

# MARIN COMMUNITY COLLEGE DISTRICT

## New Employee Onboarding Presentation

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PRESENTED BY:

COLLEGE OF MARIN

HUMAN RESOURCES DEPARTMENT



# Agenda

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1. Mission Statement
2. Health and Safety
3. Board Policies and Procedures
4. District Resources/Access
5. Employment Resources
  - Benefits Information
  - Payroll Information
  - Collective Bargaining Agreements
  - Unemployment Insurance



# Marin Community College District (MCCCD)

## Mission

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College of Marin's commitment to educational excellence is rooted in **providing equitable opportunities** and fostering success for **all members of our diverse community** by offering:

- preparation for transfer to four-year colleges and universities
- associate degrees and certificates
- career technical education
- basic skills improvement
- English as a second language
- lifelong learning
- community and cultural enrichment

College of Marin responds to community needs by offering student-centered programs and services in a supportive, innovative learning environment that promotes social and environmental responsibility.





# Health and Safety





# Health and Safety

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## **Public Service Employees – Disaster Workers**

California Government Code section 3100 designates all public employees, including employees of school and college districts, as disaster service workers. Public employees assume the responsibility to serve as disaster service workers at the time they are hired. In the event of a declared national, state, or local emergency, College employees may be called into service to assist with relief efforts. Our work as disaster service workers would promote the protection of public health and safety or the preservation of lives and property. Employees serving as disaster service workers may be directed to perform disaster service work at their regular work site or at another location, either with the College or with other government agencies.

College employees serving as disaster service workers would be compensated as though they were at their regular job.

For more information, please go to [Disaster Service Worker](#)



# Health and Safety cont.

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## Emergency Preparedness

Prepare yourself to provide the best emergency assistance in times of crisis by reviewing the [Emergency Guidelines Handbook](#), a quick reference for campus staff. In the handbook you will learn about campus emergency response centers, evacuation areas, emergency phone numbers for campus police and first responders as well as find suggestions for dealing with suspicious or disruptive people. Fire, earthquake, other environmental threats and utility blackouts are also discussed, and there is a good list for your basic emergency supply kit. As a staff member of the Marin Community College District and as a designated government Disaster Service Worker in California Government Code Section 3100-3109, you have the responsibility to be prepared to provide emergency assistance in support of the students and your fellow employees.



# Health and Safety cont.

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COM Connect is the College of Marin Emergency Notification System. COM Connect is a mass notification system that enables Campus Police and College officials to broadcast emergency messages to students, faculty, and staff via voice, text, and email.

Please go to [\*\*COM Connect Setup\*\*](#) to sign up.



# Health and Safety cont.

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## **Worker's Compensation - Employee Accident and Injury Procedure**

When an employee sustains any work-related injury or illness, no matter how minor (bumps on the head, cuts, trip and falls, etc.) they must report it immediately to their manager/supervisor. If a manager/supervisor is unavailable, it is the responsibility of the employee to report the injury to the Benefits Office.

Ron Owen, Senior Benefits Analyst  
(415) 883-2211 ext. 8159  
(415) 884-3159  
[rowen@marin.edu](mailto:rowen@marin.edu)

Employees must also contact the **Company Nurse Injury Hotline** at (877) 518-6702. Company Nurse provides District employees with 24/7 telephone access to Registered Nurses and medical professionals.

Please ensure you review the following information below or visit the **Employee Benefits website**.

- **Workers' Compensation Procedure**
- **Workers' Compensation Pre-Designation Physician Memo**
- **Workers' Compensation Pre-Designation Physician Form**
- **COM Wellness Program**







# Board Policies and Procedures



# Board Policies and Procedures

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## Sexual Harassment/Discrimination

Marin Community College District is committed to providing an academic and work environment free of unlawful harassment. All forms of harassment are contrary to basic standards of conduct between individuals and are prohibited by state and federal law, as well as this policy, and will not be tolerated. In addition, Senate Bill 1343 requires California employers with five or more employees to be trained in sexual harassment and abusive conduct prevention every two years. The new law requires employers to provide one (1) hour of sexual harassment and abusive conduct prevention training to non-managers employees.

**Sexual Harassment Training Information** – **Must complete mandatory training within 30 days of your first day of employment. New employees will receive an email with instructions for completing the training.** Training is accessible through ProLearning in the MyCOM Portal. Please note you may experience a delay in access to ProLearning and MyCOM Portal depending on your onboarding date and first day of employment.

Please review the following policies and procedures.

- **BP 3430 - Prohibition of Harassment**
- **AP 3430 - Prohibition of Harassment**
- **BP 3410 - Nondiscrimination**
- **AP 3410 - Nondiscrimination**



# Board Policies and Procedures cont.

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## Sexual and Other Assaults on Campus

The Marin Community College District (“District”) is committed to fostering a safe environment for its students, faculty and staff. Title IX of the Education Amendments of 1972 (“Title IX”) is a federal law that prohibits discrimination on the basis of sex in educational programs and activities which receive Federal financial assistance. Discrimination on the basis of sex can include sexual harassment or sexual violence. Title IX protects all participants in the District’s educational programs and activities, including students and employees.

