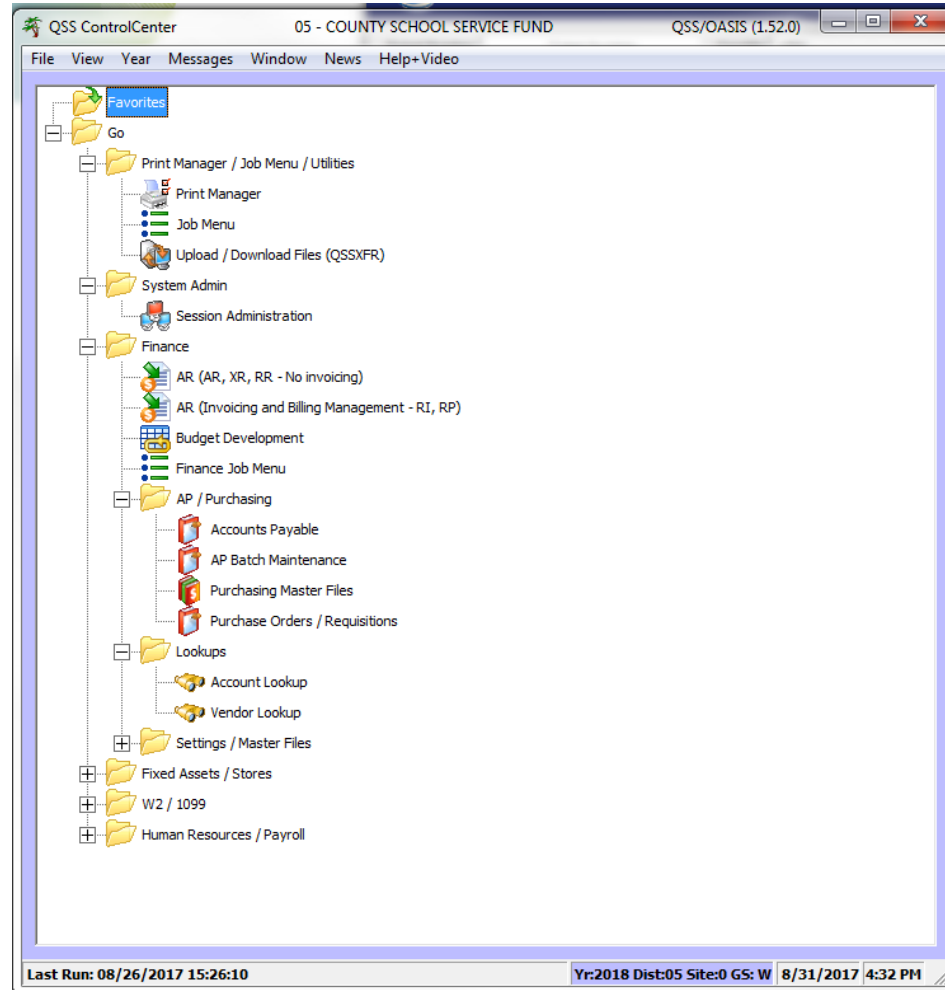


Email/Financial System/Aeries

- ▶ Forms/Password Updates
- ▶ Mobile Devices



Financial System (QSS)





Student Information Systems CALPADS/Aeries

Sutter County Office of Education

A Sign In with Aeries

Aeries
Student Information System

 Username

 Password

Year:
2017-2018 ▼

Sign In

Aeries Web Version 8.17.8.18
© 1995-2017 Aeries Software. All Rights Reserved.
[Background Image Info](#)

Miscellaneous Systems

- ▶ Fax
 - ▶ Copiers vs Main Staff
- ▶ Fobs

Tech Work Orders

▶ IT Work Order System

▶ Web Link -

<http://www.sutter.k12.ca.us/Departments/AdminServices/TechWorkOrder.shtml>

▶ Different from FMO Work Orders

▶ Initiators differ among programs

▶ Tech Help Number - 822-2999

Information Technology Team

- ▶ Charlie Osborne, Director 530-822-2962
- ▶ Chris Archuleta, Network/Web Pages 530-822-2975
- ▶ Maria Carbajal, Student Systems 530-822-2966
- ▶ Lisa Scott, Financial Systems 530-822-2924
- ▶ Rick Graham, Financial/Laserfiche 530-822-2980
- ▶ Jeremy Boone, Servers/Tech 530-822-2964
- ▶ Brandi Burnsed, Tech Support 530-822-2963
- ▶ Jamie Scheidmantel, Tech Support 530-822-2983
- ▶ Tech Support Hotline 530-822-2999

New Employee Orientation

Facilities, Maintenance, Operations & Fleet

Definitions

- ▶ **Facilities** directly performs all planning, management and implementation of projects that involve the procurement, construction, renovation, modernization and deferred maintenance of major building and grounds components and fixtures.
- ▶ **Maintenance** handles the day to day upkeep and repair of the buildings and grounds.
- ▶ **Operations** tends to the day to day needs to keep business open, such as utilities, supplies, custodial services, room scheduling, etc.
- ▶ **Fleet** manages the organization's fleet vehicles, including maintenance, procurement and surplus.

Key difference in Facilities & Maintenance

- Maintenance operates from pre-determined preventive maintenance schedules, responds to repair requests from our clients (you!), as well as performs the majority of work that falls within the facilities scope.
- Facilities works directly with the Superintendent, Cabinet and site administration to develop and implement short and long-term strategies to keep our buildings and grounds in premium condition.
- Facilities planning requires a great deal of time. Schedules and budgets are committed every January prior to the next fiscal year.
- Facilities work is performed per a strict schedule and budget. The priorities are determined from a long-term, thirty year rolling schedule.
- This includes ongoing deferred maintenance tasks such as painting and flooring.

