



255 Pico Avenue, Suite 250
San Marcos, CA 92069

T 760.752.1299
F 760.752.1138

www.smusd.org

GENERAL APPLICATION

POSITION APPLIED FOR _____

First Name _____ Last Name _____ Middle Initial _____

SSN _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

RECORD OF EDUCATIONAL AND PROFESSIONAL PREPARATION

Name of High School _____

Highest Grade Completed _____ Graduated _____ GED _____

1. Name of College/University/School _____

Major/Field of Study _____

Semester Units _____ Quarter Units _____

Attended From _____ To _____

Degree Awarded _____

2. Name of College/University/School _____

Major/Field of Study _____

Semester Units _____ Quarter Units _____

Attended From _____ To _____

Degree Awarded _____

3. Name of College/University/School _____

Major/Field of Study _____

Semester Units _____ Quarter Units _____

Attended From _____ To _____

Degree Awarded _____

List languages, other than English, that you are familiar with: _____

RECORD OF WORK EXPERIENCE

List Most Current Employment First

1. Employer _____

Date From _____ To _____

Current Employer _____ Please don't contact _____

Address _____

Name of Immediate Supervisor _____

Phone _____

Supervisor Job Title _____ Your Job Title _____

Hours/Week _____

Job Duties _____

Reason for Leaving _____

2. Employer _____
 Date From _____ To _____
 Current Employer _____ Please don't contact _____
 Address _____
 Name of Immediate Supervisor _____
 Phone _____
 Supervisor Job Title _____ Your Job Title _____
 Hours/Week _____
 Job Duties _____

 Reason for Leaving _____

3. Employer _____
 Date From _____ To _____
 Current Employer _____ Please don't contact _____
 Address _____
 Name of Immediate Supervisor _____
 Phone _____
 Supervisor Job Title _____ Your Job Title _____
 Hours/Week _____
 Job Duties _____

 Reason for Leaving _____

PROFESSIONAL REFERENCES

1. Name _____
 Organization/Company _____
 Phone _____ E-mail _____
 Title _____

2. Name _____
 Organization/Company _____
 Phone _____ E-mail _____
 Title _____

3. Name _____
 Organization/Company _____
 Phone _____ E-mail _____
 Title _____

Can you perform all essential functions of the position for which you are applying? _____

Have you ever been employed by the District? _____

If employed by SMUSD, what years? _____

Indicate any relatives employed by this district. _____

Do you have a valid California Drivers' License? _____

Driver's License No. _____

If you do not have a valid California Drivers' License, can you acquire one if required for employment? _____

LEGAL INFORMATION

The following information is **REQUIRED** for your application to be considered. Your answers will not necessarily disqualify you from consideration, except for affirmative responses to certain enumerated sex and/or drug convictions and/or convictions for committing serious and/or violent felonies.

EXPLAIN ALL "YES" ANSWERS IN THE BOX BELOW THE QUESTION.

1. Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? Convictions include a plea of guilty, nolo contendere (no contest) and/or a finding of guilty by a judge or a jury. (Note: *Exclude convictions for marijuana-related offenses for more than two years old.*)

☐ YES

☐ NO

If "Yes", list all convictions including, but not limited to convictions for "driving under the influence", and convictions for sex and/or drug offenses listed in California Education Code Sections 44010 and 44011, except for convictions related to marijuana if it is more than two years after the date of the conviction. Include any serious or violent felony conviction in any state or jurisdiction an enumerated in California Penal Code sections 667.6(c) and 1192.7(c).

2. Have you ever been dismissed or asked to resign from any position?

☐ YES

☐ NO

If you answered "YES", please explain: _____

3. This School District/County Office does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, gender, mental or physical disability, sex orientation, or any other basis protected by federal, state or local law, ordinance or regulation, in its educational program(s) or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position(s) or program for which application been made.

Will you need any reasonable accommodation to participate in the hiring process?

