

# The Wonderful World of Provisional Employees Professional Experts & Volunteers/Interns

**DON'T  
PANIC**



- ❖ What is a temporary employee anyway?
- ❖ How to get your employee hired
- ❖ A closer look at your favorite forms
- ❖ (Hopefully) Helpful tips for smooth sailing



**KEEP  
CALM  
AND NOW  
FREAK  
OUT**

## DEFINITIONS

<b><i>Category</i></b>	<b><i>Circumstances for Use</i></b>	<b><i>Testing Process</i></b>	<b><i>Length of Employment</i></b>
Provisional	No current list is available to fill a regular position, full or part-time.	No test is required. Applicant must meet minimum qualifications.	90 work days per assignment or until the list is established whichever is sooner. Consecutive part-time assignments (not to exceed 6 hours/day) may be permitted.
Special Part-Time Provisionals <i>Tutors, Interpreters, Fire Tech, readers/graders, events/production assistants</i>	No current list is available to fill temporary position. Incumbent will work non-consecutive, sporadic hours and dates.	No test is required. Applicant must meet minimum qualifications.	Not to exceed 6 hours per day for fiscal year
Limited-Term (backfill)	An appointment is made from an eligibility list to fill a temporary absence of a regular employee.	Test required (hired from eligibility list)	length of employee's absence
Limited-Term (additional temporary assistance)	An appointment is made from an eligibility list to provide additional temporary assistance.	Test required (hired from eligibility list)	Six calendar months
Professional Experts (Excluded from the classified service)	on a temporary basis for a special project	No test required	no specific maximum but must be temporary

# You need a Temporary Employee! What is your first step?

**Please email HR for eligibility list status.**  
(unless Special Part-Time Provisional)

- If there are 3 ranks of candidates on the eligibility list interested in the temporary assignment, you must select from the list. These are considered limited-term assignments.
- If there is no list or less than 3 ranks of candidates interested in the assignment, you may hire a person of your choice not on the list provided they meet the minimum qualifications for the classification. This is considered a provisional assignment.

**Employees cannot start working until the assignment has been approved by HR!**







# VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

## HUMAN RESOURCES DEPARTMENT

### Provisional/Limited Term Authorization

→ **THIS IS A:** ☐ New Assignment ☐ Revision/Extension ☐ Continuation of assignment into new fiscal year

**NOTE:** The assignment must be approved by Human Resources prior to the individual starting work.

#### Provisional/Limited-Term Employee Information

Name of Provisional/Limited Term Employee:  
please print clearly

ID Number (if current or previous employee or student):  
includes current/previous provisional and retirees

#### Purpose of Assignment

Location: ☐ DAC ☐ MC ☐ OC ☐ VC

Department:

Name and title of supervisor: please print clearly

Reason for Assignment

☐ Replacement for employee on leave of absence; Name and title of employee on leave:

☐ Additional temporary assistance

Classification (Job) Title: (administrative assistant, custodian, instructional data specialist, etc)

OR

Other Part-Time Assignment:

☐ Model ☐ Events Assistant ☐ Tutor ☐ Interpreter ☐ Reader/Grader ☐ Production Assistant ☐ Fire Technology Assistant

Briefly describe the responsibilities of the position:

please be clear in what the provisional employee's duties will be

#### Duration and Compensation

Start date of employment: assignment dates cannot cross fiscal years

End date of employment:

Estimated total number of working days within assignment not to exceed: 30

# hours per day: 5

Rate of pay: \$ 10 per hour x # 150 hours = Total estimated payment amount: \$1,500

Account Number(s): XXX-XXX-XXXXXXX

#### Required Forms Checklist

The following forms must be on file with the DAC before payment can be made. It is the responsibility of the individual completing this form to ensure that all required forms are on file.

**NOTE:** If the individual has been previously employed by VCCCD within the last year, only the relative status form is required.

APPLICATION FOR EMPLOYMENT

GENDER/ETHNICITY AND DISABILITY INFO. FORM

EMERGENCY CONTACT INFORMATION

W-4 (EMPLOYEE'S WITHHOLDING ALLOWANCE CERT.)