Maintenance work order requests

- ▶ To request a work order, notify your supervisor or their respective secretary of the request via email. Be sure to include the building, room number, and a detailed description of the task. Upon approval, the request is forwarded to the FMO&F administrative secretary to process. The FMO&F team then prioritizes and assigns the work.
- ▶ Understanding the difference in facilities and maintenance is important when it comes to making work order requests.
- ▶ Work orders should not be created for tasks that would fall within the facilities planning, such as new paint or replacing flooring. These requests should be passed onto your supervisor, to be included in planning sessions.
- ▶ Work orders are welcomed for:
 - ▶ Building and grounds components not working correctly, damaged or broken.
 - ▶ Assistance tasks, such as moving heavy objects, hanging pictures, reaching up high, etc.
 - ▶ Fleet vehicle needs, such as washing, low tires, etc.
- ▶ Your feedback and requests are important to us. We have a limited crew and can't be everywhere. We rely on your eyes and ears to help us, so don't hesitate to tell us!

Maintenance request approval, planning & prioritization

- ▶ The administrator at each site approves each work order before it comes to maintenance.
- ▶ All work order requests are processed through 'Maintenance Direct' software from School Dude.
- ▶ Work order requests may take up to 24 hours to process into the system
- ▶ Work order requests are reorganized by priority each day. Work orders are not performed on a first come first served basis, nor are they prioritized by the status of the requester. Priority is determined by the nature of the request only.
- ▶ Dependent upon the nature of your request versus other requests received, it may take some time before we are able to get to you.

Prioritization paradigm

Priority levels and paradigm

Step one - Determine level of/verify administrative approval and funding source of the request.

Step two - determine the level of urgency:

#1 - Fire/Life/Health Safety & Accessibility.

#2 - Any repair which will have a short or long term impact on the life of the facility and the components, including preventive maintenance.

#3 - Standard repairs (all other work orders) and client requests.

#4 - Projects, upgrades, and improvements (Facilities)

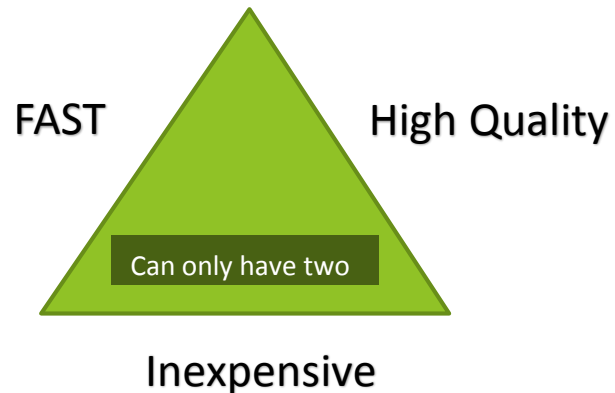
Step three - Determine the level of and ability to provide the request.

Need

Want

Wish

Step four - Choose method of delivery to determine the Who, What, When, Where, Why and How.



Special Education & the SELPA Facilities Model

- Special Education classrooms are located on District sites throughout the County. The District in which the classroom is located is termed “Host”.
- The ‘host’ District is responsible for the day to day maintenance and operations of the classrooms located on their sites.
- Maintenance request procedures vary by District and site; check with your supervisor for the appropriate protocols
- SCSOS facilities and maintenance perform functions for the Special Education ‘program’ that fall outside of the routine maintenance and operations; request protocols for these tasks follow the SCSOS procedures as stated on previous slides.

Meeting and Conference Rooms

- ▶ There are multiple meeting and conference rooms available for use.
- ▶ Typically your site Administrator's assistant is well versed in this and able to book reservations for you, similar to the work order request process.
- ▶ If you are looking to do this yourself, please follow these steps:
- ▶ Access to our room schedule is available through the SCSOS website:
 - ▶ www.sutter.k12.ca.us
 - ▶ Go to "Departments"
 - ▶ Go to "Facilities and Maintenance Ops."
 - ▶ Look for "Scheduling" under "Resources on the right side of the page."
 - ▶ Click the Rental Booking Site which will take you to "myschoolbuilding.com"
 - ▶ Register for an account, or login if you already have one
 - ▶ Click on the "Schedule Request" tab at the top
 - ▶ Choose normal schedule
 - ▶ Fill out the form
 - ▶ If you have any questions in the process, please contact FMO&F at 822-2921 to assist.

Fleet Vehicles/Driving for work

- ▶ You may be required to drive in the course of your duties. In that case, you must
 - ▶ Provide a copy of your current driver's license and insurance information.
 - ▶ Be advised that your information may be submitted for a DMV driver's license pull to verify your driving record.
- ▶ The SCSOS has fleet of vehicles for use distributed among departments. See your supervisor if you need a fleet vehicle.
- ▶ Ensure to review and follow fleet procedures. Non-compliance to procedures may lead to disciplinary action. Here are a few highlights to keep in mind:
 - ▶ California law applies at all times.
 - ▶ Calif. is a hands free State. Use of a cell phone (including holding the phone) in any vehicle at any time while not parked in a legal manner constitutes a moving violation and non-compliance to procedures.
 - ▶ Always obey speed limit laws in school zones. As a representative of the SCSOS, compliance is non-negotiable.

Thank you!