



**ACKNOWLEDGEMENTS OF RECEIPT
AUTHORIZATIONS / RELEASES**

		Initial Here
<p>Employee Handbook (InfoZone): I have this day been notified how to access InfoZone to view and/or print a copy of the <i>San Joaquin Valley College</i> Employee handbook. I understand that I may request a hard or electronic copy at any time during my employment. I understand and agree it is my responsibility to fully and completely read, familiarize myself with and abide by the policies and procedures contained in this handbook.</p> <p>I understand that except for employment at-will status, any and all policies or practices can be changed at any time by the College. San Joaquin Valley College reserves the right to change my hours, wages, and working conditions at any time. I understand and agree that other than the president of San Joaquin Valley College, no manager, supervisor, or representative of the College has authority to enter into any agreement, expressed or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will; only the president has the authority to make any such agreement and then only in writing, signed by the president.</p> <p>I understand and agree that nothing in the employee handbook creates or is intended to create a promise or representation of continued employment and that the employment at San Joaquin Valley College is employment at-will; employment may be terminated at the will of either the College or me. My signature below certifies that I understand that the foregoing agreement on at-will status is the sole and entire agreement between San Joaquin Valley College and me concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings, and representations concerning my employment with San Joaquin Valley College.</p>		_____
<p>Workers' Compensation: I acknowledge that I have received a copy of the Workers' Compensation Time of Hire Pamphlet that includes the Predesignation of Personal Physician and Notice of Personal Chiropractor or Personal Acupuncturist. I understand and agree it is my responsibility to fully and completely read, familiarize myself with and abide by the processes and requirements described in the pamphlet and in the predesignation forms.</p>		_____
<p>DE 2515/DE 2511/DFEH-185: I hereby acknowledge that I have received copies of the following handouts and/or pamphlets:</p> <ul style="list-style-type: none"> • State Disability Insurance Provisions (DE2515), outlining my rights to, and obligations regarding State Disability Insurance. • Paid Family Leave brochure (DE2511) outlining my rights to, and obligations regarding Paid Family Leave. • Sexual Harassment is Forbidden by Law (DFEH-185) outlining my rights to, and obligations regarding sexual harassment. 		_____
<p>Harassment Training: I acknowledge that I attended harassment awareness training entitled "You Can STOP Harassment – Taking Responsibility."</p> <p>I understand that: (1) I have the right to work in an environment free from harassment; (2) I have a responsibility not to engage in behaviors that constitute harassment; (3) if I feel I am being harassed, I have the right and responsibility to either communicate this directly to the harasser or to a non-involved supervisor, Campus Director or Director of Human Resources.</p>		_____
<p>Injury and Illness Prevention Program [IIPP]: I have this day been notified how to access InfoZone to view and/or print a copy of the Injury and Illness Prevention Program (IIPP), revision date August 29, 2012. I understand that I may request a hard or electronic copy at any time during my employment. I understand and agree it is my responsibility to fully and completely read, familiarize myself with and abide by the policies and procedures contained in the IIPP.</p>		_____



**ACKNOWLEDGEMENTS OF RECEIPT
AUTHORIZATIONS / RELEASES**

		Initial Here
<p>Telephone Recording Disclosure and Consent: I understand and acknowledge that in the scope of my employment, I will be responsible for making outbound telephone calls on behalf of my employer and answering or receiving incoming telephone calls placed to my employer. I understand and acknowledge that telephone calls may be recorded by my employer and/or their agents.</p> <p>I understand that I am responsible for stating the approved call recording disclosure for both outgoing and incoming calls in order to obtain consent from the called party. "This call may be recorded or monitored for quality and training purposes."</p> <p>I further waive any and all claims, suits and/or causes of action including negligence and release my employer and/or their agent from any and all liability against them in connection with the recording of telephone calls placed or received during the course of my employment.</p>		_____
<p>Release: I hereby give <i>San Joaquin Valley College</i> and its associated companies the absolute and irrevocable right and permission with respect the photographs, portraits and/or video of me or in which I may be included with others and any parts, reproductions, or likeness thereof in any form to:</p> <ol style="list-style-type: none"> 1. Copyright the same in San Joaquin Valley College's name or any other name that may be chosen. 2. Use, re-use, publish or re-publish the same in whole or in part, individually or in conjunction with other photographs, portraits and/or video, in any medium and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion and advertising and trade; and 3. Use my name in connection therewith if San Joaquin Valley College so chooses. <p>I hereby release and discharge San Joaquin Valley College from any and all claims and demands arising out of or in connection with the use of the photographs, portraits and/or video, including any and all claims for libel.</p> <p>This authorization and release shall also inure to the benefit of the legal representative, licensees and assigns of San Joaquin Valley College as well as the person(s) for who took the photographs, portraits and/or video.</p> <p>I hereby represent that I am eighteen (18) years of age and have the right to grant this authority.</p> <p>I understand that <i>San Joaquin Valley College</i> and its associated companies have no control over the reproduction methods applied to photographs, portrait and/or video; therefore, cannot be held responsible for its reproductive quality due to the limited techniques at their disposal in creating said reproduction.</p>		_____
<p>Substance Abuse Prevention Program (InfoZone): I have this day been notified how to access InfoZone to view and/or print a copy of the September 1, 2011 – August 31, 2012 Substance Abuse Prevention Program of <i>San Joaquin Valley College</i>. I understand that I may request a hard or electronic copy at any time during my employment. I agree to fully and completely read and abide by the contents of this handbook as part of my employment responsibilities.</p> <p>I understand the policies of the College regarding substance abuse as well as the sanctions that could be imposed by the College and the State of California for violation of these policies.</p>		_____
<p>Campus Security Report (InfoZone): I have this day been notified how to access InfoZone to view and/or print a copy of the July 1, 2011 – June 30, 2012 Campus Security Report of <i>San Joaquin Valley College</i>. I understand that I may request a hard or electronic copy at any time during my employment. I agree to fully and completely read and abide by the contents of this handbook as part of my responsibilities as a student or employee of this College.</p> <p>I understand the policies of the College regarding campus security as well as the sanctions that could be imposed by the College and the State of California for violation of these policies.</p>		_____