DESIGNATION OF PERSON TO RECEIVE PAYCHECK

I-9 (EMPLOYMENT ELIGIBILITY VERIFICATION)

COPY OF SOCIAL SECURITY CARD

RETIREMENT SYSTEM STATUS QUESTIONNAIRE

OATH OF AFFIRMATION OF ALLEGIANCE

AUTH. OF EMPLOYMENT FOR RELATIVE STATUS

CONVICTION RECORD DATA SHEET

TB TEST

WORK PERMIT (IF UNDER 18)

☐ ON FILE ☐ ATTACHED

☐ ON FILE ☐ ATTACHED

☐ ON FILE ☐ ATTACHED

☐ ON FILE ☐ ATTACHED

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#### Signatures

X

Provisional/Limited Term Employee

Date

X

Requisitioner

Date

X

Approving Manager

Date

X

Vice President or Vice Chancellor, Business Services

Date

Director of Employment Services/Personnel Commission

Date

#### Human Resources Only

Assignment Type:

☐ Limited-Term

☐ Provisional

Relative Status (name of relative or N/A):

☐ Relative with direct supervisory responsibility

☐ Relative with indirect supervisory responsibility

☐ Relative with no supervisory responsibility

HR Actions Date:





# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) <b>Provisional employee information</b>		First Name (Given Name)		Middle Initial	Other 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 [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		E-mail Address			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):

- ☐ A citizen of the United States  
☐ A noncitizen national of the United States (See instructions)  
☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_  
☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

3-D Barcode  
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:			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**



## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: **employee name**

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>3-D Barcode 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 → <b>VCCCD Employee</b>	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	Zip Code

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print 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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**



# Form W-4 (2016)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	A	_____
B	Enter "1" if: <ul style="list-style-type: none"><li>• You are single and have only one job; or</li><li>• You are married, have only one job, and your spouse does not work; or</li><li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li></ul> . . . . .	B	_____
C	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	C	_____
D	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	D	_____
E	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	E	_____
F	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	F	_____
G	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"><li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.</li><li>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li></ul>	G	_____
H	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ►	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single** and have **more than one job** or are **married** and **you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2016</b>	
► <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6		\$	
7 I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"><li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, and</li><li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li></ul> If you meet both conditions, write "Exempt" here . . . . .		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►				Date ►	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) <b>not needed</b>		9 Office code (optional)		10 Employer identification number (EIN)	

## Deductions and Adjustments Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details . . . . .	1	\$	
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	2	\$	
3	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	3	\$	
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	4	\$	
5	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.) . . . . .	5	\$	
6	Enter an estimate of your 2016 nonwage income (such as dividends or interest) . . . . .	6	\$	
7	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	7	\$	
8	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	8		
9	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	9		
10	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	10		

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	1	
2	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	2	
3	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	3	

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet . . . . .	4	
5	Enter the number from line 1 of this worksheet . . . . .	5	
6	<b>Subtract</b> line 5 from line 4 . . . . .	6	
7	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	7	\$
8	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	8	\$
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	9	\$

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.





## VENTURA COUNTY COMMUNITY COLLEGE DISTRICT HUMAN RESOURCES DEPARTMENT

### Retirement System Status Questionnaire

Social Security Number	Last Name	First	Middle	Maiden	M	F	Birth Date
	<b>employee information</b>						

Are you a member of the Public Employees' Retirement System (CalPERS)?

Yes ☐ No ☐ Retired ☐ Inactive ☐ (not currently working, but still have funds on deposit with PERS)

If yes or inactive: Name of Employer (s) \_\_\_\_\_

Are you still working for this employer? Yes ☐ No ☐ If yes: Full-Time ☐ Part-Time ☐

Are you a member of the State Teachers' Retirement System (CalSTRS) Defined Benefit Plan?

Yes ☐ No ☐ Retired ☐ Inactive ☐ (not currently working, but still have funds on deposit with STRS)

If yes: Name of Employer (s) \_\_\_\_\_

Are you still working for this employer? Yes ☐ No ☐ If yes: Full-Time ☐ Part-Time ☐

Are you a member of the State Teachers' Retirement System (CalSTRS) Cash Balance Plan?

Yes ☐ No ☐ Inactive ☐ (not currently working, but still have funds on deposit with STRS)

If yes: Name of Employer (s) \_\_\_\_\_

Are you still working for this employer? Yes ☐ No ☐

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

EMPLOYER USE ONLY			
District		Classified	Certificated





## VENTURA COUNTY COMMUNITY COLLEGE DISTRICT HUMAN RESOURCES DEPARTMENT

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### Designation of Person to Receive Paycheck

I, employee name an employee of the Ventura County Community College District; pursuant to the provisions of the Government Code, Section 53245, which allows me to designate a person who, upon my death, shall be entitled to receive all warrants or checks that would have been payable to me by my employer had I survived. I hereby designate the below named person as the one to receive all such warrants or checks:

Name of Designee: information of person to receive paycheck  
(not employee)

Address of Designee: \_\_\_\_\_  
\_\_\_\_\_

I hereby revoke any and all designations heretofore made by me pursuant to Government Code, Section 53245.

