TRAVIS UNIFIED SCHOOL DISTRICT

Reaching beyond the boundaries to build a community of learners.

Tiffany Benson
Superintendent

2751 De Ronde Drive
Fairfield, CA 94533
(707) 437-4604

Cambridge Elementary School
100 Cambridge Drive, Vacaville
(707) 446-9494

Center Elementary School
3101 Markeley Lane, Fairfield
(707) 437-4621

Foxboro Elementary School
600 Morning Glory Drive, Vacaville
(707) 447-7883

Golden West Middle School
2651 De Ronde Drive, Fairfield
(707) 437-8240

Scandia Elementary School
100 Broadway Street, Travis AFB
(707) 437-4691

Travis Community Day School
2785 De Ronde Drive, Fairfield
(707) 437-8265

Travis Elementary School
100 Fairfield Avenue, Travis AFB
(707) 437-2070

Travis Education Center
2775 De Ronde Drive, Fairfield
(707) 437-8265

Vanden High School
2951 Markeley Lane, Fairfield
(707) 437-7333

Governing Board
Matthew Bidou
Brenda DaPrato
Suzanne Schwartz
Will Wade

To: All Travis Unified School District Employees

From: Rania El Sioufi, Assistant Superintendent of Human Resources

Re: Annual Notices for All Employees

Date: August 1, 2026

Hello Travis Family,

As you know, we are required to provide you with certain legal notifications annually to meet federal and state requirements, the Ed Code, and our own District Policy.

The annual notices listed below are available online through Public School Works or to view online at www.travisusd.org. Go to "Departments," "Human Resources," "Current Employees," and "Annual Notices."

Please review this packet and acknowledge that you have read and understand the information provided in this packet no later than September 30, 2026 through Public School Works.

Some of the information you will find in this packet are:

Items for review and acknowledgement through Public School Works

- Receipt of Annual Notices form
  - Board Policies and Administrative Regulations
- Classified Holidays
- Company Nurse – In Case of Workplace Injury
- Optum – Employee Assistance Program (EAP)
- Workers' Compensation Pre-designation of Personal Physician Information

Additional items for your information:

Change of Personnel Records

- If you would like to change your contact information, please complete the Personnel Record Update form and return it to the Human Resources department.

Administration of Epinephrine Auto-Injector Volunteer Form

- Please complete the Notification of Volunteer Agreement form and return it to your immediate supervisor if you would like to volunteer.

Thank you for your cooperation, and thank you for all you do. Have a great year!

Rania El Sioufi,
Assistant Superintendent, Human Resources
Travis Unified School District

Receipt of Annual Notices

I,_____attest that on_____(mm/dd/yy), I have read and understand the Annual Notices. I further understand that failure to comply with the Board policies will be grounds for discipline up to and including termination. Your acknowledgement through Public School Works indicates that you have received, read and understand the information in this packet.

Initial	Human Resources Department
_____	Notice of Receipt of Annual Notices
_____	Personnel Record Update & Emergency Notification Information (only if updates needed)
_____	Classified Holidays
_____	Company Nurse Information
_____	Optum – Employee Assistance Program
_____	Worker's Compensation Information
_____	Volunteer Agreement for Training in Administration of Epinephrine Auto-injector

Initial	Board Policy and Administrative Regulations
_____	Tobacco-Free Schools - BP 3513.3 AR 3513.3
_____	Integrated Pest Management - AR 3514.2
_____	Disruptions - AR 3515.2
_____	Drug- and Alcohol-Free Work Place - BP 4020
_____	Nondiscrimination in Employment - BP 4030
_____	Employee Use of Technology - BP 4040
_____	Sexual Harassment - AR 4119.11 / 4219.11 / 4319.11
_____	Professional Standards - BP 4119.21 / 4219.21 / 4319.21
_____	Dress and Grooming - BP 4119.22 / 4219.22 / 4319.22
_____	Universal Precautions - AR 4119.43 / 4219.43 / 4319.43
_____	Soliciting and Selling - BP 4135 / 4235 / 4335
_____	Non-school Employment - BP 4136 / 4236 / 4336
_____	Complaints - BP 4144 / 4244 / 4344
_____	Employee Assistance Programs- BP 4159 / 4259 / 4359
_____	Child Abuse Prevention and Reporting - BP 5141.4 AR 5141.4
_____	Sexual Harassment - Students - BP 5145.7
_____	Suspension and Expulsion/Due Process - AR 5144.1

