HAPPY VALLEY
UNION SCHOOL DISTRICT

# EMPLOYEE EMERGENCY INFORMATION SHEET

## Employee Information

Name: _____ Position: _____

Address: _____

Phone #: _____ Cell #: _____

Date of Birth: _____/_____/_____ E-mail address: _____

## Emergency Contact Information

_____ _____ _____

Name Relationship Phone Number

_____ _____ _____

Name Relationship Phone Number

_____ _____

Doctor's Name Phone Number

May any doctor be called in an emergency? Yes ☐ No ☐

## Pertinent Medical Information

List any allergies, conditions, etc.: _____

_____

_____

_____ _____

Employee's Signature Date

**HAPPY VALLEY ELEMENTARY SCHOOL DISTRICT**
**Human Resource Services**

## RETIREMENT INFORMATION

In accordance with the Omnibus Benefit Reform Act, all employees of the Happy Valley Elementary School District, whether employed full-time or part-time, must be offered a retirement program. Please place a checkmark in the box by the appropriate program that applies to your situation.

***Please check all the boxes that apply:***

***California Public Employees' Retirement System (CalPERS) Information (classified employee):***

☐ I am a current CalPERS member.

☐ I am a current employee at another district_____(district name).

☐ I was a member but have withdrawn my contributions_____(district name).

☐ I am a retired CalPERS member. Date of retirement_____**PLEASE NOTE: California retirement law governs the type of employment you may have with a CalPERS-covered agency after you have retired. You must reinstate from retirement before you go back to work in a permanent position with an employer covered by CalPERS. Temporary employment must not exceed a total of 960 hours for all employers covered by CalPERS in any fiscal year (July 1 through June 30). You cannot be employed by a CalPERS employer for a period of 180 days after your retirement date without reinstating from retirement. Please refer to CalPERS PUB 33, *A Guide to CalPERS Employment after Retirement* and/or PUB 37, *A Guide to CalPERS Reinstatement from Retirement* for further information.**

- *If a new certificated employee has 5 years of CalPERS service credit or if their CalPERS membership is through prior schools employment, you can elect to remain in CalPERS.*

***California State Teacher's Retirement System (CalSTRS) Information (certificated employee)***:

☐ I am a current CalSTRS member.

☐ I am a current certificated employee at another district_____(district name).

☐ I was a member but have withdrawn my contributions_____(district name).

☐ I am a retired CalSTRS member. Date of Retirement_____**PLEASE NOTE: There are some restrictions regarding Post Retirement Employment in the public school system in California. You cannot be employed by a CalSTRS employer for a period of 180 days after your retirement date without reinstating from retirement. For more information on earnings limitation after retirement, please call CalSTRS at 1-800-228-5453 or visit the website at www.CalSTRS.com.**

- *If you have ever been a member of CalSTRS and have not withdrawn your contributions (even if you have not taught for several years), you are still a member.*

**If none of the above retirement systems apply, please initial here_____.**

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

Please read and sign the "Statement Concerning Your Employment in a Job Not Covered by Social Security" (SSA-1945 form). The statement explains how a pension from a retirement system other than Social Security could affect future Social Security benefits to which you may become entitled.

I certify that all information on this form is accurate and true to the best of my knowledge.

_____ _____

*Signature* *Date*

EDD Employment Development Department
State of California

Clear Form

# Employee's Withholding Allowance Certificate

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

| **Enter Personal Information** | |
|---|---|
| First, Middle, Last Name | Social Security Number |
| Address<br><br>City State ZIP Code | Filing Status<br>☐ Single or Married (with two or more incomes)<br>☐ Married (one income)<br>☐ Head of Household |

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
   - 1a. Number of Regular Withholding Allowances (**Worksheet A**) 0
   - 1b. Number of allowances from the Estimated Deductions (**Worksheet B**, if applicable.) 0
   - 1c. Total Number of Allowances you are claiming 0
2. Additional amount, if any, you want withheld each pay period (if employer agrees), **(Worksheet C)**

OR

**Exemption from Withholding**

3. I claim exemption from withholding for 2024, and I certify I meet both of the conditions for exemption. (Check box here) ☐

OR

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

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

Employee's Signature _____ Date _____

| **Employer's Section:** Employer's Name and Address | California Employer Payroll Tax Account Number |
|---|---|
| | |

**Purpose:** The *Employee's Withholding Allowance Certificate* (DE 4) is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

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

If you do not provide your employer with a DE 4, the employer must use Single with Zero withholding allowance.