Employee ID Number: ok to leave blank - please fill in if applicable

Employee Signature: employee must complete

Employee Phone Number: employee must complete

Dated: employee must complete

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### TO BE COMPLETED BY WITNESS

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The foregoing designation was signed and subscribed by, provisional employee name, the person therein designated as the employee, in the City of Oxnard, County of Ventura, State of California, on the 3rd day of May, 20 16, in my presence, and was at the time of his/her so subscribing the same, acknowledged and declared by him/her to me to be his/her designation pursuant to Government Code §53245, and thereupon I, at his/her request and in his/her presence, have subscribed my name as witness thereto.

Witness: VCCCD employee information  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### GOVERNMENT CODE SECTION 53245

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







## VENTURA COUNTY COMMUNITY COLLEGE DISTRICT HUMAN RESOURCES DEPARTMENT

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### **Oath or Affirmation of Allegiance for Civil Defense**

Workers and Public Employees  
(Section 3103, Governor's Code of California)

County Department, Special District, or School District

State of California, County of Ventura

As an officer, member, or employee of: Ventura County Community College District  
Name of Public Agency

I, employee 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 or 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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date





**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT**  
**HUMAN RESOURCES DEPARTMENT**

**Authorization of Employment for Relative Status**

**provisional employee information**

Applicant Name	Division/Department	Location
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Is the applicant related by either blood or marriage to any member of the Governing Board or employee(s) of the District? ☒ Yes ☐ No

If NO, sign and return.

If YES, the applicant is **NOT allowed to start work** until approved by the Chancellor.

If YES, please answer the following questions:

(A) Name of relative: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Job title: \_\_\_\_\_

Location: ☐ DAC ☐ Moorpark ☐ Oxnard ☐ Ventura

(B) Will applicant work under the direct/indirect supervision of the relative?

☐ Direct Supervision - same department or administrative unit

☐ Indirect supervision - second or third level responsibility

**Please write in "none" if there will not be any supervision by the relative.**

If one of the above was checked, in what department and under what circumstances?

\_\_\_\_\_

\_\_\_\_\_

**X (whether or not there is a relative)**

**X**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources approval: ☐ Yes ☐ No

Date: \_\_\_\_\_ Initials: \_\_\_\_\_





**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT**  
HUMAN RESOURCES DEPARTMENT

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**Emergency Contact Information**

**provisional employee name**

Name

Street Address:

City

Zip

**In case of accident or emergency, please notify:**

1<sup>st</sup>

Name

Street Address

City

State

Zip

Home Phone

Work or Cell

Relationship

2<sup>nd</sup>

Name

Street Address

City

State

Zip

Home Phone

Work or Cell

Relationship

HR Tools  
<http://my.vcccd.edu>





# VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

## HUMAN RESOURCES DEPARTMENT

### Gender/Ethnicity and Disability Information Form (Confidential)

**provisional employee name**

**date**

**Name**

**Date**

United States Department of Education guidelines require us to collect racial and ethnic data for district employees and students. Recently enacted regulatory changes now allow you to claim multiple race/ethnic backgrounds instead of limiting you to only one. Please take a moment to review and update your ethnic and racial background information by answering the following questions. This information will allow us to accurately reflect the diversity within our district.

**Location** (please check one): ☐ MC ☐ OC ☐ VC ☐ DAC Other: \_\_\_\_\_

**Position:**

**Please check whether you are Hispanic or not Hispanic and then move on to the additional race/ethnicity categories.**

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

**What is your race/ethnicity? (check one or more)**

- ☐ American Indian/Alaskan Native  
☐ Asian Indian  
☐ Black Non-Hispanic  
☐ Cambodian  
☐ Central American  
☐ Chinese  
☐ Filipino  
☐ Guamanian  
☐ Hawaiian  
☐ Hispanic  
☐ Japanese  
☐ Korean  
☐ Laotian  
☐ Mexican, Mexican-Am, Chicano  
☐ Other Asian  
☐ Other Hispanic  
☐ Other Pacific Islander  
☐ Samoan  
☐ South American  
☐ Vietnamese  
☐ White Non-Hispanic

**Gender: (Please check one)**

- ☐ Male ☐ Female

**Disability: (Please check one)**

- ☐ Yes ☐ No

Disability is defined as any disability that substantially limits or impacts one or more of life's major activities, e.g. walking, standing, sitting, breathing, hearing, seeing, lifting, writing, reading, speaking, etc.

\*If "yes," do you use or require any of the following?