In addition to Title IX, the California Education Code, other state and federal laws, the District policies and procedures also prohibit discrimination and ensure equity in education.

Title IX information provided here applies to both the Kentfield and Indian Valley Campuses, and to all of the District’s programs and activities.

Please review the following policies and procedures:

- [COM Red Folder](#)
- [Notice of Rights of Victims of Domestic Violence/Sexual Assault](#)
- [BP 3540 - Sexual and Other Assaults on Campus](#)
- [AP 3540 - Sexual and Other Assaults on Campus](#)



# Board Policies and Procedures cont.

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## Drug and Alcohol Prevention

The District shall be free from the unlawful possession, use, or distribution of illicit drugs, prescription drugs, and alcohol by students and employees. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in all facilities under the control and use of the District. Any student or employee who violates this policy will be subject to disciplinary action consistent with local, state, or federal law, which may include referral to an appropriate rehabilitation program, suspension, demotion, expulsion, or dismissal.

Please review the following policies and procedures:

- **COM Drug and Alcohol Prevention**
- **BP 3550 - Drug and Alcohol Free Environment and Drug Prevention Program**
- **AP 3550 - Drug and Alcohol Free Environment and Drug Prevention Program**
- **BP 3560 - Alcoholic Beverages**
- **AP 3560 - Alcoholic Beverages**





# Board Policies and Procedures cont.

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Additional important Board Policies and Procedures.

- [BP 3570 - Smoke-Free Learning and Working Environment](#)
- [AP 3570 - Smoke-Free Learning and Working Environment](#)
- [BP 3720 - Information Technology Use](#)
- [AP 3720 - Information Technology Use](#)
- [BP 3518 - Child Abuse Reporting](#)
- [AP 3518 - Child Abuse Reporting](#)





## District Resources/Access





# District Resources/Access

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Accessing the Portal. In an effort to provide a single-sign-on (SSO) platform, the IT department has aggregated most of your portals under your [MyCOM portal](#). You may login into the following portals directly using the below link:

## **MyCOM Portal**

(Use your MyCOM username)

## **MyCOM Email**

(After you enter your full email address, you will be redirected to the MyCOM Portal login. Use your MyCOM username)

## **Citrix Remote Desktop**

(Use your computer login as your username)

Please note you may experience a delay in access to MyCOM Portal depending on your onboarding date and first day of employment.

## **Information Technology Support:**

### ➤ **IT Support**

[servicedesk@marin.edu](mailto:servicedesk@marin.edu)

### ➤ **Social Media Guidelines**

### ➤ **COM General Email Use Guidelines**

### ➤ **COM Password Standards**



# District Resources/Access cont.

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The following salary schedules are current and located on the Human Resources website under classification and compensation.

- [California School Employees Association \(CSEA\)](#)
- [Children's Center Teachers \(UPM\)](#)
- [Management, Supervisory, and Confidential \(MSC\)](#)
- [Service Employees International Union \(SEIU\)](#)
- [United Professors of Marin \(UPM/AFT\)](#)
- [Non-Student Salary Schedule](#)
- [Student Salary Schedule](#)



# District Resources/Access cont.

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Please review the following District information:

- [Academic Calendar](#)
- [District Holiday Schedule](#)
- [Campus Maps](#)
- [Participatory Governance System](#)
- [District Management Organizational Chart](#)





# Employment Resources



# Employment Resources

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## Benefits Information

As an employee of Marin Community College District, you have a comprehensive program of benefits available to you and your family. Details on each plan can be found by scrolling down this page and will be discussed during your New Employee Orientation. The [Employee Benefits website](#) provides an overview of the benefits generally available to you as a District employee.

For part time faculty, if eligible, you will receive enrollment forms to your District email prior to the start of the semester. For all other employees, **please schedule your appointment with your Benefits Analyst, Ron Owen.**

Ron Owen, Senior Benefits Analyst  
(415) 883-2211 ext. 8159  
(415) 884-3159  
[rowen@marin.edu](mailto:rowen@marin.edu)

## [Employee Benefits Guide](#)

## [ACA \(Affordable Care Act\) Offer of Health Insurance - Blue Shield of CA/Bronze Plan](#)



# Employment Resources cont.

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## Payroll Information

The payroll department is responsible for accurate payroll processing, inputting employee payroll and benefit deductions, payroll direct deposit and check distribution, and annual IRS Form W-2 reporting.