☐ YES

☐ NO

If you answered "Yes", please explain: _____

4. My submission of this application authorizes the school to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district/County Office and reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: The local law enforcement agencies, information from the Central Criminal Records Exchange or either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the California or other State Department of Social Services Child Protective Services Unit and any locality to which they may refer for release of information to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the School District/County Office.

Signature _____



EMPLOYEE INFORMATION

Last Name		First Name		Middle	
Street Address					
City		State		Zip	
Home Phone		Cell Phone			
Social Security Number			Date of Birth		
Email Address					

.....
Frontline Absence and Substitute Login:

☐

Use Home Phone

☐

Use Cell Phone
.....

EMERGENCY CONTACT INFORMATION

First Name		Last Name		Relationship	
Street Address					
City		State		Zip	
Home Phone		Cell Phone			

SIGNATURE

DATE

HR USE ONLY

Orientation Date		Position				START DATE	
Salary	\$	TB exp.		Agenda		Ethnicity	
Emp #		Frontline		PeopleSoft New Hire Spreadsheet		Single/Married	
REQ #		Database				Male/Female	



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **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):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 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. (<i>See instructions</i>)	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div>QR Code - Section 1 Do Not Write In This Space</div>	

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



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

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 Identity and Employment Authorization	OR	List B Identity	AND	List C 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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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 Human Resources Data Technician	
Last Name of Employer or Authorized Representative Gagnon		First Name of Employer or Authorized Representative Ashley	Employer's Business or Organization Name San Marcos Unified School District	
Employer's Business or Organization Address (Street Number and Name) 255 Pico Ave., Ste. 250		City or Town San Marcos	State CA	ZIP Code 92069

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
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

INSTRUCTIONS: Please complete this form and return it to the Human Resources Department.

“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 received a warrant or check pursuant to this section is entitled to negotiate it as if he were the payee.”



**OATH OF ALLEGIANCE AND CITIZENSHIP
FOR PERSONS EMPLOYED BY A SCHOOL DISTRICT
OF THE STATE OF CALIFORNIA**

(Required by Section 3107 Title 1 Government Code)

(State of California, County of San Diego) ^{ss}

I, _____ do solemnly swear (or affirm) that I will support and defend the Constitution of the United States of American 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.

Signature of Employee

Taken, subscribed and sworn to before me this _____ day of _____ 20____.

Signature of Authorized Official

Human Resource Data Technician
San Marcos Unified School District
San Marcos, CA 92069

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: San Marcos Unified School District

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: _____

Address, City, State, Zip: _____

Phone Number: _____

Employee Name (please print): _____

Address, City, State, Zip: _____

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.

DWC FORM 9783 (7/2014)

AB 1432 – California Educator: Mandated Reporter Training

As an employee of the San Marcos Unified School District, you are considered a mandated child abuse reporter. The Child Abuse and Neglect Reporting Act requires a mandated reporter, which includes a teacher or one of certain other types of school employees, to report whenever he or she, in his or her professional capacity or within the scope of his or her employment, has knowledge of or has observed a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect.

The State Department of Education, in consultation with the Office of Child Abuse Prevention in the State Department of Social Services, has developed an online training module for all persons required to receive the training, and to provide proof of completing the training.

As a District employee, you are required to complete the Mandated Reporter Training once each school year.

To complete the training, please visit the following website:

<http://educators.mandatedreporterca.com>

Upon successful completion of the training, you will receive an email with your Certificate.

PLEASE BRING IN YOUR COMPLETION CERTIFICATE TO HUMAN RESOURCES WHEN YOU BRING IN YOUR NEW HIRE PACKET

SAN MARCOS UNIFIED SCHOOL DISTRICT

www.SMUSD.org



SAN MARCOS
UNIFIED SCHOOL DISTRICT
Engaging Students...Inspiring Futures

Home Students Parents Staff About Us Departments Schools Calendar
Coronavirus (COVID-19) #MondayFunday Enrichment Menu Parent Resources
Technology Resources Staff PD

San Marcos Unified / Departments List / Human Resources and Development / HR Documents