**ACKNOWLEDGEMENTS OF RECEIPT
AUTHORIZATIONS / RELEASES**

Initial Here	
<p>Student Disabilities Law: Policy and Procedure (InfoZone) I have this day been notified how to access InfoZone to view and/or print a copy of the <i>San Joaquin Valley College</i> Student Disabilities Law: Policy and Procedure handbook. I understand that I may request a hard or electronic copy at any time during my employment. I agree to fully and completely read and abide by the contents of this handbook as part of my responsibilities as a student or employee of the College.</p> <p>I understand the policies of the College regarding student accommodation as well as the sanctions that could be imposed by the College and the State for violation of these policies.</p>	_____
<p>COBRA Notice: I hereby acknowledge that I have received a copy of the Continuation of Group Health Coverage Notice outlining my rights to, and obligations regarding, continuation of health insurance coverage.</p>	_____
<p>401(k) Profit Sharing Plan Notice: I hereby acknowledge that I have received a copy of the 401(k) Profit Sharing Plan Notice which outlines eligibility requirements and the automatic enrollment process.</p> <p>I understand that I will be automatically enrolled at 3% of my compensation once I become eligible to participate unless I opt out of the plan or change my contribution election.</p> <p>I authorize my employer and the plan administrator to deduct from my earnings any amounts due to automatic enrollment designated by me electronically and or by other means throughout my employment and to forward such amounts to the Plan. I also direct my employer and the plan administrator to implement any other instructions I have provided during the electronic election process. The employer, trustees and any others concerned with the administration of the Plan are entitled to rely on these instructions; each shall be fully protected in taking or omitting any action under any provisions of the Plan in reliance on the information I have provided and selection I have made.</p>	_____
<p>Job Description: I have this day received a copy / copies of my job description(s) for the position(s) listed below that provide the essential and responsibilities of the position(s) assigned to me. I agree to fully and completely read and abide by the contents of my job description(s) as part of my employment responsibilities.</p> <p>I understand that the essential duties and responsibilities, supervisory responsibilities, competencies, qualifications, physical demands and/or work environment may be changed, modified, or deleted at any time at the discretion of management.</p> <p>Job Title: _____ Revision Date: _____</p> <p>Job Title: _____ Revision Date: _____</p>	_____
<p>SJVC Catalog (InfoZone): I have this day been notified how to access InfoZone to view and/or print a copy of the <i>San Joaquin Valley College</i> Catalog, published date August 2012. I understand that I may request a hard or electronic copy at any time during my employment. I agree to fully and completely read and abide by the contents of this catalog as part of my employment responsibilities.</p>	_____



**ACKNOWLEDGEMENTS OF RECEIPT
AUTHORIZATIONS / RELEASES**

<p>SJVC Student Handbook (InfoZone): I have this day been notified how to access InfoZone to view and/or print a copy of the <i>San Joaquin Valley College</i> Student Handbook, revision date July 2012. I understand that I may request a hard or electronic copy at any time during my employment. I agree to fully and completely read and abide by the contents of this catalog as part of my employment responsibilities.</p> <p>I understand that the rules, policies and benefits outlined in this handbook may be changed, modified, or deleted at any time at the discretion of management.</p>	
<p>Code of Conduct for Institutional Financial Aid Professionals (Adopted by NASFAA Board of Directors, May 2007): I understand as an institutional financial aid professional I am expected to always maintain exemplary standards of professional conduct in all aspects of carrying out my responsibilities, specifically including all dealings with any entities involved in any manner in student financial aid, regardless of whether such entities are involved in a government sponsored, subsidized, or regulated activity. In doing so, as a financial aid professional I shall:</p> <ul style="list-style-type: none"> • Refrain from taking any action for my personal benefit. • Refrain from taking any action I believe is contrary to law, regulation, or the best interests of the students and parents I serve. • Ensure that the information I provide is accurate, unbiased, and does not reflect any preference arising from actual or potential personal gain. • Be objective in making decisions and advising my institution regarding relationships with any entity involved in any aspect of student financial aid. • Refrain from soliciting or accepting anything of other than nominal value from any entity (other than an institution of higher education or a government entity such as the U.S. Department of Education) involved in the making, holding, consolidating, or processing of any student loans, including anything of value (including reimbursement of expenses) for serving on an advisory body or as part of a training activity of or sponsored by any such entity. • Disclose to my institution in such manner as my institution may prescribe, my involvement with or interest in any entity involved in any aspect of student financial aid. 	FA Staff Only
<p>Experian True Trace: I understand as a Students Accounts Representative I am expected to abide by the following policy.</p> <p>Access to Experian True Trace is used by authorized SJVC employees to obtain updated contact information for current or previous students for the sole purpose of collections on an SJVC institutional loan. Use of this service is only authorized for students where the institution has a signed Retail Installment Contract (RIC) in repayment on file. Access to the Experian website is limited to operational hours and only on approved SJVC networks and equipment. Use of Experian True Trace for any purpose other than a collections related contact or outside of normal business requirements is prohibited and may result in disciplinary action up to and including termination.</p>	Student Accounts Only

Employee's Name Printed: _____

Employee's Signature: _____

Title / Position: _____

Date: _____