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Adjustment of Work Schedule | <input type="checkbox"/> Auxiliary Aid Provided          | <input type="checkbox"/> Braille Writer      | <input type="checkbox"/> Hearing Aid |
| <input type="checkbox"/> Crutches or Walker          | <input type="checkbox"/> Job Site Equipment Modification | <input type="checkbox"/> Job Site Relocation | <input type="checkbox"/> Leg Braces  |
| <input type="checkbox"/> Reader Provided             | <input type="checkbox"/> Sign Interpreter                | <input type="checkbox"/> Seeing eye Dog      | <input type="checkbox"/> Wheelchair  |

HR Tools  
<http://my.vcccd.edu>





## HUMAN RESOURCES DEPARTMENT

### CONVICTION RECORD DATA SHEET

Have you ever been convicted of any crime other than minor traffic citations?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please explain:

**If your employee has had a conviction, please ask them to be as detailed as possible in completing this form. Please include description of offense, circumstances and resolution.**

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I certify to the accuracy and completeness of the above statements. I understand that any willful omission or misrepresentation of information submitted may result in disqualifications for or termination of employment.

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# Just the basics...

- ❖ A new authorization and relative status form is required every fiscal year for returning/continuing provisional/limited-term employees. New supporting paperwork is not necessary unless something has changed with regard to the information provided in such paperwork.
- ❖ New supporting paperwork is not necessary for assignment revisions.
- ❖ If an employee is returning after a break in service of over a year, a full new provisional/limited-term packet is required.
- ❖ Provisional employees are paid at step 1 on the appropriate salary schedule. To find the hourly rate, divide the monthly amount by 173.33.
  - ❖ The exception is a returning retiree or former employee who had advanced step placement prior to departure. Please email HR for assistance in determining salary in these cases.
- ❖ If new to the assignment, an application is necessary as evidence the employee meets the minimum qualifications for the classification. Employment history listed must include hours per week worked.
- ❖ General provisional application link in new system:  
<https://www.governmentjobs.com/careers/vcccd/jobs/1431547/provisional-pool-generic-application>



# Professional Experts





VENTURA COUNTY COMMUNITY COLLEGE DISTRICT  
HUMAN RESOURCES DEPARTMENT

## Request for Professional Expert

Under Section 88076(b)(6) of the Education code, professional experts employed "on a temporary basis for a specific project" are exempt from the classified service.

### Professional Expert Information

Name of Professional Expert: (Enter Last, First and Middle)	Employee Number: <b>900# if applicable</b>
Is the Professional Expert a current employee of the Ventura County Community College District? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate position: <b>please indicate position (even temporary assignments), department and campus</b>	

### Assignment Description

Job title of Professional Expert: <input type="checkbox"/> Community Education Trainer <input type="checkbox"/> Health Care Professional <input type="checkbox"/> Project Specialist <input type="checkbox"/> Athletic Specialist <input type="checkbox"/> Occupational Trainer <input type="checkbox"/> Other (specify):
Describe the specific project for which the Professional Expert will be employed and the professional-level duties that will be performed by this individual (attach additional documents as appropriate):  <b>please be thorough and specific - attachments ok</b>
Does this position require specialized training or experience, often involving intensive academic preparation, or representing mastery of the subject? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain the nature of the specialized training or experience required of the Professional Expert:

### Employment Dates

Start date of employment: (Assignment must be approved by H.R. before the employee can start)	End date of employment: <b>dates cannot cross fiscal years</b>
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### Supervisor Information

Name of Immediate Supervisor for Professional Expert: <b>please print clearly</b>	
Title of Immediate Supervisor:	Location:

### Compensation

Proposed hourly rate compensation of Professional Expert's services: \$
Budget Account Number(s):
Total Amount: \$
Justification for proposed compensation (e.g., compensation history of the expert, funding source approval of compensation, market quotes, etc.):

### Checklist

The following forms must be on file with the District Office before payment can be made. This routine is the responsibility of the person completing this form. NOTE: If previously employed by VCCCD within the last year, new documents are not required.

APPLICATION FOR EMPLOYMENT	<input type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED
I-9 (EMPLOYMENT ELIGIBILITY VERIFICATION)	<input type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED
COPY OF SOCIAL SECURITY CARD	<input type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED
W-4 (EMPLOYEE'S WITHHOLDING ALLOWANCE CERT.)	<input type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED
RETIREMENT SYSTEM STATUS QUESTIONNAIRE	<input type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED
DESIGNATION OF PERSON TO RECEIVE PAYCHECK	<input type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED
GENDER/ETHNICITY AND DISABILITY INFO. FORM	<input type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED
EMERGENCY CONTACT INFORMATION	<input type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED
OATH OF AFFIRMATION OF ALLEGIANCE	<input type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED
CONVICTION RECORD DATA SHEET	<input type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED
AUTH. OF EMPLOYMENT FOR RELATIVE STATUS	<input type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED
TB TEST	<input type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED

### Approvals

<b>X</b>	
Professional Expert	Date
<b>X</b>	
Supervisor	Date
<b>X</b>	
Vice President, Business Services	Date
<b>X</b>	
College President	Date
Vice Chancellor, Human Resources	Date





## *Professional Expert Tips*

- Location of Request for Professional Expert form: HR Tools
- New employee?
  - Full paperwork packet (see Provisional)
- Returning employee?
  - New supporting paperwork not required if no break of a year or longer
- Current Employee? Explain!
- Assignment dates cannot cross fiscal years. New authorization required each fiscal year.
- Please keep a copy before sending to HR

*Note: Assignments cannot begin until approved by HR.*

# Sponsored & Non-Sponsored Volunteers and Interns





# VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

## VOLUNTEER AGREEMENT

(NOT INVOLVING AN AGENCY)

**Location:**

☐ Moorpark College

☐ Oxnard College

☐ Ventura College

☐ District Administrative Center

The Ventura County Community College District ("DISTRICT") and volunteer name ("VOLUNTEER") have agreed to enter into this UNPAID VOLUNTEER/NON-SPONSORED AGREEMENT, whereby VOLUNTEER shall be provided the opportunity to complete an unpaid assignment with the DISTRICT, commencing on or about \_\_\_\_\_ and terminating no later than \_\_\_\_\_. (A new Volunteer Agreement must be completed each fiscal year).

**assignment dates cannot cross fiscal years**

A non-sponsored VOLUNTEER performs entry-level tasks that require little or no training, and works under the supervision of a DISTRICT employee. A non-sponsored VOLUNTEER does not receive course credit or any other form of compensation for his/her work. Non-sponsored VOLUNTEERS can be either internal to the organization (the College's own students, faculty or staff who are volunteering in areas other than in their primary assignments) or external to the organization (general members of the public, retirees). Examples of non-sponsored volunteers are individuals who volunteer to feed the animals at EATM and individuals who volunteer to serve as ushers at student performances.

→ VOLUNTEERS are not authorized to drive District vehicles to transport District students and staff to events.

DISTRICT does not enter into any oral agreements or make or rely on any oral representation concerning volunteer agreements. The entire Volunteer/Non-Sponsored Agreement is expressed in writing and supersedes any understanding that may have been communicated orally or implied.

It is the intent of the DISTRICT to not displace employees nor to allow the DISTRICT to utilize volunteers in lieu of hiring employees in established Ventura County Community College District classifications.

VOLUNTEER acknowledges that any and all performance rendered pursuant to this agreement shall be on an "UNPAID" status. VOLUNTEER further acknowledges that no benefits whatsoever shall accrue for VOLUNTEER'S performance, including, but not limited to, salary or hourly pay of any form, medical, dental, vacation, and/or other benefits as typically provided to employees of DISTRICT.

Workers compensation benefits will be provided by the DISTRICT for any injury sustained by a VOLUNTEER while engaged in the performance of any service under the direction and control of the DISTRICT. Therefore, it is imperative that all VOLUNTEER work be identified and on file for their period of service of not more than one year (form must be completed for each fiscal year). Unless a VOLUNTEER worker has pre-designated a personal physician in compliance with Labor Code 4600, the injured VOLUNTEER must seek medical treatment for an on-the-job injury within the DISTRICT's approved Medical Provider Network.

VOLUNTEER acknowledges and informs DISTRICT that VOLUNTEER has solicited DISTRICT for this opportunity in an individual capacity, and in no way is VOLUNTEER participating in this agreement through an agency or an educational institution.

VOLUNTEER acknowledges and accepts the requirement that VOLUNTEER and the DISTRICT shall work collaboratively with respect to the performance of this agreement, including, but not limited to, the schedule required by the DISTRICT and the work assigned to the VOLUNTEER.

VOLUNTEER acknowledges and agrees that all work performed and materials produced by VOLUNTEER pursuant to this agreement shall be the sole property of DISTRICT, including but not limited to applicable copyright, trademark, and patent rights.

VOLUNTEER and DISTRICT acknowledge that either party may terminate this agreement at any time, with or without cause. VOLUNTEER acknowledges that acceptance of the terms herein includes the potential reliance by DISTRICT on VOLUNTEER maintaining the agreed upon attendance schedule reached between VOLUNTEER and the DISTRICT. VOLUNTEER and DISTRICT agree to perform the services contemplated herein in good faith. DISTRICT and VOLUNTEER have set forth objectives, goals, conditions and rules as outlined below.

**Describe below or on an attached sheet further details of the location of the VOLUNTEER placement(s), intended student learning outcomes, evaluation criteria, and other reporting requirements agreed upon by DISTRICT and VOLUNTEER:**

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**Please be thorough and specific when describing a volunteer's assignment**

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By their respective signatures below, the parties hereto agree to the provisions as set forth above.