Human Resources and Development

HR DOCUMENTS

Welcome

Absences/Substitute Management

Annual Notification Packet

Benefits

Certificated Personnel

Classified Job Descriptions

Classified Personnel

Employment Opportunities

HR Documents

HR Staff List

Non-Classified, Short Term Personnel

Substitute Classified Personnel

Substitute Teachers (Certificated)

Salary Schedules

[2019-2020 Certificated Salary Schedule.pdf](#)
[2019-2020 Certificated Salary Schedule \(Effective January 1, 2020\)](#)
[2019-2020 Classified Salary Schedule.pdf](#)
[2019-2020 Classified Salary Schedule \(Effective January 1, 2020\)](#)
[2019-2020 Administrative Salary Schedule.pdf](#)
[2019-2020 Administrative Salary Schedule \(Effective January 1, 2020\)](#)

Master Contracts

[SMUSD/CSEA Master Contract 2018-2021](#)
[SMUSD/SMEA Master Contract July 1, 2018 - June 30, 2021](#)

Staff Documents

[Address/Phone/Name Change Form](#)
[Certificated Grievance Form](#)

[Employee Handbook 2020-21.pdf](#)
[Notice of Separation from Employment \(Resignation/Retirement\)](#)

[Employee Use of Technology](#)
[Safety Manual](#)

[Substitute Teacher Handbook](#)
[Calendar 2019-2020](#)

Access the SMUSD website at:
www.SMUSD.org

1. Go to **"DEPARTMENTS"**
2. Click on **"Human Resources"**
3. Click on **"HR Documents"** on the left side of the page

Click on:

- **Employee Handbook**
- **Employee Use of Technology**
- **Safety Manual**

SMUSD POLICY ACKNOWLEDGEMENT

I understand that I am legally obligated to review the following:

- ★ Employee Handbook
- ★ Employee Use of Technology
- ★ Safety Manual

on the San Marcos Unified School District website:
www.SMUSD.org

I understand how to access and have reviewed the district policies / documents listed above

Employee Name (please print)

Employee Signature

Date



Risk Management JPA Fringe Benefits Consortium



SAN DIEGO COUNTY AND IMPERIAL COUNTY SCHOOLS

EMPLOYEE NOTICE WORKERS' COMPENSATION BENEFITS

*This is to acknowledge receipt of information regarding
California Workers' Compensation laws and rights in addition to
notice regarding the Medical Provider Network that my employer utilizes.*

**I HAVE READ THE ATTACHED INFORMATION AND UNDERSTAND MY RIGHTS AND
BENEFITS UNDER THE WORKERS' COMPENSATION PROGRAM. I AGREE TO
REPORT ALL WORK RELATED INJURIES AND ILLNESSES TO MY SUPERVISOR/
EMPLOYER IMMEDIATELY AFTER THEY OCCUR.**

EMPLOYEE NAME _____ DATE _____
(PLEASE PRINT)

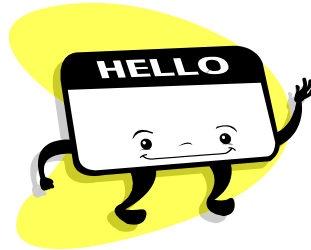
EMPLOYEE SIGNATURE _____

DISTRICT SAN MARCOS UNIFIED SCHOOL DISTRICT

Link to the San Diego County Schools Employee's Workers' Compensation Handbook:
[http://www.sdcoe.net/business-services/risk-management/Documents/
WC_Employee_Handbook_Revised_Mar_2015.pdf](http://www.sdcoe.net/business-services/risk-management/Documents/WC_Employee_Handbook_Revised_Mar_2015.pdf)

HUMAN RESOURCES

VOLUNTARY INFORMATION FORM



Section 1233 of the California Government Code permits public employers to solicit from employees and applicants a voluntary declaration of sex and racial/ethnic group membership. Information provided will assist the San Marcos Unified School District (SMUSD) in accurately compiling required statistical reports for federal and state agencies. None of the information will be used to discriminate against or give preference to any individual in any personnel transaction. Other information requested is for the SMUSD use only and is also voluntary.