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

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

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

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

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

(i) Your spouse is a member of the armed forces present in California in compliance with military orders;

(ii) You are present in California solely to be with your spouse; and

(iii) You maintain your domicile in another state.

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

Form **W-4**

Department of the Treasury
Internal Revenue Service

# Employee's Withholding Certificate

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

OMB No. 1545-0074

**2024**

## Step 1: Enter Personal Information

(a) First name and middle initial | Last name | **(b) Social security number**

Address

City or town, state, and ZIP code

**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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

## Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

**(a)** Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

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

**(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

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

## Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $ _____

Multiply the number of other dependents by $500 . . . . . $ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

## Step 4 (optional): Other Adjustments

**(a) Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

**(b) Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

**(c) Extra withholding.** Enter any additional tax you want withheld each **pay period** . . **4(c)** $

## Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Employee's signature** (This form is not valid unless you sign it.) **Date**

## Employers Only

| Employer's name and address | First date of employment | Employer identification number (EIN) |
|---|---|---|
| | | |

HAPPY VALLEY UNION SCHOOL DISTRICT

# DIRECT DEPOSIT AUTHORIZATION

Happy Valley School District

☐ NEW REQUEST EFFECTIVE DATE: _____

☐ NAME CHANGE

☐ ACCOUNT NUMBER CHANGE

For checking account deposits, please attach a voided check.
For savings account deposits, we need the account ID number and transit routing number. Please contact your financial institution if you need help finding those numbers. Any missing or incorrect information will cause delays in enrollment.

In most instances, your authorization for EFT/Direct Deposit, will be activated after at least one full pay cycle to allow for a TEST payroll period. During this time you will continue to receive your paycheck as you normally would. Supplemental pay is not eligible for direct deposit.

## AUTHORIZATION

PLEASE PRINT OR TYPE

**SELECT ONE:** ☐ **CHECKING** _____ **(acct. number)**

☐ **SAVINGS** _____ **(acct. & transit number)**

**Name of Payee:** _____

**Social Security Number:** _____

**Mailing Address:** _____

**Name of Financial Institution:** _____

**Branch address and phone number:** _____

**I authorize Happy Valley School District to initiate accounting transactions to deposit my net pay directly into the account indicated above and to correct any errors which may occur from these transactions. I also authorize the financial institution to post these transactions to the account. This authorization is to remain in force until the Happy Valley School District receives written notice from me to cancel or change this authorization.**

_____ _____

**Signature** **Date**

---

**CANCELLATION EFFECTIVE DATE:** _____

**I hereby cancel the authorization for the Happy Valley School District to initiate direct deposits into my checking/savings account(s).**

_____ _____

**Signature** **Date**

HAPPY VALLEY
UNION SCHOOL DISTRICT

# WARRANT RECIPIENT DESIGNATION

As provided in Section 53245 of the California Government Code, in the event of my death, I hereby designate the following person (designee) to receive any and all warrants payable to me. The person so designated may negotiate the warrant (s) as if the payee.

Name of Designee: _____

Relationship: _____

Address: _____

_____

This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until canceled in writing. It is understood and agreed that the school district is not obligated to deliver said warrants to the designee unless the designated person claims such warrants from the school district and provides sufficient proof of identity.

School District: Happy Valley Union Elementary School District

Employee Name: _____

Date: _____

Signature: _____

**Please return to District Office when completed**

CALIFORNIA CODES
**GOVERNMENT CODE**
SECTION **53245**

**53245**. Any person now or hereafter employed by a county, city, municipal corporation, district, or other public agency may file with his appointing power a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the decedent had he survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. On sufficient proof of identity, the appointing power shall deliver the warrants or checks to the claimant. A person who receives a warrant or check pursuant to this section is entitled to negotiate it as if he were the payee.