**VOLUNTEER:**

I understand that as a VOLUNTEER, I am not authorized to drive District vehicles.

Have you ever been convicted (unsealed or unexpunged) of a sex or narcotic violation? ☐ No ☐ Yes

Have you ever been convicted (unsealed or unexpunged) of a felony or misdemeanor? ☐ No ☐ Yes

**If either of the questions above regarding convictions was answered “yes”, VOLUNTEER must complete the Conviction Data Record Sheet (available in IIR Tools).**

Are you a current or former employee of the District: ☐ Yes ☐ No



If “yes”, list job title and location: \_\_\_\_\_

**If volunteer must complete a conviction sheet, please ask them to be as detailed as possible. Include offense, penalty and resolution.**

All new and reinstated volunteers who wish to volunteer for a period exceeding 10 consecutive business days must be fingerprinted prior to the first day of service. The fingerprint form and instructions will be furnished by the District after approval of volunteer, and all fees will be paid by the District. Guest lecturers, accompanists, and performers who provide service under the immediate supervision of a District employee are not subject to the fingerprinting requirement.

Volunteer Name (printed or typed) \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT:**

Supervising District Employee (printed or typed): **please print clearly** \_\_\_\_\_

→ Supervising Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

→ Department/Division Manager \_\_\_\_\_ Date \_\_\_\_\_

→ President or Vice President \_\_\_\_\_ Date \_\_\_\_\_

Director of Employment Services/Personnel Commission \_\_\_\_\_ Date \_\_\_\_\_





## VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

# VOLUNTEER / AGENCY SPONSORED AGREEMENT

Location:

☐ Moorpark College

☐ Oxnard College

☐ Ventura College

☐ District Administrative Center

Dates cannot  
cross fiscal years.

The Ventura County Community College District ("DISTRICT") and outside company name ("AGENCY") have agreed to enter into this UNPAID VOLUNTEER/SPONSORED AGREEMENT, for volunteer's name (name of volunteer) whereby VOLUNTEER shall be provided the opportunity to complete an unpaid assignment with the DISTRICT, commencing on or about \_\_\_\_\_ and terminating no later than \_\_\_\_\_. (A new Volunteer Agreement must be completed each fiscal year).

A sponsored VOLUNTEER performs entry-level tasks that require little or no training, and works under the supervision of a DISTRICT employee. A sponsored VOLUNTEER does not receive compensation for his/her work, but may receive course credit or service credit from an external sponsoring agency. Examples of sponsored volunteers are high school students who work at the ATPC as part of their graduation requirements; senior citizens who have been sent by a volunteer agency to assist in the Tutoring Center.

→ VOLUNTEERS are not authorized to drive District vehicles to transport District students and staff to events.

DISTRICT does not enter into any oral agreements or make or rely on any oral representation concerning volunteer agreements. The entire Volunteer/Sponsored Agreement is expressed in writing and supersedes any understanding that may have been communicated orally or implied.

It is the intent of the DISTRICT to not displace employees nor to allow the DISTRICT to utilize volunteers in lieu of hiring employees in established Ventura County Community College District classifications.

AGENCY and VOLUNTEER acknowledges that any and all performance rendered pursuant to this agreement shall be on an "UNPAID" status. AGENCY and VOLUNTEER further acknowledges that no benefits whatsoever shall accrue for VOLUNTEER's performance, including, but not limited to, salary or hourly pay of any form, medical, dental, vacation, and/or other benefits as typically provided to employees of DISTRICT.

AGENCY acknowledges and assumes all responsibility for liability incurred resulting from the performance of services under this agreement. AGENCY hereby agrees to fully hold harmless and indemnify the DISTRICT, its Governing Board, Officers, Employees and Agents from all liability which may result from VOLUNTEER'S performance under this agreement.

AGENCY and VOLUNTEER acknowledges and accepts the requirement that VOLUNTEER and the DISTRICT shall work collaboratively with respect to the performance of this agreement, including, but not limited to, the schedule required by the DISTRICT and the work assigned to the VOLUNTEER.

AGENCY and VOLUNTEER acknowledges and agrees that all work performed and materials produced by VOLUNTEER pursuant to this agreement shall be the sole property of DISTRICT, including but not limited to applicable copyright, trademark, and patent rights.

AGENCY and VOLUNTEER and DISTRICT acknowledge that either party may terminate this agreement at any time, with or without cause. AGENCY and VOLUNTEER acknowledges that acceptance of the terms herein includes the potential reliance by DISTRICT on VOLUNTEER maintaining the agreed upon attendance schedule reached between the AGENCY, VOLUNTEER and the DISTRICT. AGENCY, VOLUNTEER and DISTRICT agree to perform the services contemplated herein in good faith. DISTRICT and AGENCY have set forth objectives, goals, conditions and rules as outlined below.

