ORCUTT Union School District
Where a Dedicated Staff Means Kids Come First

BOARD OF TRUSTEES
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District Superintendent
JOE DANA
Assistant Superintendent
SUSAN SALUCCI
Assistant Superintendent
NICK TAYLOR, Ed.D.
Assistant Superintendent

Dear Applicant:

RE: APPLICATION FOR SUBSTITUTE TEACHING POSITION

Thank you for the interest you have shown in substituting in the Orcutt Union School District.

Before you may be placed on the District's active substitute list, you must complete the **entire** check list on the second page of this letter. When you have completed all of the items requested, please return the entire package for our review.

In the meantime, if you should have any questions, please feel free to call me at 938-8914.

Sincerely,

S Salucci

Susan Salucci
Assistant Superintendent
Human Resources

CHECKLIST FOR EMPLOYMENT OF SUBSTITUTE TEACHERS

Please complete and submit ALL of the items listed below as part of your application packet for employment as a substitute teacher **all at the same time**.

___ **Complete** Application for Employment

___ **Complete** Substitute Preference Form

___ **Resume**

___ **Transcripts**

___ **Two (2) Letters of Recommendation**

___ **Read and Sign** Voluntary Applicant Identification Form

___ **Sign** fingerprint acknowledgement

___ **Read** and **Sign** Workers' Compensation Information.

___ **Read and Sign** Child Abuse Reporting Requirement

___ **Read and Sign** Internet User Agreement

___ **Complete** Emergency Contact Information

___ **Provide Proof** of TB Verification Requirement and COVID Vaccination (if completed)

___ **Complete** the New Employees Bloodborne Pathogen, New Employee Safety Orientation, Sexual Harassment, Child Abuse Reporting for Educators, Bullying and Heads Up Concussion Training, and Covid-19 School Based Guidelines. **Sign, and submit** the Certificate of Completion for each of the seven modules. **(See instructions.)**

___ **Read and Complete** Annual Employee Notifications regarding Board Policy 4112.9 and other Board Policies and Administrative Regulations listed regarding Drug & Alcohol Free Workplace, Tobacco-Free Schools/Smoking and Sexual Harassment, Child Abuse Awareness, etc. **Sign and submit** acknowledgment page only.

___ **Provide Proof** of a Current and Valid California Credential or Sub Permit. If you do not have a credential or sub permit, please contact our office for directions on how to apply.

___ **Complete** Payroll Package (Payroll Packet available online at www.orcutt-schools.net /Departments / Human Resources/ Documents/ Payroll Packet - Certificated)

___ **Provide** Proof of American citizenship or right to work legally in the United States (to be completed in payroll) **Current Documentation will be required**.

___ **Complete** fingerprint requirements. Fingerprints much be completed **prior to being employed** and you **may not work** until clearance is received by the District Office. Please call to submit information **if you have** previously submitted fingerprints for SBCEO. If you have not worked in Santa Barbara County before, please complete the attached forms and make an appointment to be fingerprinted before submitting your application. If in doubt, please call first.

ORCUTT UNION SCHOOL DISTRICT & CHARTER ACADEMY • 500 DYER STREET • ORCUTT, CA 93455

APPLICATION FOR CERTIFICATED EMPLOYMENT

1. **PERSONAL: (Type or Print)**

(First Name) (Middle Name) (Other Name) (Last Name)

Address: _____ Phone: (___) _____

Cell: (___) _____

Email Address: _____

Social Security No **(Optional):** _____ Total years teaching experience _____

2. **POSITION(S) FOR WHICH YOU ARE APPLYING:** ☐ Regular Education ☐ Special Education ☐ Substitute ☐ Hourly

Subject(s), grade level(s), or other certificated position(s) according to preference:

First preference: _____ Second: _____ Third: _____

Other subjects qualified to teach; activities to direct; or positions to fill: _____

Do you speak, read, or write any language other than English? ☐Yes ☐No If yes, which language(s)? _____

3. **CALIFORNIA CREDENTIALS NOW HELD:** Type _____ Expires _____

Type _____ Expires _____

Do you have EL Authorization (CLAD, BCLAD or embedded on credential)? Yes or No

Name of CA credential applied for: _____ Date of Application _____

4. Has your credential ever been suspended or revoked? ☐ Yes ☐ No

(If you answered "yes", explain in writing the circumstances and attach the statement to this form.)