All **regular employees** are paid on the **last business day of the month**. All **temporary** employees (short-term, PT faculty and Professional Experts) are paid on the **tenth day of the month**, or the preceding business date if the 10th falls on a weekend or national holiday.

For more information, please go to the payroll website at <http://fiscal.marin.edu/payroll>





# Employment Resources cont.

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## Direct Deposit Information

The District encourages enrollment in payroll direct deposit, which is available to all employees. Direct deposit is safe, timely, and avoids lost paper checks. In addition, direct deposit saves time by avoiding errands to the bank. Contact a Payroll team member to enroll in the Direct Deposit program.

*Mainline: (415) 457-8811 (enter extension #)*

Employee last name A-L: Maritza Dannecker, Ext.8164

Employee last name M-Z: Linda Terry, Ext 8163

<http://fiscal.marin.edu/payroll>



# Employment Resources cont.

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## Unemployment Insurance Information

At the end of your employment with College of Marin, you may qualify for Unemployment Insurance. The Employment Development Department (EDD) can assist you with information on eligibility, claim submission, and benefit amounts. They may be reached by telephone at (800) 300-5616 or online at [www.edd.ca.gov](http://www.edd.ca.gov). (College of Marin students who are employees of the College are not eligible for unemployment benefits.) The date you file your claim is important in determining your benefit level, so contact EDD immediately for advice. For more detailed information, please review the [DE 2320, For Your Benefit – California Programs for the Unemployed pamphlet.](#)

[DE 2320, For Your Benefit – California Programs for the Unemployed Pamphlet - Spanish](#)

For more information regarding unemployment, please go to [Employment Development Department \(EDD\).](#)



# Employment Resources cont

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## Collective Bargaining Agreements

The District recognizes The California School Employees Association (CSEA) CHAPTER 196 as the exclusive representative for the employees in the ***office-clerical and technical quasi-professional unit***.

The District recognizes The Service Employees International United (SEIU) as the exclusive representative for the employees in the ***skilled trades and operational units***.

The District recognizes The United Professors of Marin (UPM) as the exclusive representative for employees in delivering instruction to our student and community members.

For more information, please go to [Collective Bargaining Agreements](#)



# The Human Resources Team

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## **Nekoda Harris**

*Executive Director of Human Resources  
EEO/Title IX Officer & ADA Coordinator*

## **CLASSIFIED SUPPORT TEAM**

### **Connie Lehua**

*Manager Employee and Labor Relations*

### **Shawna Callahan**

*Human Resources Technician II*

### **Julie Breakstone**

*Employment Services Coordinator*

## **FACULTY SUPPORT TEAM**

### **Devon Kinka Ruiz**

*Manager of Human Resources Academic Personnel*

### **Candice Hansen**

*Human Resources Technician II*

### **Kirsten Gisle**

*Employment Services Coordinator*





Thank you!

## Human Resources Office Hours:

COVID-19 UPDATE. In-person Human Resources services and events are suspended until further notice.

### Location:

Indian Valley Campus  
Building 11  
Second Floor  
1800 Ignacio Blvd  
Novato, CA 94949

### Phone/Email:

(415) 485-9340  
(415) 883-6878 (fax)  
General inquiries:  
[hrcom@marin.edu](mailto:hrcom@marin.edu)



# Onboarding Standard Forms Presentation

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PRESENTED BY COLLEGE OF MARIN  
HUMAN RESOURCES DEPARTMENT





# Criminal Background Check Live Scan Form

Live Scan involves submitting your finger prints to complete a state/federal level background check.

Our campus Police Department can assist with this step; please contact them to schedule an appointment:

(415) 485-9455  
<http://police.marin.edu/>

Please complete the Applicant Information section and bring this form with you to your appointment.

Human Resources will provide applicable position details related to this step.

STATE OF CALIFORNIA  
BCIA 8016  
(Rev. 04/2020)

DEPARTMENT OF JUSTICE  
PAGE 1 of 4

Print Form Reset Form

### REQUEST FOR LIVE SCAN SERVICE

**Applicant Submission**

CA0211300 School Employee  
ORI (Code assigned by DOJ) Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

MARIN COMMUNITY COLLEGE POLICE DEPARTMENT 03507  
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

P.O. BOX 521 JEFF MAROZICK  
Street Address or P.O. Box Contact Name (mandatory for all school submissions)

KENTFIELD CA 94904 (415) 485-9455  
City State ZIP Code Contact Telephone Number

**Applicant Information:**

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

Date of Birth Sex  Male  Female Driver's License Number

Height Weight Eye Color Hair Color Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature Date

Your Number: OCA Number (Agency Identifying Number) Level of Service:  DOJ  FBI  
(If the Level of Service indicates FBI, the fingerprints will be used to check the



# Tuberculosis (TB) Risk Assessment



Example of the assessment questionnaire review items.