_____ _____

Signature Print Name

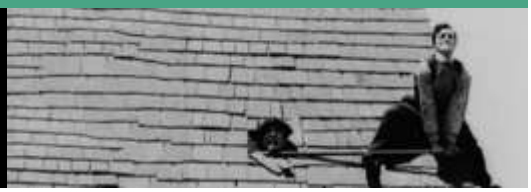
CLASSIFIED HOLIDAYS
2026-2027

Holiday	Dates
Independence Day Observed	Friday July 3, 2026
Labor Day	Monday September 7, 2026
District Holiday	Monday, October 12, 2026
Veterans Day Observed	Wednesday, November 11, 2026
Thanksgiving Day	Thursday November 26, 2026
Day after Thanksgiving	Friday November 27, 2026
Christmas	Thursday December 24, 2026
Winter Holiday	Friday December 25, 2026
Winter Holiday	Thursday, December 31, 2026
New Year's	Friday January 1, 2027
Martin Luther King Jr. Day	Monday January 18, 2027
President's Day	Monday February 15, 2027
District Holiday	Friday, March 26, 2027
Spring Vacation Day	Friday April 30, 2027
Memorial Day	Monday May 31, 2027
Juneteenth Observed	Friday June 18, 2027

IN CASE OF WORKPLACE INJURY

ACCION a seguir en caso de un accidente en el trabajo

COMPANY NURSE™
Because Accidents Happen™



AVAILABLE 24 HOURS A DAY

1-877-778-2576

Employer Name (Nombre De Compania)	Search Code (Código Del Búqueda)
Travis Unified School District	TRAVI

1. **Injured worker notifies supervisor.**
   Empleado lesionado notifica a su supervisor.

2. **Supervisor/Injured worker immediately calls injury hotline.**
   Supervisor / Empleado lesionado llama inmediatamente a la línea de enfermeros/as.

3. **Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.**
   Profesional Médico obtiene información por teléfono y asiste al empleado lesionado en localizar el tratamiento médico adecuado.

NOTICE TO EMPLOYER/SUPERVISOR: Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site, when possible.