5. **TEACHING (or OTHER) EXPERIENCE:** (List last position first. If more than five years, list positions for last five years; if none, report student teaching experience. Indicate type -- ***Regular, Substitute, or Student Teaching.***)

Type	From	To	Grade(s)/Subject(s)	School	District	District Address

6. **COLLEGE OR UNIVERSITY EDUCATION**

Name and Location of Each Institution Attended	From	To	Date	Degree	Major(s)	Minor(s)

Number of semester units of graduate work beyond BA or BS _____ ***(1 Quarter Unit = 2/3 Semester Unit)***

7. Professional/Personal references other than letters of recommendation. Please include a personal cell number or email. (***Include only those who have knowledge of your teaching experience: e.g., superintendents, principals, supervisors, and student teaching master teachers).***

Name	Position	Address

The Orcutt Union School District does not discriminate on the basis of a person's actual or perceived race, color, national origin, ancestry, religious creed, age, marital status, pregnancy, physical or mental disability, medical condition, genetic information, veteran status, gender, gender identity, gender expression, sex, or sexual orientation in the educational programs or activities which it operates.

***I HEREBY CERTIFY** that all statements made hereon are true and correct to the best of my knowledge, and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.*

• AN EQUAL OPPORTUNITY EMPLOYER •

_____

(SIGNATURE OF APPLICANT) *(DATE)*

ORCUTT UNION SCHOOL DISTRICT and CHARTER ACADEMY

Please print clearly the requested information regarding your availability to substitute in the Orcutt Union School District and return to the Human Resources Office located at 500 Dyer Street, Orcutt, CA 93455.

Name: _____ Social Security No: _____

Address: _____ ZIP _____

Primary Phone #: _____ (to be used by Aesop for job notifications)

Secondary Phone #: _____ (for direct contact or message)

Personal Email: _____ School Year _____

Please (X) all areas you are interested in working (these are what determine Aesop calls for jobs):

Hourly Teacher: _____ / only? Substitute Teacher: _____ Interested in Hourly Teacher: _____

Will Sub for Classified Instructional Assistant (when certificated sub assignments are not available – pays $14.10/hr): _____

Circle Grade levels you will teach: ALL Pre-School TK KDG 1st 2nd 3rd 4th 5th 6th JH HS

Circle Subjects you are comfortable teaching at higher grades: ALL English History Science Math PE

Circle Special Education classes you would be willing to teach: ALL Inclusion Mild/Mod Mod/Severe Resource Speech

Circle Days Available: ALL or only: Monday Tuesday Wednesday Thursday Friday

Will you accept half-day assignments? YES NO Will you accept long term assignments? YES NO

Circle school sites you will work at in Orcutt: ALL Dunlap Nightingale Patterson Pine Grove Shaw

Lakeview JH Orcutt JH Charter HS **or** Located in Los Alamos: Olga Reed Charter K-8

CA credential(s)/Permit(s) you hold: _____ Expiration Date: _____

Do you sub in another surrounding district? (i.e.; SMBSD, SMJUHSD, etc.) _____

If you have any questions, please contact HR at 805-938-8914 or the Aesop help line at 805-938-8995 or 805-938-8901.

_____
(signature) *(date)*

(For District use only)

Application on file: _____ Employee ID # / PIN# _____ / _____ F/P Cleared: _____
Credential on file: ___ Yes Type: _____ Expires: _____
TB Verification expires: _____ Fingerprint Acknowledgement _____
Child Abuse Form on file: _____ Workers Compensation ____ C-19 Vac Card: _____
BP Acknowledgement: _____ Sub Binder Rec'd: _____ Internet Agmt: _____
Bloodborne Path: Initial: _____ Safety/Bullying/Harassment/C-19 Modules: _____
Bachelor's Degree In: _____ Entered in to Aesop: _____

Rev: 6/2021

ORCUTT UNION SCHOOL DISTRICT and ACADEMY CHARTER

Dear Applicant,

All applicants are requested to complete this voluntary form. The data will be used solely for research and statistical purposes and in no way affects any employment decision. In accordance with State law, this form will be kept separate from your application immediately upon receipt and the information contained will not be made available to any personnel involved in the hiring process.