# Employment Eligibility Verification

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

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

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

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

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

| Last Name *(Family Name)* | First Name *(Given Name)* | Middle Initial | Other Last Names Used *(if any)* |
|---|---|---|---|
| | | | |

| Address *(Street Number and Name)* | Apt. Number | City or Town | State | ZIP Code |
|---|---|---|---|---|
| | | | | |

| Date of Birth *(mm/dd/yyyy)* | U.S. Social Security Number | Employee's E-mail Address | Employee's Telephone Number |
|---|---|---|---|
| | ☐☐☐ - ☐☐ - ☐☐☐☐ | | |

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

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

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: _____

**OR**

2. Form I-94 Admission Number: _____

**OR**

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

| Signature of Employee | Today's Date |
|---|---|
| | |

## Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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

| Signature of Preparer or Translator | Today's Date *(mm/dd/yyyy)* |
|---|---|
| | |

| Last Name *(Family Name)* | First Name *(Given Name)* |
|---|---|
| | |

| Address *(Street Number and Name)* | City or Town | State | ZIP Code |
|---|---|---|---|
| | | | |

STOP *Employer Completes Next Page* STOP

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

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

| Employee Info from Section 1 | Last Name *(Family Name)* | First Name *(Given Name)* | M.I. | Citizenship/Immigration Status |
|---|---|---|---|---|
| | | | | |

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity | AND | List C<br>Employment Authorization |
|---|---|---|---|---|
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date *(if any) (mm/dd/yyyy)* | | Expiration Date *(if any) (mm/dd/yyyy)* | | Expiration Date *(if any) (mm/dd/yyyy)* |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date *(if any) (mm/dd/yyyy)* | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date *(if any) (mm/dd/yyyy)* | | | | |

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

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

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

| Signature of Employer or Authorized Representative | Today's Date *(mm/dd/yyyy)* | Title of Employer or Authorized Representative |
|---|---|---|
| | | |

| Last Name of Employer or Authorized Representative | First Name of Employer or Authorized Representative | Employer's Business or Organization Name |
|---|---|---|
| | | |

| Employer's Business or Organization Address (*Street Number and Name*) | City or Town | State | ZIP Code |
|---|---|---|---|
| | | | |

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

| A. New Name *(if applicable)* | | | B. Date of Rehire *(if applicable)* |
|---|---|---|---|
| Last Name *(Family Name)* | First Name *(Given Name)* | Middle Initial | Date *(mm/dd/yyyy)* |
| | | | |

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

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

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

| Signature of Employer or Authorized Representative | Today's Date *(mm/dd/yyyy)* | Name of Employer or Authorized Representative |
|---|---|---|
| | | |

# HAPPY VALLEY ELEMENTARY SCHOOL DISTRICT

Acceptable Use Standards

These AUS (Acceptable Use Standards) serve as notice to users, in compliance with Education Code Sections 48980 and 51871.5, of the Happy Valley Elementary School District policies regarding information technology use, computer use, and access to the Internet for its students, employees and other authorized users.

## ACCEPTABLE USE STANDARDS FOR COMPUTER USE

In support of the Happy Valley Elementary School District's mission of promoting quality service and lifelong learning, HVESD provides computing, networking, and information resources to the campus community of students, faculty, and staff.

This AUS applies to use of all HVESD computing and information technology resources of any kind. Additional computer and network use policies, terms and conditions may be in place for specific electronic services offered by HVESD.

### Rights and Responsibilities

Computers and networks can provide access to resources on and off campus, as well as the ability to communicate with other users worldwide. Such open access is a privilege, and requires that individual users act responsibly. Users must respect the rights of other users, the integrity of the systems, related physical resources, and observe all relevant laws, regulations, and contractual obligations.

It is the understanding that HVESD provides its employees with computers and network connectivity for the express purpose of fulfilling their professional and academic responsibilities. Any use of information technology resources deemed unacceptable is subject to disciplinary action.