PLEASE PRINT

Full legal name: _____

Position: _____

Birthdate: _____ Gender: _____

School site/Work location: District Office Substitutes

The following questions are required to be in compliance with new Federal/State laws. Please mark the appropriate area:

Ethnic Background: Are you Hispanic or Latino? ☐ NO ☐ YES

Please continue to answer the following by marking one or more to indicate your race:

<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Chinese	<input type="checkbox"/> Hmong	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> American Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan	
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Tahitian	



California Public Employees' Retirement System
P.O. Box 942709 Sacramento, CA 94229-2709
888 CalPERS (or 888-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-4166
www.calpers.ca.gov

Employer Account Management Division

Dear Member,

The California Public Employees' Retirement System (CalPERS) requires all members hired after January 1, 2013 complete the ***Reciprocal Self-Certification Form (PERS-EAMD-801)*** to provide essential information that will be used by your employer to enroll you in CalPERS membership.

This form obtains information regarding your membership in other qualifying public retirement systems and *must be returned to your employer within 10 business days of receipt*. Use the instructions provided on the back of the form and reference the List of Qualifying Public Retirement Systems for assistance. Information regarding your membership in a defined benefit plan for any of the listed qualifying public retirement system must be provided. **However, information related to CalPERS membership should not be included when completing this form, as this data is already stored in the CalPERS system.**

It is your responsibility to ensure the accuracy and completeness of the information you provide. Inaccurate information may result in adjustments to your account which could lead to adverse impacts such as incurring financial obligations that you and your employer will be responsible to fulfill.

For more information regarding the ***Reciprocal Self-Certification Form***, please visit our website at www.calpers.ca.gov.

Please note: The completion of the ***Reciprocal Self-Certification Form*** does not establish [reciprocity](#), nor is it a request to establish reciprocity. To request that reciprocity be established, download the **When You Change Retirement Systems (PUB 16)** publication to obtain the **Confirmation of Intent to Establish Reciprocity When Changing Retirement Systems (PERS-CASD-255)** form. This publication is available at www.calpers.ca.gov.

Sincerely,

Membership Services

Enclosures: List of Qualifying Public Retirement Systems in California, ***Reciprocal Self-Certification Form***, and Directions for Completing Reciprocal Self-Certification Form

List of Qualifying Public Retirement Systems in California

Name of Public Retirement System	Qualifications:
Alameda County Employees' Retirement Association [^]	
City and County of San Francisco Employees' Retirement System*	
City of Concord Retirement System*	
City of Costa Mesa Public Retirement System*	Safety only
City of Fresno Retirement System	
City of Pasadena Fire and Police Retirement System	Fire and police only
City of San Clemente*	Non-safety (miscellaneous) only
Contra Costa County Employees' Retirement Association [^]	
Contra Costa Water District	
East Bay Municipal Utility District	
East Bay Regional Park District	Safety only
Fresno County Employees' Retirement Association [^]	
Imperial County Employees' Retirement Association [^]	
Judges Retirement System II	
Kern County Employees' Retirement System [^]	
Legislators' Retirement System	
Los Angeles City Employees' Retirement System	Non-safety (miscellaneous) only; L.A. Fire and Police Pension System and L.A. Water and Power Employees' Retirement System not eligible
Los Angeles County Employees' Retirement Association [^]	
Los Angeles County Metropolitan Transportation Authority	Non-contract Employees' Retirement Income Plan, formerly Southern California Rapid Transit District
Marin County Employees' Retirement Association [^]	
Mendocino County Employees' Retirement Association [^]	
Merced County Employees' Retirement Association [^]	
Oakland Municipal Employees' Retirement System (City of Oakland)	Non-safety (miscellaneous) only
Orange County Employees' Retirement System [^]	
Sacramento City Employees' Retirement System*	
Sacramento County Employees' Retirement System [^]	Defined benefit plan only; cash balance plans not eligible
San Bernardino County Retirement Association [^]	
San Diego City Employees' Retirement System	Defined benefit plan only; cash balance plans not eligible
San Diego County Employees' Retirement Association [^]	
San Joaquin County Employees' Retirement Association [^]	
San Jose Federated City Employees' Retirement System	
San Luis Obispo County Pension Trust	
San Mateo County Employees' Retirement Association [^]	
Santa Barbara County Employees' Retirement System [^]	
Sonoma County Employees' Retirement Association [^]	
Stanislaus County Employees' Retirement Association [^]	
State Teachers' Retirement System	Defined benefit plan only; cash balance plans not eligible
Tulare County Employees' Retirement Association [^]	
University of California Retirement Program	Defined benefit plan only; cash balance plans not eligible
Ventura County Employees' Retirement Association [^]	
*=Also CalPERS-covered agency	[^] =1937 Act Counties