ETHNIC GROUP: (check one)

_____ HISPANIC OR LATINO
(a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race) **or**

_____ NOT HISPANIC OR LATINO

_____ DECLINE TO STATE

RACE GROUP: (check up to five)

_____ AMERICAN INDIAN OR ALASKAN NATIVE
(a person having origins in any of the original people of North, South or Central America)

_____ WHITE
(a person having origins in any of the original people of Europe, North Africa or the Middle East)

_____ CHINESE

_____ AFRICAN AMERICAN OR BLACK

_____ ASIAN INDIAN

_____ FILIPINO/FILIPINO AMERICAN

_____ CAMBODIAN

_____ OTHER ASIAN

_____ GUAMANIAN

_____ TAHITIAN

_____ DECLINE TO STATE

_____ KOREAN

_____ VIETNAMESE

_____ JAPANESE

_____ LAOTIAN

_____ HMONG

_____ HAWAIIAN

_____ SAMOAN

_____ OTHER PACIFIC ISLANDER

SEXUAL ORIENTATION: _____ HETEROSEXUAL/STRAIGHT _____ GAY/LESBIAN _____ BISEXUAL

_____ OTHER _____ NOT SURE _____ DECLINE TO STATE

GENDER: _____ MALE _____ FEMALE _____ NON-BINARY _____ DECLINE TO STATE

ARE YOU HANDICAPPED? _____ YES _____ NO
IF YES, PLEASE PROVIDE ANY SPECIAL ACCOMMODATIONS YOU REQUIRE:

ORCUTT UNION SCHOOL DISTRICT

ACKNOWLEDGEMENT

Notice to Employees

In accordance with AB 1610 and AB 1612, all school employees in the State of California must be fingerprinted prior to beginning employment in a public school district.

I understand and acknowledge that the Orcutt Union School District must receive fingerprint clearance for me before I can become an employee of the Orcutt Union School District. I understand that any work performed before a fingerprint clearance is received will be considered voluntary and not be subject to compensation.

_____ _____

(Applicant Signature) *(Date)*

_____

(Print Name)

(The signed acknowledgement will be kept on file at the District Office.)

Rev. 1/02

ORCUTT UNION SCHOOL DISTRICT

NOTICE TO EMPLOYEES WHO ARE CHILD CARE CUSTODIANS REGARDING CHILD ABUSE REPORTING REQUIREMENT

Penal Code Section 11165-11167 requires that:

Whenever a mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make an initial report by telephone to the agency immediately or as soon as is practicably possible, and shall prepare and send, fax, or electronically transmit a written follow-up report within 36 hours of receiving the information concerning the incident.

"Mandated Reporter" means a teacher, certificated or non-certificated administrative officer or supervisor, supervisor of child welfare and attendance, certificated pupil personnel employee, computer technician, athletic coach, assistant coach, athletic administrator or athletic director, all classified staff, including but not limited to teacher's aides

"Reasonable suspicion" means that it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position, drawing upon, when appropriate, his or her training and experience, to suspect child abuse.

"Child abuse" means (1) a physical injury which is inflicted by other than accidental means on a child by another person; (2) the sexual assault of a child by any act or omission proscribed by Penal Code Sections 273(c) (willful cruelty or unjustifiable punishment of a child) or 273(d) (corporal punishment or injury); or (3) the neglect of a child or abuse in out-of-home care.

"Child protective agency" means Child Welfare Services, a police or sheriff's department.

Penal Code Section 11166 provides that any "Mandated Reporter", regardless of when initially employed, who fails to report an incidence of child abuse which he or she knows to exist or reasonably should know to exist, is guilty of a misdemeanor, punishable by confinement in the county jail for a term not to exceed six (6) months or by a fine or not more than one thousand dollars ($1,000.00) or by both.

District policy requires the staff member to provide a copy of the written report concerning the instance to his or her site principal or supervisor.

The telephoned report and the written report must contain the name of the person making the report, the name of the child, the present location of the child, the nature and extent of the injury, and any other information requested by the child protective agency, including information that led to the report of suspected or known child abuse.

The name of the person making the report shall be kept confidential by the district and by the child protective agency as provided for in Penal Code Section 11165 -11167.

ACKNOWLEDGEMENT

I hereby acknowledge that I have read and understand the provisions of Penal Code Section 11166, and that, to the extent that its provisions apply to me, I will comply with its provisions and the provisions of Orcutt Union School District Policy 5141.4 to report known or suspected instances of child abuse.