Students and employees may have rights of access to information about themselves contained in electronic media, as specified in federal and state laws. Files may be subject to search under court order. In addition, system administrators may access user files, as required, to protect the integrity of information technology resources. For example, following organizational guidelines, system administrators may access or examine files or accounts that are suspected of unauthorized use or misuse, or that may have been corrupted or damaged.

### Existing Legal Context

All Federal and State laws, as well as, Happy Valley Elementary School District's rules, regulations and policies apply. Applicable laws and regulations are not limited to those specific to information technology resources, but also include those that may apply generally to personal and professional conduct.

Misuse of computing, networking, or information resources may result in the restriction of privileges. Additionally, misuse can be prosecuted under applicable statutes. Users may be held accountable for their conduct under any applicable Happy Valley Elementary School District or school policies, procedures, or collective bargaining agreements.

Complaints alleging misuse of campus information technology resources will be directed to those responsible for taking appropriate disciplinary action. Reproduction or distribution of copyrighted works, including, but not limited to, images, text, or software, without permission of the owner is an infringement of U.S. copyright law and is subject to civil damages and criminal penalties including fines and imprisonment.

**Examples of Misuse**

Examples of misuse include, but are not limited to, the following activities:

- Using an information technology account that you are not authorized to use.
- Obtaining a password for an information technology account without the consent of the account owner.
- Allowing anyone other than you, including other staff members and students use of your HVESD password including access to any educational programs.
- Using the HVESD network to gain unauthorized access to any computer system(s) or to view files or information that you are not authorized to use.
- Removal, alternation, or destruction of sensitive or confidential information including but not limited to personnel or student records.
- Knowingly performing an act which will interfere with the normal operation of information technology resources, including but not limited to computers, peripherals, or networks.
- Knowingly running or installing on any computer system or network, or giving to another user; a program intended to damage or to place excessive load on a computer system or network. This includes, but is not limited to programs known as computer viruses, Trojan horses, malware, worms, or anything that might cause a denial or interruption of service.
- Attempting to circumvent data protection schemes or uncover security loopholes.
- Violating terms of applicable software licensing agreements or copyright laws.
- Deliberately wasting information technology resources.
- Using electronic mail or other communications to harass others.
- Masking the identity of an account or machine.
- Posting materials to bulletin boards, social media sites, or to other information technology that violate existing laws or HVESD codes of conduct.
- Attempting to monitor or tamper with another user's electronic communications; reading, copying, changing, or deleting another user's files, or software without the explicit agreement of the owner.
- Use of information technology resources for commercial gain to the user or for purposes unrelated to the user's employment, education, or needs.
- Excessive personal use or personal use during work hours or instructional time, or personal use that interferes with the orderly conduct of the HVESD in any way.

Activities will not be considered misuse when authorized by appropriate HVESD officials, or their designees, for investigations, security or performance testing.

**ACCEPTABLE USE STANDARDS FOR INTERNET USAGE**

The Internet may contain harmful matter as defined in section 313(a) of the Penal Code, or may contain material considered by persons viewing it as harmful. Although we exercise reasonable supervision over those who access the Internet within our system including exercising due diligence in educating students and employees regarding acceptable and unacceptable practices on the Internet within our system, it is still possible that authorized users may intentionally or unintentionally access information which some may consider to be inappropriate.

**Acceptable Use Standards**

- The Happy Valley Elementary School District may terminate a user's account at any time if these Acceptable Use Standards are violated.

- Use of the system is a privilege, which may be terminated if the user abuses the system. Abuse would include, but is not limited to: the placing of unlawful information on or through the system; the use or retrieval of information (messages, text, images, and programs) which is obscene, abusive, or otherwise objectionable; redistribution or extension of Internet connectivity beyond the user's computer; and use of the system as a commercial operation.

- The Happy Valley Elementary School District or designated staff, will determine what constitutes use or retrieval of information (messages, text, images, programs), which is obscene, abusive, or otherwise objectionable.

- The Happy Valley Elementary School District or designated staff reserves the right to access any material stored in its equipment and reserves the right to remove any material which it considers obscene, abusive, or otherwise objectionable. Access may occur at any time without advance notice to the user.