SUPPORT WHEN YOU NEED IT

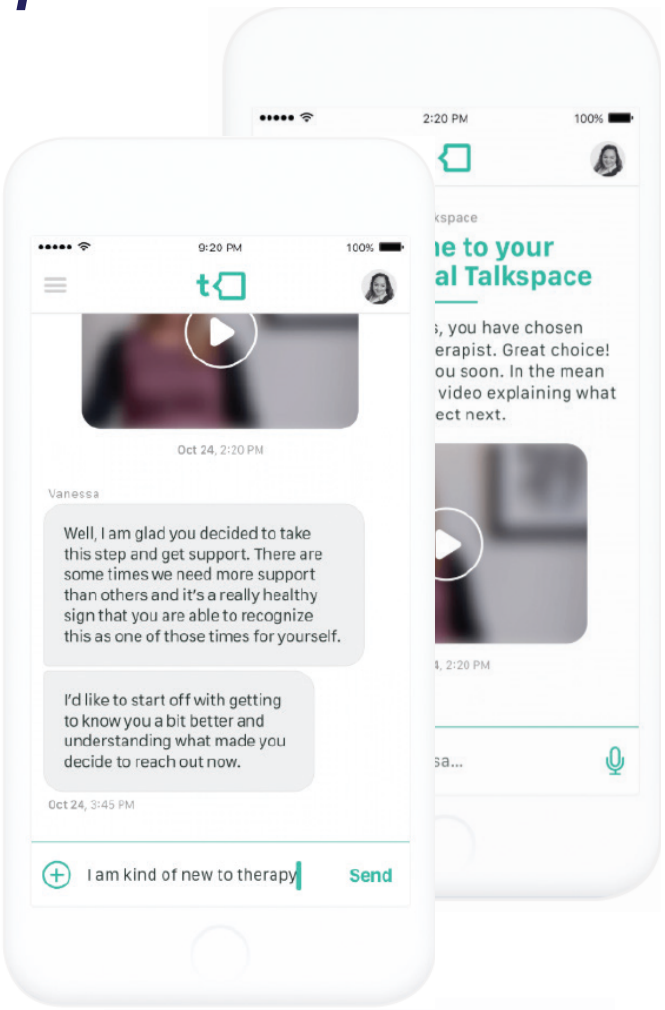
NO APPOINTMENTS NECESSARY

talkspace

Now you can get the extra support you need in a way that works for you. With Talkspace, you can reach out to a licensed, in-network Employee Assistance Program Provider, 24/7.

Here's how Talkspace can fit your life:

- Access Talkspace anytime, anywhere.
- Find an EAP provider with an online matching tool.
- Start therapy within hours of choosing your EAP provider.
- Message your EAP provider whenever; no appointments necessary.
- Get messages back throughout the day, five days a week.
- Choose real-time face-to-face video visits by appointment, when needed.



iOS • ANDROID • DESKTOP
MESSAGING • VOICE • VIDEO • PHOTO

To get started, call your Employee Assistance Program at 866-248-4096 to obtain an authorization code prior to registering (first visit only), choose a provider, and message anywhere, anytime. **talkspace.com/connect**

After you register, download the Talkspace app on your mobile phone. Talkspace is supported by Chrome, FireFox, Safari or Edge browsers on your desktop computer.

Talkspace is your space. To use in your time. It's private, secure, confidential and convenient. And it's covered under your Employee Assistance Program benefits as a participating provider.

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Optum and its respective marks are trademarks of Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owner. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer. Optum does not recommend or endorse any treatment, medication, suggested approach, specific or otherwise. The information provided herein is for educational purposes only. For advice about specific treatments or medications, please consult your physician and/or mental health care provider. Certain conditions and restrictions may apply. Also, certain treatments may not be covered in some benefit plans. Check your health plan regarding your coverage of services. **If you are experiencing thoughts of suicide or if this is urgent and an emergency, call 911 or 1-800-SUICIDE (784-2433) or 1-800-273-TALK (8255).**

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MORE INFORMATION ABOUT WHAT'S AVAILABLE TO YOU



Counseling

EAP provides up to 3 sessions with an experienced provider for each issue or problem at no cost to you, and the benefit renews each year. All conversations are confidential and are not shared with your employer.

To access this benefit, call or sign in to liveandworkwell.com and request your activation code.

Financial Coaching From Experts

Receive 30–60 minutes of telephonic consultations per issue, per year with an experienced, credentialed financial coach to address a wide array of concerns including budget management, college funding, debt reduction, estate planning, retirement planning, bankruptcy and more.

Legal Counseling and Mediation Services

EAP provides a no-cost 30-minute telephonic or in-person attorney consultation to assist with legal issues such as document preparation, deeds, IRS matters, living wills, power of attorney, separation and divorce, trusts, and more. Receive a 25% discount on continuing services.

Digital Support Tools

Visit liveandworkwell.com for 24/7 confidential access to professional care, self-help programs and resources specific to your needs. Get clear information about your benefits and what's available to you.

You can also download the Optum Assist mobile app from the App Store or Google Play. Log in with your company access code: **WISE**

Download on the App Store

GET IT ON Google Play

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866-248-4096

or sign in to liveandworkwell.com

Register with your HealthSafe ID or enter your company access code: **WISE**

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or professional's care. Consult with your clinician for specific health care needs, treatment or medication. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g ., employer or health plan) This program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply.

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TRAVIS UNIFIED SCHOOL DISTRICT

Workers' Compensation Pre-designation of Personal Physician Information

As a result of the Workers' Compensation legislation, the law limits the list of physicians available to employees to pre-designate for treatment if the employee is injured on the job.