_____

(Signature of Employee) *(Date)*

Revised 4/2013

ORCUTT UNION SCHOOL DISTRICT

TO: **All New Employees**

FROM: Nicholas Taylor, Ed.D.
Assistant Superintendent
Business Services

RE: ***WORKERS' COMPENSATION INFORMATION***

The District is required to inform all employees of the procedures to be followed when a work-related injury occurs. Please read the procedures outlined below, and sign the acknowledgement at the bottom of this page. Return this memorandum in its entirety to the Human Resources Office. A copy will be made and returned to you. The original will remain in your personnel file.

* * * * * * * * *

- All work-related injuries must be reported within five working days or less to your supervisor and the Assistant Superintendent of Business Services Office, regardless of how minor they appear.

- A record of all injuries is kept at the Assistant Superintendent of Business Services Office. In case you feel that you need to seek medical treatment at a later date, a record of your injury will be on file.

- Please inform your supervisor if you need medical attention or lose time due to your injury. At this point, it is considered a reportable workers' compensation claim. You will receive forms that must be filled out and returned to the Administrative Assistant for the Assistant Superintendent of Business Services Office.

- You will be directed one of three medical facilities for treatment, unless you have previously requested (in writing) to see your personal physician in case of an on-the-job injury.

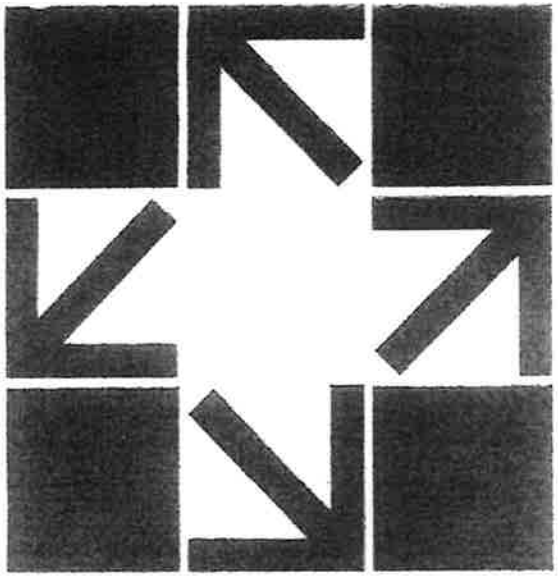
- You must be released by your treating physician to return to work. Please send a copy of your release note to the Administrative Assistant for the Assistant Superintendent of Business Services Office.

If you have any questions regarding workers' compensation, please call Julie Payne at 938-8916.

ACKNOWLEDGEMENT

I hereby acknowledge that I have read and understand the procedures for reporting a work-related injury; and that I will comply with these provisions in the event that I experience a work-related injury while employed in the Orcutt Union School District.

_____	_____	_____
(Please Print Name)	***(Signature)***	***(Date)***



Facts About Workers' Compensation

The Way It Was

In the early 20th century, workers injured on the job had to sue their employer to recover medical expenses and lost wages. Lawsuits took months and sometimes years. Juries had to decide who was at fault and how much, if anything, would be paid. In most instances, the worker got nothing. It was costly, time consuming, and often unfair.

The Way It Is

Today, the California workers' compensation law provides a faster, fairer way to take care of injured workers... where fault doesn't have to be proved to recover medical expenses and lost wages. This job-injury insurance is paid for by your employer and supervised by the state. It pays your medical bills, and if you can't work due to a job-related injury or illness, it provides money to help replace lost wages until you can return to work.

Who's Covered?

Almost every employee in California is protected by workers' compensation, but there are a few exceptions. People in business for themselves and unpaid volunteers may not be covered. Maritime workers and federal employees are covered by similar laws. If you have a question about coverage, ask your employer.

What's Covered?

Any injury or illness is covered if it's due to your job. It can be caused by one event like a fall, or repeated exposures, such as repetitive motion over time. Everything from first-aid type injuries to serious accidents is covered. Workers' compensation even covers injuries – including physical or psychiatric injuries – resulting from a workplace crime. (Some injuries from voluntary, off-duty recreational, social or athletic activity – for example, the company bowling team – may not be covered. Check with your supervisor or the claims administrator listed at the end of this document if you have questions.)

Coverage is automatic and immediate. There is no qualifying period, no need to earn a certain amount in wages before you're covered ... protection begins the first minute you're on the job.

What You Have To Do

If you have a work injury or illness, immediately notify your supervisor or call the phone number for the employer representative listed on the back of this pamphlet so you can get medical help right away. If it's more than a simple first-aid injury, your employer will give you a claim form so you can describe the injury and how, when and where it happened. To file a claim, complete the "Employee" section of the claim form, keep one copy and return the rest to your employer. Your employer will then complete the "Employer" section, give you a signed and dated copy of the form, keep one copy and send one to the claims administrator, the company that is responsible for handling your claim and notifying you about your eligibility for benefits.