**Describe below or on an attached sheet further details of the location of volunteer placement(s), intended student learning outcomes, evaluation criteria, and other reporting requirements agreed upon by DISTRICT, AGENCY, and VOLUNTEER:**

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By their respective signatures below, the parties hereto agree to the provisions as set forth above.

**AGENCY:**

**To be completed by outside company's representative - please print clearly.**

Authorized Representative Name and Title (printed or typed)

→ \_\_\_\_\_ Date \_\_\_\_\_

→ \_\_\_\_\_  
Institution/Agency

→ \_\_\_\_\_  
Address

→ \_\_\_\_\_  
Phone Number Fax Number Email Address

**VOLUNTEER:**

I understand that as a VOLUNTEER, I am not authorized to drive District vehicles.

Have you ever been convicted (unsealed or unexpunged) of a sex or narcotic violation? ☐ No ☐ Yes

Have you ever been convicted (unsealed or unexpunged) of a felony or misdemeanor? ☐ No ☐ Yes

→ If either of the questions above regarding convictions was answered "yes", volunteer must complete the Conviction Data Record Sheet (available in HR Tools).

If volunteer must complete a conviction sheet, please ask them to be as detailed as possible. Include offense, penalty and resolution.

Are you a current or former employee of the District? ☐ Yes ☐ No

→ If "yes", list job title and location: \_\_\_\_\_

All new and reinstated volunteers who wish to volunteer for a period exceeding 10 consecutive business days must be fingerprinted prior to the first day of service. The fingerprint form and instructions will be furnished by the District after approval of volunteer, and all fees will be paid by the District. Guest lecturers, accompanists, and performers who provide service under the immediate supervision of a District employee are not subject to the fingerprinting requirement.

Volunteer Name (printed or typed)

Birthdate

Volunteer Signature

Date

Address

Phone Number

Fax Number

Email Address

### VENTURA COUNTY COMMUNITY COLLEGE DISTRICT :

Supervising District Employee (printed or typed): please print clearly

→ Supervising Employee Signature

Date

→ Department/Division Manager

Date

→ President or Vice President

Date

Director of Employment Services/Personnel Commission

Date





## VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

# STUDENT INTERN PLACEMENT AGREEMENT

Location:

☐ Moorpark College

☐ Oxnard College

☐ Ventura College

☐ District Administrative Center

The Ventura County Community College District ("DISTRICT"), and \_\_\_\_\_  
\_\_\_\_\_ ("AGENCY") have agreed to enter into this STUDENT INTERN  
PLACEMENT AGREEMENT, for \_\_\_\_\_ (name of Intern), whereby  
AGENCY shall be allowed to place student interns at specified locations within the DISTRICT. This  
agreement will commence on or about \_\_\_\_\_ and terminate on  
\_\_\_\_\_. (A new Intern Placement Agreement must be completed each  
fiscal year.

A student intern performs professional or semi-professional work under the supervision of a DISTRICT employee. A sponsored intern does not receive compensation for his/her work by the DISTRICT, but can receive course credit or service hour credit through a sponsoring external agency. The DISTRICT does not accept interns who are not referred by and/or affiliated with a sponsoring agency. Examples of sponsored interns are counseling interns from graduate programs; and unpaid CalWorks students who are placed in unpaid entry-level positions at the college or District Administrative Center as a requirement of their program.

INTERNS are not authorized to drive District vehicles to transport District students and staff to events.

DISTRICT does not enter into any oral agreements or make or rely on any oral representation concerning intern agreements. The entire Student Intern Placement Agreement is expressed in writing and supersedes any understanding that may have been communicated orally or implied.

The Internship is a field-based learning experience that combines study, observation and employment with DISTRICT in the area of education, training, and development. The purpose of the internship is to provide an opportunity for students to apply educational, leadership, and communication concepts and theories in a practical context. The AGENCY and DISTRICT coordinator will develop an individual internship plan for student intern.

AGENCY agrees that any and all Student Intern performance rendered pursuant to this agreement shall be not paid by the DISTRICT. AGENCY and Student Intern further acknowledges that no DISTRICT benefits whatsoever shall accrue for Intern's performance, including, but not limited to, salary or hourly pay of any form, medical, dental, vacation, workers' compensation insurance, nor any other benefits as typically provided to employees of DISTRICT. AGENCY hereby agrees to provide workers' compensation or liability insurance for all student interns placed with DISTRICT.