- Employees have the right to pre-designate a personal physician.
- Chiropractors are no longer acceptable as a pre-designated choice--designation must be a physician (MD or DO).
- Pre-designation can be done during your initial hiring process and can be changed at any time; however, any change must be made in writing and be in our files prior to the date of any injury in order to be treated by thatdoctor.
- The designated physician must be your **primary care physician** who has previously directed your medical treatment, who retains your medical records, including your medical history, and agrees to be your pre-designated physician for work related illnesses or injuries. Not all physicians agree to treat even their existing patients for work related illnesses or injuries.

If you do not file a pre-designation form, you must go to a doctor that is part of the district's Medical Provider Network (MPN) for treatment of work related illnesses or injuries. The Pre-Designated Physician Form requires your Personal Physician to agree to the following:

I agree to be the Pre-Designated Physician for the above-referenced individual for the treatment of **work-related injuries**. I understand that payment will be made at reasonable maximum amounts in the official medical fee schedule, pursuant to Section 5307.1 of the Labor Code in effect on the date of service. Payments shall be made by the employer within 60 working days after receipt of each separate itemization of medical services provided, together with any required reports and any written authorization for services that may have been received by the physician.

PLEASE NOTE that this program only deals with workplace injuries. It in no way affects your ability to be treated for non-work related illness or injuries through one of our district medical plans.

Please contact Human Resources if you have any questions.

PRINT CLEAR

PREDESIGNATION OF PERSONAL PHYSICIAN

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

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

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

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

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

_____
(name of doctor)(M.D., D.O., or medical group)

_____ (street address, city, state, ZIP)

_____ (telephone number)

Employee Name (please print):

_____

Employee's Address:

_____

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

_____

Employee's Signature_____Date: _____

Physician: I agree to this Predesignation:

Signature:_____Date:_____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.

TRAVIS UNIFIED SCHOOL DISTRICT

Reaching beyond the boundaries to build a community of learners.

PERSONNEL RECORD UPDATE

FOR HUMAN RESOURCES ONLY
- ☐ Escape
- ☐ Aeries
- ☐ Frontline
- ☐ PERS
- ☐ Sent to Payroll

By: _____ Date: _____

Name: _____ Employee ID #: _____

OLD INFORMATION:

Home Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Personal Email: _____

NEW INFORMATION:

Home Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Personal Email: _____

EMERGENCY NOTIFICATION INFORMATION

Complete information for two people you would to be contacted should you become disabled at work due to illness or injury.

Spouse Information:

Name of Spouse: _____

Mailing Address: _____
Street City State Zip

Cell Phone: _____

Emergency Contact Name: _____ Relationship: _____

Mailing Address _____
Street City State Zip

Cell Phone: _____

Signature: _____ Date: _____



Notification of Volunteer Agreement for Training in Administration of Epinephrine Auto-Injector

Schools are required to make available emergency epinephrine auto injectors for providing emergency medical aid to any person suffering or reasonably believed to be suffering from anaphylaxis. Anaphylaxis is a severe allergic reaction which can occur after exposure to an allergen such as food, an insect sting or even (rare) after exercise. Without immediate administration of epinephrine and summoning Emergency Medical Services (911), death could occur. Certain individuals may experience anaphylaxis that have no known previous history of an allergy and therefore, may not have their own prescription.

Ed. Code allows for a school nurse or trained volunteer personnel to administer an epinephrine auto-injector to an individual who is exhibiting potentially life-threatening symptoms of anaphylaxis after exposure to, or ingestion of, an allergen. Training will be provided to the volunteer personnel on signs and symptoms of anaphylaxis, how to administer the epinephrine auto-injector, calling EMS (911) and any follow up documentation or actions required. CPR certification is recommended but not required.

Staff members who volunteer to be trained are protected under the law and will be provided defense and indemnification by the school district for any and all civil liability. This notification is provided annually to all staff. If you are willing to be identified as a volunteer and be trained, please complete the section below and submit it to the district nurse. You may revoke this volunteer agreement at any time.

_____	_____	_____
Signature	Printed Name	Date