Benefits can't start until the claims administrator knows of the injury, so report the injury and file the claim form with your employer as soon as possible. State law requires that within one working day of receiving a claim form employers authorize medical care consistent with applicable treatment guidelines for the injury. Employers may be liable for as much as $10,000 in treatment until a claim is accepted or rejected. Delays in reporting may delay workers' compensation benefits, and you could lose your right to benefits if your employer does not learn of your injury within 30 days of the date of injury. If your injury or illness develops over time, report it as soon as you learn it was caused by your job. To ensure your right to benefits, report every injury, no matter how slight, and request a claim form if it's more than a minor injury requiring only first aid.

Benefits

The California workers' compensation law guarantees you three kinds of benefits:

- All reasonable and necessary medical care for your injury or illness... with no deductibles. Medical benefits may include treatment by a doctor, hospital services, lab tests, x-rays, physical therapy, medicines, medical equipment and transportation costs to and from appointments. Workers' compensation medical services are subject to authorization for medical necessity and there are limits on the number of chiropractic, physical therapy and occupational therapy visits.
- Tax-free payments to help replace lost wages while you are temporarily disabled. Additional payments are made if the injury causes a permanent disability or death.
- If your injury or illness causes permanent disability that prevents you from returning to work and your employer doesn't offer appropriate modified or alternative work, you may be eligible for a supplemental job displacement benefit. This is a nontransferable voucher of up to $6,000 for education-related retraining and/or skill enhancement at state-approved schools, and other services and resources to help you get back to work.

Benefit Payments

- **Medical Care:** All medical bills for reasonable and necessary treatment will be paid directly by the claims administrator, so you should never receive a bill. The name and phone number of the claims administrator are at the end of this pamphlet and are posted at your workplace.
- **Temporary Disability:** If you are unable to work for more than three days, including weekends, you are entitled to temporary disability (TD) payments to help replace your lost wages. About two weeks after reporting the injury, you'll get a check from the claims administrator. You will continue to receive TD checks every two weeks after that until the doctor says you can return to work, or that your medical condition is "permanent and stationary." (Payments won't be made for the first three days, however, unless you're hospitalized as an inpatient or unable to work more than 14 days.) The amount of these checks will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. It probably won't be the full amount of your regular paycheck, but there are no deductions and the payments are tax free. Under state law, TD payments for a single injury may not extend for more than 104 compensable weeks within five years from the date of injury, or for more than 240 weeks within five years from the date of injury for a few long-term injuries such as severe burns or chronic lung disease. If you reach the maximum TD payment period before you can return to work or before your medical condition becomes permanent and stationary, you may be able to obtain State Disability benefits through the California Employment Development Department (EDD). You also may be able to get these benefits if your TD is delayed or denied. There are time restrictions, however, so contact EDD at (800) 480-3287 or www.edd.ca.gov for information on when and how to apply.
- **Permanent Disability:** If your injury or illness results in a permanent loss of physical or mental function that a doctor can measure, you may receive permanent disability payments. The amount depends on the doctor's report, how much of the permanent disability was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. The minimum and maximum amounts are set by state law, and vary by injury date, but if you have a permanent disability, your claims administrator will send you a letter explaining how the benefit was calculated. In general, the total amount is set at a weekly rate spread over a fixed number of weeks. The first payment is due within 14 days after the final temporary disability payment, or if you were not receiving temporary disability, 14 days after your doctor says your condition is permanent and stationary. After that, the benefit will be paid every 14 days until you reach the maximum or until you settle your case and receive a lump sum.
- **Death Benefits:** If the injury or illness causes death, payments may be made to individuals who were financially dependent on you. These benefits are set by state law and the amount depends on the number of dependents and the date of injury. Generally, the payments are made at the same rate as temporary disability payments; however, no payments will be less than $224 per week. Workers' compensation also provides a burial allowance

- **Supplemental Job Displacement Benefit:** If the claims administrator receives a doctor's report that you have recovered as much as possible from your job injury, and that you have a permanent disability, within 60 days you may receive a form with an offer of regular, modified or alternative work from your employer. If 60 days after receiving the doctor's report your employer has not offered you regular, modified or alternative work, your claims administrator has 20 days to provide you a Supplemental Job Displacement Benefit. This is a voucher for up to $6,000 that you can use for retraining or skill enhancement at a state accredited school, books, required tools, license or certification fees, or other resources that can help you find a new job. There are limits on how much you can spend for some items, but if you qualify, you'll receive a letter explaining what types of expenses are covered, the limits, documentation requirements, and deadlines for using this benefit.