Instructions for Completing the Reciprocal Self-Certification Form

Section 1. Member Information	<ul style="list-style-type: none"> • Complete the required fields with your name, date of birth, and CalPERS ID. • Check one of the appropriate boxes to indicate if you have had membership in a defined benefit plan in one of the qualifying public retirement systems named on the enclosed list. <ul style="list-style-type: none"> – If you have not been a member of any of the qualifying public retirement systems, mark the first box and skip to section 3. – If you have membership in a defined benefit plan of any of the qualifying public retirement systems on the enclosed list, mark the second box and continue to section 2. – This form is to obtain information regarding your membership in <u>other</u> qualifying public retirement systems; do not include CalPERS membership on this form.
Section 2. Qualifying Reciprocal Membership Information	<ul style="list-style-type: none"> • In the first column, titled “Name of Public Retirement System,” list the name of any qualifying public retirement systems you are a member of a defined benefit plan. <ul style="list-style-type: none"> – If you are a member of multiple qualifying public retirement systems, please provide the name of each system beginning with the most recent in descending order. – Please reference the enclosed List of Qualifying Public Retirement Systems in California. Only systems named on this list should be provided on the Reciprocal Self-Certification Form. • In the second column, titled “Membership Date,” list your membership date in the qualifying public retirement system. <ul style="list-style-type: none"> – You must provide a full date, including month, date, and year, which corresponds to each qualifying public retirement system listed. – If you are unsure of your membership date, please contact the qualifying public retirement system to confirm information prior to completing the form. • In the third column, titled “Separation Date,” list your separation date from the qualifying public retirement system. <ul style="list-style-type: none"> – This section may not be applicable for all qualifying public retirement systems. If you have not separated from the qualifying public retirement system, leave this field blank. – If you have separated from the qualifying public retirement system, you must provide a full date including month, date, and year. – If you are unsure of your separation date, please contact the qualifying public retirement system to confirm information prior to completing the form. • In the fourth column, titled “Retired or Refunded,” indicate if you have retired or refunded from the qualifying public retirement system. <ul style="list-style-type: none"> – This section may not be applicable for all qualifying public retirement systems. If you have not retired or refunded from the qualifying public retirement system, leave this field blank. – If you have retired or refunded from the qualifying public retirement system, mark the appropriate box and provide a full date including month, date, and year. – Retired: You have separated from the qualifying public retirement system and receive a monthly retirement allowance. – Refunded: You have terminated your membership in the qualifying public retirement system by withdrawing your contributions.
Section 3. Sign and Certify	<ul style="list-style-type: none"> • Please read the statement. Then, sign your name and date the document before returning it to your personnel office.

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or 888-225-7377).