- Each user is responsible for any password security extended to him or her in conjunction with Internet access or activities.

**USE OF PERSONAL SOCIAL NETWORKING SITES**

As an organization with a mission to support the education of young people and as a longtime leader in educational technology, HVESD's standards for appropriate online communication are necessarily high. One of the challenges of the digital age is that everything we write or post online leaves a long-lasting and even permanent record that potentially can be seen by students, their families, and other members of HVESD's extended community. This is particularly true with social networking and media sites.

While the organization respects the right of employees to use social media and networking sites, as well as personal websites and blogs, it is important that employee's personal use of these sites does not damage the HVESD's reputation, its employees, or its students or their families. Employees should exercise care in setting appropriate boundaries between their personal and public online behavior, understanding that what is private in the digital world often has the possibility of becoming public, even without their knowledge or consent. All online behavior should be consistent with standards of professionalism expected of HVESD employees.

Happy Valley Elementary School District strongly encourages all employees to carefully review the privacy settings on any social media and networking sites they use (such as Facebook, MySpace, Twitter, Flickr, LinkedIn, etc.), and exercise care and good judgment when posting content and information on such sites. When using a social media site, an employee is encouraged to carefully consider the consequences if the employee includes current students, co-workers, or other work-related acquaintances as "friends," "followers" or any other similar terminology used by various sites. If an employee has a community that extends to persons who are parents or other members of HVESD's community, s/he must exercise good judgment and use professional, age-appropriate behavior regarding any content that is shared on the site. Additionally, employees should adhere to the following guidelines, which are consistent with the HVESD's workplace standards on harassment, student relationships, conduct, professional communication, and confidentiality:

- An employee may not "Friend" or include students in personal social networks ie., Facebook, My Space, Google Circles, Pintrest, Snap Chat, Instagram, etc.

- An employee should not make statements that would violate any HVESD's policies, including its policies concerning discrimination or harassment;
- The employee must uphold HVESD's value of respect for the individual and avoid making defamatory statements about past or present employees or students, or their families;
- An employee may not disclose any confidential information of the HVESD or confidential information obtained during the course of his/her employment, about any individuals or organizations, including students and/or their families.

If HVESD believes that an employee's activity on a social networking site, blog, or personal website may violate the HVESD policies, HVESD may request that the employee cease such activity. Depending on the severity of the incident, the employee may be subject to disciplinary action.

HAPPY VALLEY ELEMENTARY SCHOOL
DISTRICT
17480 Palm Ave.
Anderson, CA 96007

I have received a copy of the Acceptable Use Standards for Computer Use.

I, the undersigned, understand and will abide by the Happy Valley Elementary School District's policies regarding computer use and access to Internet.

Employee Name: _____
(Print Name)

_____
(Signature)

Date: _____
(Date)

**HAPPY VALLEY ELEMENTARY SCHOOL DISTRICT**
**17480 PALM AVE.**
**ANDERSON, CA 96007**
**(530)357-2134**

Employee's Name: _____
*(Please Print)*

Classification: _____ Position: _____ Date: _____

# ACKNOWLEDGMENT OF EMPLOYEE'S KNOWLEDGE OF MANDATORY CHILD ABUSE REPORTING OBLIGATIONS

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, non-medical practitioner, or employee of a child protective agency who has knowledge of or observes a child (a person under the age of 18 years) in his or her professional capacity whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protection agency immediately or as soon as possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

"Child abuse" means a physical injury which is inflicted by other than accidental means on a child by another person. It includes the sexual assault of a child (i.e., rape, sexual exploitation, incest, sodomy, oral copulation, penetration of a genital or anal opening by a foreign object, consensual sex with an underage partner or other acts of child molestation). "Child abuse" also includes willful cruelty, unjustifiable punishment or corporal punishment resulting in trauma, medical neglect, the infliction of mental suffering, and neglect.

The report must be made whenever there is "reasonable suspicion" that child abuse has occurred. "Reasonable suspicion" means that it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position, drawing on his or her training and experience, to suspect child abuse.