Other Resources

Workers' compensation is sometimes confused with State Disability Insurance (SDI). They seem similar, but there are important differences. Workers' compensation insurance covers on-the-job injuries and illnesses and is paid for entirely by your employer. On the other hand, SDI covers off-the-job injuries or sickness, and is paid for by deductions from your paycheck. If you are not receiving workers' compensation benefits, you may be able to get State Disability benefits. For information call the local office of the state Employment Development Department listed in the government pages of your phone book, or learn more at www.edd.ca.gov/disability/.

If you receive a Supplemental Job Displacement Benefit voucher, you may qualify for additional money from the Return to Work Supplement Program. This program is administered by the California Department of Industrial Relations, so if you qualify, a check will be issued by the state, not the workers' compensation claims administrator, as this is not a workers' compensation benefit. For details on eligibility and how to apply, visit the Return to Work Supplement Program section of the Department of Industrial Relations web site at www.dir.ca.gov/RTWSP/RTWSP.html or contact the local DWC Information and Assistance office listed in the back of this pamphlet.

If You Have Questions

...ask your supervisor or employer representative. Or contact the workers' compensation claims administrator (the name and phone number are listed at the end of this pamphlet and are posted at your workplace).

Information prepared by the state for injured workers also is posted on the DWC web site at www.dwc.ca.gov. In addition, you can contact an information and assistance officer at the State Division of Workers' Compensation (DWC). Information and assistance officers are available at no charge to answer questions, review problems and provide additional written information about workers' compensation. The local office is listed at the end of this pamphlet, posted at your workplace, and in the white pages of the phone book under State Government Offices/Industrial Relations/Workers' Compensation. For a list of all information and assistance offices throughout the state, or to hear recorded information, call (800) 736-7401.

More About Medical Care

Good medical care is important – to you, your family and your employer. Quality medical treatment is the quickest way to recovery.

- If emergency medical care is needed, immediately call 911 or go to the nearest hospital emergency room.
- For nonemergency medical care, notify your supervisor and go to the clinic/doctor's office listed on the back of this pamphlet or on the workers' compensation poster at your worksite. If only first-aid is needed and it is available at your workplace, seek it immediately. If it's more than a simple first-aid injury, ask your employer for a claim form.
- To make sure your medical bills get paid and you get all of your benefits, complete the "Employee" section of the claim form and return it to your employer as soon as possible. Employers must notify the claims administrator and authorize medical care within one working day of receiving a claim form, so get a signed and dated copy back from your employer and keep it with the other paperwork related to your claim.
- Your claims administrator will arrange medical care that meets the applicable treatment guidelines for the injury. The doctor, who may be a specialist for your type of injury, will be familiar with workers' compensation requirements and will report promptly so your benefits can be paid.
- Your employer may have a Medical Provider Network (MPN), which is a network of health care providers who treat workers injured on the job. If so, MPN contact information can be found on the back of this pamphlet and on the workers' compensation poster at your worksite. You also can request information on how to use the MPN by asking your employer, or by visiting the MPN website or calling the MPN phone number listed in this pamphlet and on the workers' compensation poster.
- The doctor responsible for developing your treatment plan and managing your care is your "primary treating physician" (PTP). Your PTP also will coordinate any care you receive from other medical providers. Workers' compensation medical services are subject to authorization, and must meet the state's treatment guidelines for the type of injury. If a medical service requested by your PTP or another provider is determined not medically necessary, you will receive information on how to appeal that decision, but if you choose to appeal you must do so within 30 days of receiving the decision.
- The PTP also will decide when you can return to work and may review your job description with you and your employer to define any limitations or restrictions that you may have when you go back to work. For a serious injury, the PTP will write reports about any permanent disability or need for future medical care.
- You can be treated by your personal doctor immediately if you have health care coverage for nonwork injuries and illnesses; the doctor has treated you before, has your medical records, and has agreed in advance to treat you for work injuries or illnesses; and you gave your employer the doctor's name and address in writing before the injury. This is called "predesignating a personal physician." If you decide to predesignate, the doctor must be someone who has limited his or her practice of medicine to general practice or be a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner; or you can predesignate a multispecialty group of licensed doctors of medicine or osteopathy (M.D.s or D.O.s) that provides comprehensive medical services primarily for nonoccupational injuries and illnesses. You can use the Predesignation of Personal Physician form (Optional DWC Form 9783) included in this pamphlet to give your employer the necessary information. You can use the optional DWC Form 9783.1 to name a personal chiropractor or acupuncturist, but different rules apply, and you need to see an employer-selected doctor first.
- If your employer has an MPN, but you predesignated a personal physician prior to the injury, you may receive treatment immediately from that doctor. If your employer has an MPN but you did not predesignate a personal physician, a network doctor will generally be your PTP for the duration of treatment. For treatment other than emergency care, your claims administrator should direct you to an MPN doctor for your first medical visit, though you may choose to be treated by another doctor in the network anytime after your first visit. If you want to switch to a chiropractor or acupuncturist, including a personal chiropractor or personal acupuncturist named prior to the injury, he or she must be in the network. Different rules apply if you are in a workers' compensation Health Care Organization (HCO). If your employer offers an MPN or if you are in an HCO, your employer will provide additional information about the network and your rights under your plan.
- Generally, if you are not covered by an MPN and did not predesignate a personal physician, you can switch to your own doctor 30 days after the injury is reported. If you want to switch doctors before that, your claims administrator will give you a list of doctors to choose from. (Different rules apply if you are in a HCO, so check with your claims administrator if that's the case.) If you want to change doctors for any reason, choose carefully, and if you want advice on specialists, talk to the claims adjuster who works for your claims administrator. They're as interested as you are in your prompt recovery and return to work and will help you get a different doctor.
- In any event, report your choice to the claims adjuster as soon as you make it so the bills will be paid for you. Even minor injuries may need expert care. Prompt, quality medical care is the best investment you and your employer can make.