NOTICE OF EXCLUSION FROM CalPERS MEMBERSHIP

1. SOCIAL SECURITY NUMBER		Your employer has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit package which includes service retirement, death, and disability benefits.	
2. CURRENT NAME (LAST)		(FIRST)	(MIDDLE)
3. NAME OF PUBLIC AGENCY		4. DEPARTMENT OR SCHOOL DISTRICT San Marcos Unified School District	5. JOB OR POSITION TITLE
6. TERM OF APPOINTMENT <input type="checkbox"/> PERMANENT <input checked="" type="checkbox"/> TEMPORARY		7. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST. MONTHS	8. APPOINTMENT DATE MM DD YYYY
9. TIME BASE <input type="checkbox"/> FULL-TIME <input checked="" type="checkbox"/> INDETERMINATE <input type="checkbox"/> PART-TIME IF PART TIME, ENTER THE FRACTION OF FULL TIME:			

In your present position with this agency, you are excluded from CalPERS membership because:

- ☐ 1. Your full-time seasonal or limited term appointment is limited to 6 months or less.
- ☐ 2. Your part-time appointment is limited to less than an average of 20 hours per week for less than one year.
- ☒ 3. Your appointment is an on-call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) this fiscal year.
- ☐ 4. Your position is excluded by law or by contract agreement which excludes:
_____ Enter contract exclusion (for Public Agencies only).
- ☐ 5. You are an independent contractor.
- ☐ 6. You are employed to render professional legal service to a city.
Exceptions: Persons holding the office of city attorney, deputy city attorney, or assistant city attorney.
- ☐ 7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district (for County Schools only).

NOTE: If you are a member of CalPERS by previous employment (either you have funds on deposit or service credit), exclusions 1, 2, and 3 do not apply to you and you should be a member in your present position. Be sure to notify your employer to complete a (PERS-1) Member Action Request Form or appoint via ACES to report your employment to CalPERS.

If you believe that your employment does qualify you for CalPERS membership, ask your employer for an explanation. If you still have doubts, you may appeal directly to CalPERS by sending a letter to the Actuarial & Employer Services Branch, Membership Analysis & Design Unit, P.O. Box 942709, Sacramento, CA 94229-2709, stating the reasons why you feel you should be a member.

SIGNATURE OF CERTIFYING OFFICER 	TITLE Director of Human Resources and Development	DATE 7/11/10
SIGNATURE OF EMPLOYEE		DATE

NOTE: Benefits provided by CalPERS are described in the "CalPERS Benefits" information booklet available from your employer.

PERS-AESD-139 (3/08)

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5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

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California Public Employees' Retirement System
P.O. Box 942709 Sacramento, CA 94229-2709
888 CalPERS (or 888-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-4166
www.calpers.ca.gov

RECIPROCAL SELF-CERTIFICATION FORM

Complete the following information and return this form to your Personnel Office **within 10 business days**

Employee Name	(Last)	(First)	(Middle)
Date of Birth:		CalPERS ID:	

Check the applicable statement:

_____ I have not been a member of a qualifying Public Retirement System in California.

_____ I have prior membership under another Public Retirement System in California. (Complete the box below with verified dates including month, date, and year. **If you are unsure of the dates, please contact the Public Retirement System to confirm information prior to completing form.**)

Name of Most Recent Reciprocal System:	Membership Date:	Separation Date*:	<input type="checkbox"/> Retired* <input type="checkbox"/> Refunded* Date:
Name of Prior Reciprocal System:	Membership Date:	Separation Date*:	<input type="checkbox"/> Retired* <input type="checkbox"/> Refunded* Date:
Name of Prior Reciprocal System:	Membership Date:	Separation Date*:	<input type="checkbox"/> Retired* <input type="checkbox"/> Refunded* Date:

**Please provide dates, if applicable. Not all sections may be applicable for each Reciprocal System.*

I understand that by accepting employment in a qualified retirement system, I am subject to the applicable laws and regulations of that system. I also understand that completing this form does not constitute a request to establish reciprocity.

I hereby certify that the foregoing information has been verified as true and correct and any information found to be incorrect may require corrections to my account in the California Public Employees' Retirement System including, but not limited to, my retirement enrollment level. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.