Our campus Health Services College Nurse can assist with this step; please send an email to both contacts to make a free screening appointment:

Lisa Tostenson – College Nurse  
[ltostenson@marin.edu](mailto:ltostenson@marin.edu)

Bo Buckley – Health Services Asst.  
[bbuckley1@marin.edu](mailto:bbuckley1@marin.edu)

<http://ss.marin.edu/health-services>



## School Staff and Volunteers: Tuberculosis Risk Assessment

Job-related requirement for child care, pre-K, K-12, and community colleges

The purpose of this tool is to identify adults with infectious tuberculosis (TB) to prevent them from spreading TB. Use of this risk assessment is required in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055 and 121525, 121545, and 121555.

The law requires that a health care provider administer this risk assessment. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. Any person administering this risk assessment is to have training in the purpose and significance of the risk assessment and Certificate of Completion.

Name of Employee/Volunteer Assessed for TB Risk Factors: \_\_\_\_\_

Assessment Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### History of Tuberculosis Infection or Disease (Check appropriate box below)

**Yes**

If there is a documented history of positive TB test (infection) or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray, and was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

**No (Assess for Risk Factors for Tuberculosis using box below)**

### Risk Factors for Tuberculosis (Check appropriate boxes below)

If any of the 5 boxes below are checked, perform a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). Re-testing with TST or IGRA should only be done in persons who previously tested negative, and have new risk factors since the last assessment. A positive TST or IGRA should be followed by a chest x-ray, and if normal, treatment for TB infection considered. (Centers for Disease Control and Prevention (CDC). Latent Tuberculosis Infection: A Guide for Primary Health Care Providers. 2013)

**One or more signs and symptoms of TB:** prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue.

Evaluate for active TB disease with a TST or IGRA, chest x-ray, symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

**Close contact** to someone with infectious TB disease at any time

**Foreign-born person** from a country with an elevated TB rate  
Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. IGRA is preferred over TST for foreign-born persons.

**Consecutive travel or residence of ≥1 month** in a country with an elevated TB rate  
Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.

**Volunteered, worked or lived in a correctional or homeless facility**

TCB-01 (10/2016)



# Form I-9

Please complete Section 1 of Page 1; be sure to sign and date.

Please review Page 3 of the Form I-9 for a listing of *Acceptable Documents*; choose your preferred available document(s), attach a copy to be submitted with your secure Adobe Sign packet.

**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: \_\_\_\_\_

OR Code - Section 1  
Do Not Write in This Space

Signature of Employee \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_

**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

Form I-9 10/21/2019 Page 1 of 3



# W4 Form

We recommend reviewing the optional worksheet pages first and then completing page 1 of this form; please complete each applicable section before signing and dating this form.

If you have questions on how to complete this form, please consult with a tax professional and/or research via:

<https://www.irs.gov/forms-pubs/about-form-w-4>

**Form W-4** Employee's Withholding Certificate OMB No. 1545-0044  
Department of the Treasury Internal Revenue Service  
▶ 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.

**2020**

**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

(c)  Single or Married filing separately  
 Married filing jointly (or Qualifying widow(er))  
 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)

▶ 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](http://www.ssa.gov).

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, when to use the online estimator, and privacy.

**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](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents**

If your 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 and 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)

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 102290 Form W-4 (2020)





# DE-4 Form

We recommend reviewing the optional worksheet pages first and then completing page 1 of this form; please complete each applicable section before signing and dating this form.

If you have questions on how to complete this form, please consult with a tax professional and/or research via:

[https://edd.ca.gov/Payroll\\_Taxes/Forms\\_and\\_Publications.htm](https://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm)

**EDD** Employment Development Department  
State of California

### 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 City, State, and ZIP Code	Filing Status SINGLE or MARRIED (with two or more incomes) MARRIED (one income) HEAD OF HOUSEHOLD

- Total Number of Allowances you're claiming (Use Worksheet A for regular withholding allowances. Use other worksheets on the following pages as applicable, Worksheet A-B).
- Additional amount, if any, you want withheld each pay period (if employer agrees), **(Worksheet B and C)**  
OR

**Exemption from Withholding**

- I claim exemption from withholding for 2020, and I certify I meet both of the conditions for exemption.  
OR Write "Exempt" here
- 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
Marin Community College District 1800 Ignacio Blvd. Novato CA 94949	

**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.

Beginning January 1, 2020, Employer'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 Employer's Withholding Allowance Certificate (DE 4) to determine the appropriate California Personal Income Tax (PIT) withholding.

If you do not provide your employer with a withholding certificate, 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:

- You did not owe any federal/state income tax last year, and
- 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 on your wages if

- your spouse is a member of the armed forces present in California in compliance with military orders;
- you are present in California solely to be with your spouse; and
- 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.

DE 4 Rev. 4/9 (2-20) (INTERNET) Page 1 of 4



# Prior Retirement Memo

Please complete this form in its entirety and be sure to sign and date.