AGENCY acknowledges and assumes all responsibility for liability incurred resulting from the performance of services under this agreement. AGENCY hereby agrees to fully hold harmless and indemnify the DISTRICT, its Governing Board, Officers, Employees and Agents from all liability which may result from Student Interns' activities performed, or failed to be performed, under this agreement.

AGENCY acknowledges that Student Interns and the DISTRICT shall work collaboratively with respect to the scheduling of Student Interns hours and assignments tasked to Student Intern. DISTRICT agrees to assign Student Interns tasks relevant to the nature and scope of their Student Internship.

AGENCY acknowledges and agrees that all work performed and materials produced by Student Interns pursuant to this agreement shall be the sole property of DISTRICT, including but not limited to applicable copyright, trademark, and patent rights. AGENCY acknowledges that DISTRICT is providing Student internship opportunities for the benefit of AGENCY and Student Intern.

AGENCY and DISTRICT agree to more fully describe the location of Student Internship placement(s), intended student learning outcomes, evaluation criteria, and other reporting requirements agreed upon by DISTRICT and AGENCY on Attachment #1, attached hereto, and incorporated into this agreement by reference.

AGENCY and DISTRICT acknowledge that either party may terminate this agreement at any time, with or without cause, provided written notice of intent to terminate is mailed to the other party, no less than thirty (30) days prior to intended date of termination.

By their respective signatures below, the parties hereto agree to the provisions set forth above in this Student Intern Placement Agreement.

**AGENCY:**

Agency Representative completes this section:

\_\_\_\_\_  
Authorized Representative Name and Titled (printed or typed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Institution/Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

**INTERN:**

Have you ever been convicted (unsealed or unexpunged) of a sex or narcotic violation? ☐ No ☐ Yes

Have you ever been convicted (unsealed or unexpunged) of a felony or misdemeanor? ☐ No ☐ Yes

If intern must complete a conviction sheet, please ask them to be as detailed as possible. Include offense, penalty and resolution.

**If either of the questions above regarding convictions was answered "yes", student intern must complete the Conviction Data Record Sheet (available in HR Tools).**

All new and reinstated volunteers must be fingerprinted prior to the first day of service. The fingerprint form and instructions will be furnished by the DISTRICT after approval of intern, and all fees will be paid by the DISTRICT.

I understand that as an INTERN, I am not authorized to drive District vehicles.

intern completes this section

Intern Name (printed or typed) \_\_\_\_\_ Date \_\_\_\_\_

Intern Signature \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT:**

Supervising District Employee (printed or typed): \_\_\_\_\_ VCCCD completes this section

Supervising Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Department/Division Manager \_\_\_\_\_ Date \_\_\_\_\_

President or Vice President \_\_\_\_\_ Date \_\_\_\_\_

Director of Employment Services/Personnel Commission \_\_\_\_\_ Date \_\_\_\_\_

**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT  
STUDENT INTERN PLACEMENT AGREEMENT  
ATTACHMENT #1  
(Objectives/Conditions/Rules)**

**COLLEGE RESPONSIBILITIES:**

1. Administering the internship program at DISTRICT by providing current information to both students and employers to assist in facilitation of internship agreements.
2. Reviewing and evaluating the proposed objectives of each individual student as they relate to the internship position description supplied by the AGENCY.
3. Evaluate the student's progress at least twice during the internship period.

**AGENCY RESPONSIBILITIES:**

1. Providing a job description to be used by the DISTRICT internship coordinator(s) and student(s) to determine the appropriateness of internship.
2. Providing intern with periodic assessment of progress and a written evaluation of the intern no later than the last week of the internship.
3. Providing intern with adequate information and instruction of safe, effective functioning in the workplace.
4. Making the final selection of internship students in accordance with the Americans with Disabilities Act and Equal Employment Opportunity statutes.
5. Furnishing the DISTRICT with the name of a specific person within the AGENCY to serve as a point of contact for liaison, communications, etc.
6. Abiding by state and federal laws applicable to employment.

**Describe below or on an attached sheet further details of the location of Student Internship placement(s), intended student learning outcomes, evaluation criteria, and other reporting requirements agreed upon by DISTRICT and AGENCY:**

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**Please be thorough and specific!**

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## **Next steps...**

Once paperwork is received and complete, it will be forwarded to Michael Arnoldus for review and Michael Shanahan (professional experts only) for approval.

When it has been approved, the requisitioner and manager will receive notification that the assignment was approved, as well as the date the new employees will be placed on HR Actions.

From there, the paperwork is routed to the HR Technicians for further processing, and then routed to payroll as the final step.

**As a reminder:**

**All temporary employees cannot begin to work until the assignment has been approved by HR so please be proactive!**

**Questions?**

**Provisionals & Professional Experts**

**Sarah Ayala x 5522**

**Volunteers**

**Maria Orozco x5526**