Employee Signature

Date

TO BE COMPLETED BY EMPLOYER ONLY:

Name of CalPERS Agency:	CalPERS Business Partner ID:	Employee's CalPERS Original Hire Date:
Designee of Employer: (Print Name)	(Title)	Employee's CalPERS Membership Eligibility Date:
Designee's Signature:		(Date)

The employer must retain this form in the employee's file for auditing purposes.

VERIFICATION OF MEMBERSHIP STATUS IN A CALIFORNIA PUBLIC RETIREMENT SYSTEM

To be completed by newly-hired school district personnel who have been employed in ANY CAPACITY by a school district or public agency in California prior to present employment.

 Last name First Middle
 Birthdate: _____ (mm/dd/yyyy) Gender: ☐ Male ☐ Female

1. In what *California* county did you most recently serve? _____

Agency or school district served? _____

Beginning on: _____ Ending on: _____

Under what name? _____

Position Title: _____

Did you work full-time or part-time? _____ If part-time, what percent were you employed? _____

Which retirement system did you contribute to during the above employment?

- ☐ California State Teachers' Retirement System (CalSTRS)
☐ California Public Employees' Retirement System (CalPERS)
☐ Other (please list the name): _____

Are you currently a member of the system you checked above? Yes No

If you checked "No":

When did you withdraw your funds? _____
 (Date)

OR

When did you retire (meaning you are receiving a monthly benefit payment)? _____

If you have been employed in ANY CAPACITY by any other school district(s) or public agency (or agencies) in California prior to present employment, please also complete the back of this document. (Date)

By signing below, you are confirming that the information you have provided on this form as to your public agency retirement membership status is true and correct. The San Diego County Office of Education will use this information to determine and verify your retirement status with the retirement system(s). If you are a current member of CalSTRS or CalPERS and have not indicated so on this form, you are immediately liable for retirement contributions not deducted from your earnings.

Signature _____ Date _____

2. In what other *California* county did you serve? _____

Agency or school district served? _____

Beginning on: _____ Ending on: _____

Under what name? _____

Position Title: _____

Did you work full-time or part-time? _____ If part-time, what percent were you employed? _____

Which retirement system did you contribute to during the above employment?

☐ California State Teachers' Retirement System (CalSTRS)

☐ California Public Employees' Retirement System (CalPERS)

☐ Other (please list the name): _____

Are you currently a member of the system you checked above? ☐ Yes ☐ No

If you checked "No":

When did you withdraw your funds? _____
(Date)

OR

When did you retire (meaning you are receiving a monthly benefit payment)? _____
(Date)

3. In what other *California* county did you serve? _____

Agency or school district served? _____

Beginning on: _____ Ending on: _____

Under what name? _____

Position Title: _____

Did you work full-time or part-time? _____ If part-time, what percent were you employed? _____

Which retirement system did you contribute to during the above employment?

☐ California State Teachers' Retirement System (CalSTRS)

☐ California Public Employees' Retirement System (CalPERS)

☐ Other (please list the name): _____

Are you currently a member of the system you checked above? ☐ Yes ☐ No

If you checked "No":

When did you withdraw your funds? _____
(Date)

OR

When did you retire (meaning you are receiving a monthly benefit payment)? _____
(Date)

**EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS
WHEN HIRED AND TO OTHER WORKERS WHO ASK FOR IT**

**RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE,
SEXUAL ASSAULT AND STALKING**

Your Right to Take Time Off:

- You have the right to take time off from work to get help to protect you and your children's health, safety or welfare. You can take time off to get a restraining order or other court order.
- If your company has 25 or more workers, you can take time off from work to get medical attention or services from a domestic violence shelter, program or rape crisis center, psychological counseling, or receive safety planning related to domestic violence, sexual assault, or stalking.
- You may use available vacation, personal leave, accrued paid sick leave or compensatory time off for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer before, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, court order or doctor's or counselor's note or similar document.

Your Right to Reasonable Accommodation:

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

Your Right to Be Free from Retaliation and Discrimination:

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, or stalking.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: www.dir.ca.gov/dlse/DistrictOffices.htm. If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.