Note – Personal identification details are used to assist our Payroll department with researching your membership status with CalPERS and/or CalSTRS.

<b>COLLEGE OF MARIN</b>	Human Resources	835 College Avenue Kentfield, CA 94904 415.457.8811	Kentfield Campus Indian Valley Campus
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**MEMORANDUM**

**TO: All Newly Hired Employees**  
**FROM: Human Resources Department**  
**RE: Prior Retirement System Membership**

In order to pay you properly and record the correct information for payroll purposes, please answer the following questions. Make sure that the form is complete, then sign and return as soon as possible.

1. Have you ever been a member of PERS (Public Employees' Retirement System)?  
 YES  NO  NOT SURE

2. Have you ever been a member of STRS (State Teachers' Retirement System)?  
 YES  NO  NOT SURE

If you answered "yes" to either of the above questions, what were the approximate dates of your past employment?  
FROM \_\_\_\_\_ TO \_\_\_\_\_

Please call the Human Resources Department at 415.485.9340 if you have any questions or concerns.

NAME (PRINT) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

Rev. 11/20





# Oath of Allegiance

Please read this form in its entirety to ensure you understand what the oath is covering and complete each applicable section.

Note – please indicate “Marin” on the “State of California, County of” line.

Human Resources will sign as your “Witness” at the bottom.

COLLEGE OF  
**MARIN**

OATH OF ALLEGIANCE FOR DISASTER SERVICE WORKERS AND PUBLIC EMPLOYEES  
AND  
CHILD/DEPENDENT ADULT ABUSE FORM

OATH  
State Constitution, Article XX, Section 3, as required by Section 3100 - 3109 of the Government Code:

All public employees are disaster service workers. Before taking up their duties employees must take the oath or affirmation required by law (Government Code 3100-3109).

I, \_\_\_\_\_ (print name), do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

STATE of CALIFORNIA, COUNTY of: \_\_\_\_\_

CHILD/ADULT DEPENDENT ABUSE  
California State Law (California Penal Code 11166.5 - Child Abuse and California Welfare and Institutions Code 15630 - Dependent Adult) requires any District employee who has knowledge of or observes a child (anyone under 19) or a dependent adult (one whose physical or mental limitations restrict his/her ability to protect his/her rights) in the employee's professional capacity or within the scope of his or her employment whom he or she knows, or in the case of child abuse, reasonably suspects, has been the victim of physical, sexual or mental abuse, to report the known or suspected instance of abuse to the District Police immediately or as soon as practicably possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

These reports are confidential and your identity will be protected. No administrator or supervisor may impede or inhibit your reporting nor can you be harassed or disciplined for reporting.

The District is obliged to inform all employees of these requirements and to maintain this form as proof that you have been informed.

I have read, understand, and agree to comply with the reporting requirements on child and dependent adult abuse. I have also read, understand and agree to comply with the Oath of Office.

PRINT NAME: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
WITNESS: \_\_\_\_\_ (HR will sign here)

THIS FORM IS TO BE RETURNED TO THE HUMAN RESOURCES DEPARTMENT AND FILED IN THE EMPLOYEE'S PERSONNEL FILE.

HR/Forms/New Employee/Loyalty Oath 2020



# Emergency Contact Form

Please provide at least one contact; however, two contacts are recommended.

After your onboarding process is complete, you will have an opportunity to update your contact(s) as needed via our MyCOM Portal resource: <https://idp.quicklaunchsso.com/marin>

COLLEGE OF MARIN	
EMPLOYEE EMERGENCY CONTACT INFORMATION	
EMPLOYEE NAME:	_____
POSITION/DEPT:	_____
DATE:	_____
<b>PRIMARY CONTACT</b>	
NAME:	_____
RELATIONSHIP:	_____
PHONE #1 Cell Home	_____
PHONE #2 Cell Home	_____
ADDRESS:	_____
<b>SECONDARY CONTACT</b>	
NAME:	_____
RELATIONSHIP:	_____
PHONE #1 Cell Home	_____
PHONE #2 Cell Home	_____
ADDRESS:	_____
COMMENTS:	_____
	_____
	_____
	_____



# Medical Clearance Form

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This form is applicable to first time California educational instructors (only). If this applies to you, please submit this form to COM Human Resources thirty (30) days prior to your first date of instruction.