The telephonic report of child abuse shall be made to a child protective agency. Child protective agencies include the following:

| **Child Protective Services** | **Sheriffs Department** |
|---|---|
| 1313 Yuba Street<br>Redding, CA 96001<br>225-5144 (day or night) | 300 Park Marina Circle<br>Redding, CA 96001<br>245-6025 |
| **Redding Police Department** | **Anderson Police Department** |
| 1313 California Street<br>Redding, CA 96001<br>225-4200 | 2220 North Street<br>Anderson, CA 96007<br>378-6600 |

Within thirty-six (36) hours after making a telephonic report you must make a written report to a child protective agency. The reports of abuse shall include the following: the name of the person making the report, the name of the child, the present location of the child, the nature and extent of the injuries, other information including information that led the person to suspect child abuse including other information requested by the child protective agency.

I have received and read the pamphlet entitled "Child Abuse Educator's Responsibilities". I have read the foregoing and I understand my responsibility to report child abuse.

I have read the attached information and acknowledge my duty to go online to http:// shastacoe.keenan.safeschools.com/login and take the Mandatory Child Abuse Reporting Training within 60 days of my hire. I understand that I will be sent an email with the log-in information.

_____ _____

Signature Date

HAPPY VALLEY Est. 1954
UNION SCHOOL DISTRICT

# CONFIDENTIALITY NOTICE

As an employee of Happy Valley Elementary School District, you may have access to confidential, private, information. This information includes, but is not limited to, documents concerning employees, students or members of the public. The documents may include medical information; home address or telephone number; social security numbers; payroll deductions; salary information, data, and reports; personnel files and any personally identifiable information regarding employees or applicants; and student files and data. Confidentiality also applies to electronically accessible information. Public information such as Board agendas and supporting documents, salary schedules, and similar documents that do not identify private personal information are not considered confidential information.

You are personally responsible for maintaining the confidential nature of these private materials by carefully observing the security measures listed below:

1. Permit no other persons to have access to confidential private information or materials and do not discuss any aspect of the data/information or other confidential personnel-related matters with any other persons unless they are:
   a. members of the Happy Valley staff who need the information to perform their work
   b. authorized by your supervisor or another designated member of the Happy Valley staff
2. Secure all confidential materials when you are not directly working with them.
3. Do not retain any copies or make personal file copies of confidential materials unless necessary. Any extra copies of confidential materials should be destroyed by shredding when they are no longer necessary.
4. If you have any questions about the confidentiality of any of the information to which you have access, you should assume the information is confidential and handle it as such until you are informed otherwise by your supervisor.

These security standards apply to any and all non-public materials to which you have access. It is essential that these standards, and any additional ones that are requested or may be necessary, are maintained at every stage of a confidential process in which you assist, participate, or review.

Because of the importance of security, you should notify your supervisor or another designated staff member if any circumstances cause you to believe that confidential nature of any material or process has not been maintained.

PLEASE NOTE: As an employee of Happy Valley Elementary School District, you are responsible to keep all information concerning Happy Valley employees and /or students completely confidential which means you shall not discuss such information with anyone who does not have a business need for such information. This prohibition against discussing confidential information continues even after you leave Happy Valley's employment. You are directed not to discuss confidential information with friends, family members, or anyone outside the department.

All Happy Valley employees are responsible for maintaining the strict confidentiality of all private materials and information. If you have any questions or concerns regarding confidentiality, security and/or misuse of confidential information, please contact your supervisor IMMEDIATELY.

A violation of confidentiality rules and procedures may lead to immediate termination.

HAPPY VALLEY
UNION SCHOOL DISTRICT

# Confidentiality Agreement

I have read the Confidentiality Agreement and understand my responsibility regarding security and misuse of confidential information. I accept the responsibility of maintaining the strict confidentiality of all materials, processes, and information to which I have access. I understand that if I violate the confidentiality rules I may be subject to disciplinary action.

_____ _____

Employee's Name (print) Signature

_____

Date

*A copy of this form will be maintained in your personnel file.*