Optional Form

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 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.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer)

If I have a work-related injury or illness, I choose to be treated by:

_____

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

_____

(street address, city, state, ZIP)

_____

(telephone number)

Employee Name: _____
(please print)

Employee's Address: _____

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

_____

Employee's Signature: _____

Date: _____

Physician: I agree to this Predesignation:

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

The physician is not required to sign this form, however, if the physician or designated employee of the physician 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.
(Optional DWC Form 9783, July 1, 2014)

Note to Employee: Unless an employee agrees, neither the employer nor the claims administrator shall contact your personal physician to confirm a predesignation (CCR 9780.1(f)). If your physician did not sign above, other documentation that they agreed to be predesignated prior to the injury will be required. If you agree that after receiving this form your employer or claims administrator may contact your physician to confirm the predesignation, sign below:

Employee Signature: _____

Employee I.D.#: _____ Date: _____

Note to Physician: California workers' compensation medical services are subject to utilization review for medical necessity; reporting requirements; and the California Official Medical Fee Schedule. The following optional information may assist communication and facilitate the authorization, reporting, recordkeeping and payment processes:

Office Manager/Billing Contact: _____

Phone: _____

Mailing Address (if different from street address): _____

_____

Fax: _____ Email: _____

Physician License #: _____

Physician Tax I.D. #: _____

Optional Form

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule

You may use this form to notify your employer of your personal chiropractor or acupuncturist

Your Chiropractor or Acupuncturist's Information:

_____

(name of chiropractor or acupuncturist)

_____

(street address, city, state, zip code)

_____

(telephone number)

Employee Name (please print): _____

Employee's Address: _____

Employee's Signature: _____

Date: _____

Title 8, California Code of Regulations, Section 9783.1
(Optional DWC Form 9783.1, Effective Date July 1, 2014)

Note to employee: A personal chiropractor must be your regular, licensed chiropractor (D.C.) who previously directed your treatment and retains your chiropractic treatment records, including your chiropractic history. A personal acupuncturist must be your regular, licensed acupuncturist (L.Ac.) who previously directed your treatment and who retains your acupuncture treatment records, including your acupuncture history.

If your employer has a workers' compensation Medical Provider Network (MPN), you may only switch to a personal chiropractor or acupuncturist within the MPN. If you are a member of a workers' compensation Health Care Organization (HCO) different rules apply, so check with your employer or claims administrator if that is the case.

When a work injury or illness occurs...