COLLEGE OF  
**MARIN**

HUMAN RESOURCES OFFICE  
Medical Clearance

**Medical Requirement**

As a Certificated employee (and you have not previously held a certificated position in California), you are required to have a medical statement from a licensed physician showing that you are free from any disabling disease unfitting you to instruct or associate with students. The medical exam shall have been conducted not more than six months before submission of the certificate and shall be at the expense of the applicant. (Ed. Code Section 87408.6)

Please take care of meeting the medical requirement(s) at your earliest convenience and send a copy of the physicians' statement:

Marin Community College District  
Human Resources  
835 College Avenue  
Kentfield, CA 94904



# Verification of Employment Form (Step Placement)

Verification of Employment forms are used to determine your step placement on the salary schedule. Please complete the top portion of the form(s), and send the form(s) to previous employers where you have previous teaching experience or related work experience. The forms must be routed to the COM Human Resources department no later than 6 months after your first day of employment. **Forms received after 6 months will not retroactively affect step placement, nor will they count for the full value.** Please email [hrcom@marin.edu](mailto:hrcom@marin.edu) with any questions about this process.

COLLEGE OF  
MARIN

Department of Human  
Resources

MAILING ADDRESS  
Kentfield Campus  
835 College Avenue  
Kentfield, CA 94904  
(415) 485-8380 Main  
(415) 883-8078 Fax

OFFICE LOCATION  
Indian Valley Campus  
1800 Ignacio Blvd.  
Blip 1, 2nd Floor  
Novato, CA 94948  
[www.marin.edu](http://www.marin.edu)  
[www.marin.edu/hr](http://www.marin.edu/hr)

For: \_\_\_\_\_  
(Present or Previous Employer - PRINT)

From: \_\_\_\_\_  
(Requesting Employee - PRINT)

Subject: VERIFICATION OF PREVIOUS OR PRESENT TEACHING/WORK EXPERIENCE

I have been hired in a part-time faculty position by Marin Community College District. In order to complete my placement on their salary schedule, they have requested documentation verifying my previous or present teaching/work experience.

\*Please provide the requested information below and return this form to: Marin Community College District, Human Resources, 835 College Avenue, Kentfield, CA 94904 or via [hrcom@marin.edu](mailto:hrcom@marin.edu) \*

Type \_\_\_ New Hire \_\_\_ Active/Part-time faculty (Salary Placement – Vertical Movement)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

(To be completed by authorized employer representative – i.e., Human Resources, Academic Dean)

This form certifies the following employment details:

Employee Name \_\_\_\_\_

Name of Institution or Employer \_\_\_\_\_

Employer Location (City/State) \_\_\_\_\_

Employment Status \_\_\_ Present \_\_\_ Previous

Dates of Employment (Month & Year) \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Job Class \_\_\_ Academic \_\_\_ Classified \_\_\_ Administrator \_\_\_ Non-Academic

Job Status \_\_\_ Part-Time\* \_\_\_ Full-Time \_\_\_\_\_ Position Title \_\_\_\_\_

\*Part-Time status - Confirm percentage of FTE (full time equivalent), number of units for each semester/quarter or hours worked per week; \_\_\_\_\_; please include a separate document (on letterhead) to reflect full history, if applicable.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

HR – Revised 2019



# Official Transcripts (Column Placement)

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Please send official transcripts for degrees conferred to the COM Human Resources department at [hrcom@marin.edu](mailto:hrcom@marin.edu).

Official transcript(s) of the college degree awarded, college units taken, or Continuing Education Units-(CEU) in Nursing, Learning Disabilities or Dental Assisting must be received by COM Human Resources in order for initial column placement on the salary schedule to occur. Please note there will be no retroactive payments for official transcripts received past 6 months after your first day of employment.





# Part Time Faculty Benefits

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Part Time faculty may be eligible for health and dental benefits if you are assigned 6 or more units in the Fall, and work in the Spring for a combined total of at least 12 units for the Fall and Spring semesters.

Prior to the start of the semester, you will receive a health benefit enrollment form by email from a Human Resources representative. Please see article 4.2 of the UPM collective bargaining agreement for more details about health and dental coverage for part time faculty members.

<http://hr.marin.edu/sites/hr/files/UPM-Collective-Bargaining-Agreement-2017-2019.pdf>



# CalSTRS – Permissive Membership

Enrollment is optional; eligible to enroll at the start of each semester contract term period.

To learn more about this plan offering, please refer to the [CalSTRS web site](#) and the [CalSTRS Member Handbook](#).

Please complete pages 1-2:

Section 1 – Fill in as requested; if declining, you can leave the SSN and DOB text boxes blank.

Section 2 – Please check election status box; record your date of hire for *Membership Date* (first date of instruction/contract effective date).

Section 3 – Please sign/date.

**Permissive Membership**  
ES 0350 REV 03/20

[For CalSTRS' Official Use Only]

**CALSTRS**  
California State Teachers' Retirement System  
P.O. Box 15275, M8 17  
Sacramento, CA 95851-0275  
800-228-6468  
CalSTRS.com

**PERMISSIVE MEMBERSHIP ELECTION AND/OR ACKNOWLEDGEMENT OF RECEIPT OF CALSTRS DEFINED BENEFIT PROGRAM MEMBERSHIP INFORMATION**

This form is used to permissively elect membership in the CalSTRS Defined Benefit Program and/or to acknowledge receipt of information provided by an employer about the right to elect membership in the CalSTRS Defined Benefit Program. Please read all instructions before completing the form.

**Section 1: Employee Information (to be completed by employee)**  
Provide either your CalSTRS Client ID or Social Security number.

CLIENT ID SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME MI

ADDRESS (number, street, apt or suite no.)

CITY STATE ZIP CODE DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS TELEPHONE

**Section 2: Employee Election (to be completed by employee)**  
Check One:

I elect membership in the CalSTRS Defined Benefit Program as of: \_\_\_\_\_  
MEMBERSHIP DATE (MM/DD/YYYY)\*\*

I understand this election applies to all future creditable service performed for any current or future employer unless another election is made as allowed by law. I understand my membership is irrevocable and may only be cancelled by terminating all employment to perform creditable service and receiving a refund of my accumulated retirement contributions from the CalSTRS Defined Benefit Program.

\*\*Membership Date may be no earlier than the first day of the pay period in which the election is made, or the first day of employment, whichever is later. Please work with your employer to select the most beneficial, valid membership date.

I decline membership in the CalSTRS Defined Benefit Program at this time  
I understand that I can elect membership in the CalSTRS Defined Benefit Program at any time while I am employed to perform creditable service.



# CalSTRS – Recipient Designation (Beneficiary)

Form is applicable for those who are electing/enrolling (only) and is highly recommended.

Check the *I am a member of the Defined Benefit Program...* box (only) in the top section.

Please complete all applicable sections; any blank areas will result in CalSTRS rejecting your form.

<b>Recipient Designation</b>		<b>CALSTRS</b>	
<b>One-Time Death Benefit/Cash Balance Lump-Sum Payment</b>		California State Teachers' Retirement System	
MS 0002 rev 01/20		P.O. Box 15275, MS 43 Sacramento, CA 95851-0275 800-228-5453 CalSTRS.com	
<b>* Your form will be rejected if any required field is left blank.</b>			
<p>This form is for designating recipients to receive the death benefits payable in the event of your death under the CalSTRS Defined Benefit Program and the Cash Balance Benefit Program. Print clearly in dark ink or type all information requested and initial any corrections. If you are not sure of your CalSTRS membership, see your most recent Retirement Progress Report, available on myCalSTRS, or call us at 800-228-5453. You may complete and submit this form online using your myCalSTRS account for faster processing. You'll receive step-by-step guidance to complete your form correctly, and your form will be submitted automatically. Check one of the following:</p> <p><input type="checkbox"/> I am a member of the Defined Benefit Program. My recipient designation is for the one-time death benefit payable upon my death.</p> <p><input type="checkbox"/> I am a participant of the Cash Balance Benefit Program. My recipient designation is for the lump-sum payment to be distributed upon my death.</p> <p><input type="checkbox"/> I am a member/participant of both the Defined Benefit and Cash Balance programs. My recipient designation is for the death benefits payable under both programs. (Refer to instructions if recipients are different between programs.)</p> <p>I hereby revoke any previous designations and designate the following primary recipients—that are living upon my death—to receive equal amounts, unless otherwise specified, as recipients of any benefits payable under the Teachers' Retirement Law at the time of my death. If any of my primary recipients predecease me, or waive or disclaim their interest, the percentage I designated to that recipient will be distributed proportionally to all my remaining primary recipients. If I survive the primary recipients, I designate the secondary recipients—that are living upon my death—to share equally, unless otherwise specified, as recipients for any benefits payable under law at the time of my death. If any of my secondary recipients predecease me, or waive or disclaim their interest, the percentage I designated to that recipient will be distributed proportionally to all my remaining secondary recipients. If I survive all of my named recipients, then any benefit payable at the time of my death will be paid to my estate. I understand this form does not designate a recipient to receive a continuing monthly retirement benefit.</p>			
<b>Section 1: Member/Participant Information</b> (*indicates required information)			
NAME (LAST, FIRST, INITIAL)*		CLIENT ID OR SOCIAL SECURITY NUMBER*	
MAILING ADDRESS*		DATE OF BIRTH (MM/DD/YYYY)* ( )	
CITY*	STATE*	ZIP CODE*	HOME TELEPHONE
EMAIL ADDRESS			
<b>Section 2: Primary Recipients</b> (*indicates required information)			
Use this area to designate one or more primary recipients to receive a death benefit. Use additional sheets if needed. (P)			
FULL NAME OF PERSON, TRUST OR ORGANIZATION*			
MAILING ADDRESS*		TELEPHONE	
CITY	STATE	ZIP CODE	
<input type="checkbox"/> Person - Relationship: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary		SOCIAL SECURITY NUMBER/DUXPAYER ID NUMBER/EMPLOYER ID NUMBER*	
<input type="checkbox"/> Organization - Contact Name:		DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)*	
<input type="checkbox"/> Trust	PERCENTAGE*		
<input type="checkbox"/> Estate			

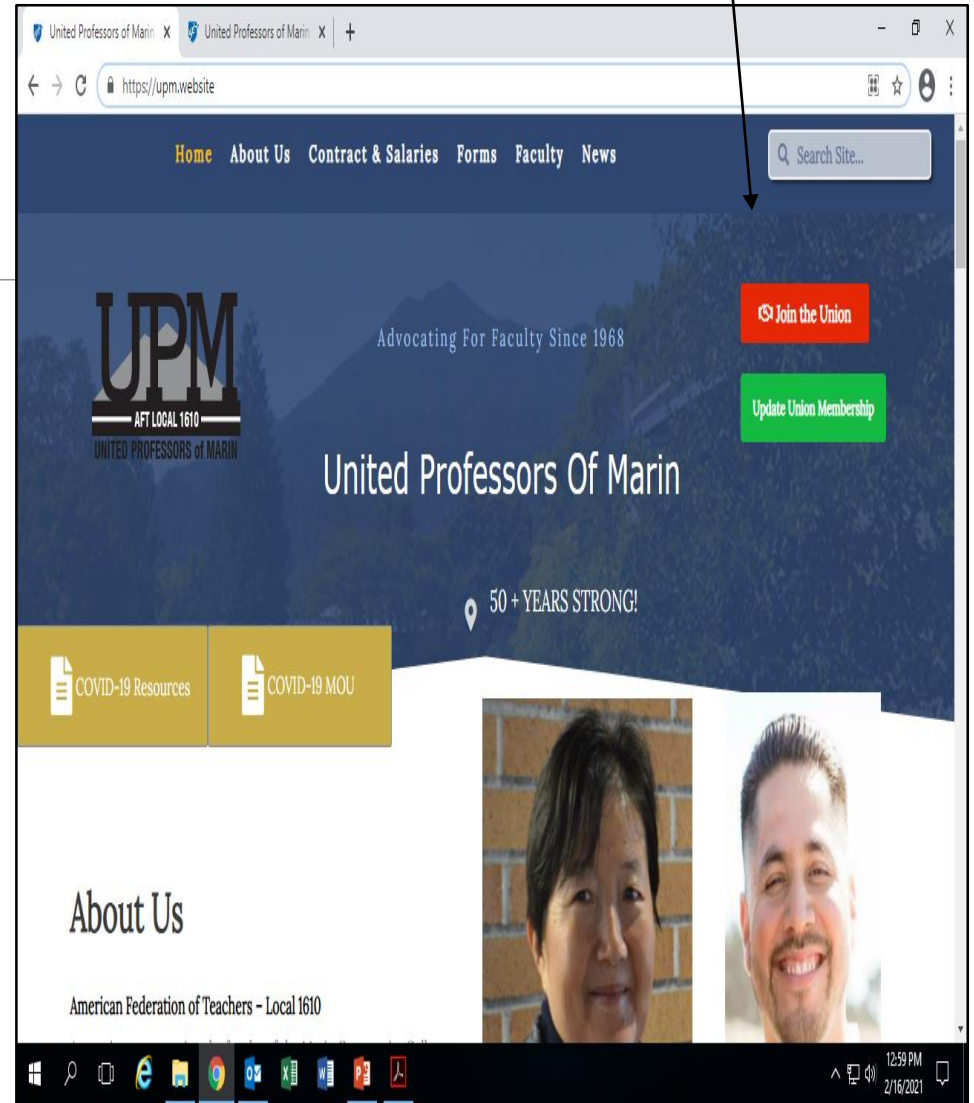


# United Professors of Marin (UPM)

To learn more about UPM (Faculty Union representation), please visit their website: <https://upm.website/>

Contact email: [secretary@upm.website](mailto:secretary@upm.website)

If applicable, please click on the red colored “Join the Union” link and follow the instructions/prompts.



# FACULTY SUPPORT TEAM

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**Devon Kinka Ruiz** ([dkinkaruiz@marin.edu](mailto:dkinkaruiz@marin.edu))

*Manager of Human Resources Academic Personnel*

**Candice Hansen** ([clhansen@marin.edu](mailto:clhansen@marin.edu))

*Human Resources Technician II*

**Kirsten Gisle** ([kgisle@marin.edu](mailto:kgisle@marin.edu))

*Employment Services Coordinator*

For general inquiries, please contact:

Phone (415) 485-9340 Fax (415) 883-6878

Email [hrcom@marin.edu](mailto:hrcom@marin.edu)





# THANK YOU!

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COLLEGE OF MARIN HUMAN RESOURCES TEAM



INSERT NEW CALSTRS SLIDES

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