1. If emergency medical care is needed, call 911 or go to the nearest emergency room.
2. Report injuries immediately to your supervisor or employer representative at _____(telephone). For non-emergency medical care go to the clinic or doctor's office that is listed below or on the workers' compensation poster at your worksite, or your employer may advise you on where to go for treatment. Your employer also is required to provide you with a claim form within one working day of learning of your injury, so ensure your rights to benefits by reporting every injury, no matter how slight, and request a claim form if it's more than a simple first-aid injury.
   Your employer must notify the claims administrator and authorize medical treatment within one working day of receiving your claim form. Any delay in reporting an injury may delay workers' compensation benefits and you could lose your right to benefits if your employer does not learn of your injury within 30 days of the injury date. If your injury or illness develops over time, report it as soon as you learn it was caused by your job. If a requested medical service is determined not medically necessary, you will receive information on how to appeal that decision, but if you choose to appeal you must do so within 30 days of receiving the decision. If your claim or other benefits are denied, you have a right to challenge the decision at the Workers' Compensation Appeals Board (WCAB), but there are deadlines for filing the necessary papers, so don't delay.
3. Call your claims administrator or employer representative if you have questions or problems. It is illegal for an employer to fire or discriminate against you just because you file, intend to file, or settle a workers' compensation claim, or because you testify for a co-worker who was injured. If you prove this kind of discrimination, you will be entitled to job reinstatement, lost wages and increased benefits, plus costs and expenses up to a maximum set by the state legislature.

Emergency Telephone Number: Call 911. For nonemergency medical care, contact your employer and go to the following doctor/clinic:

_____

Workers' Compensation Insurer:

_____

☐ Check if company is self-insured

Claims Administrator:

Name _____

Telephone _____

If your employer has an MPN, you can use the information below to get more details:

MPN website: _____

MPN effective date: _____

MPN identification number: _____

For help locating an MPN physician, call your MPN access assistant at:

_____

For questions or other MPN issues, call the MPN contact person at:

_____

Free help and information are available by contacting a Division of Workers' Compensation Information and Assistance Officer at the local office listed below. You can hear recorded information and get a list of local offices by calling (800-736-7401), or you can get additional written information about workers' compensation by going to the Division of Workers' Compensation web site at www.dwc.ca.gov.

DWC Information & Assistance Office

Street Address _____

City _____

Telephone _____

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

ACCEPTABLE USE AGREEMENT AND RELEASE OF DISTRICT FROM LIABILITY (EMPLOYEES)

Employee Acknowledgment

I have received, read, understand, and agree to abide by this Acceptable Use Agreement, BP 4040 - Employee Use of Technology, and other applicable laws and district policies and regulations governing the use of district technology. I understand that there is no expectation of privacy when using district technology or when my personal electronic devices use district technology. I further understand that any violation may result in revocation of user privileges, disciplinary action, and/or appropriate legal action.

If applicable while fulfilling my duties, I will provide direct supervision of student use of the internet and hold students responsible for the acceptable use of such access.

I hereby release the district and its personnel from any and all claims and damages arising from my use of district technology or from the failure of any technology protection measures employed by the district.

Name: _____ Position: _____
(Please print)

School/Work Site: _____

Signature: _____ Date: _____

Status:
- ☐ Permanent/Full Time
- ☐ Temporary
- ☐ Substitute
- ☐ Hourly
- ☐ Certificated
- ☐ Classified

ACCEPTABLE USE AGREEMENT AND RELEASE OF DISTRICT FROM LIABILITY (EMPLOYEES)

The Orcutt Union School District authorizes district employees to use technology owned or otherwise provided by the district as necessary to fulfill the requirements of their position. The use of district technology is a privilege permitted at the district's discretion and is subject to the conditions and restrictions set forth in applicable Board policies, administrative regulations, and this Acceptable Use Agreement. The district reserves the right to suspend access at any time, without notice, for any reason.

The district expects all employees to use technology responsibly in order to avoid potential problems and liability. The district may place reasonable restrictions on the sites, material, and/or information that employees may access through the system.

The district makes no guarantee that the functions or services provided by or through the district will be without defect. In addition, the district is not responsible for financial obligations arising from unauthorized use of the system.

Each employee who is authorized to use district technology shall sign this Acceptable Use Agreement as an indication that he/she has read and understands the agreement.

Definitions

District technology includes, but is not limited to, computers, the district's computer network including servers and wireless computer networking technology (wi-fi), the Internet, email, USB drives, wireless access points (routers), tablet computers, smartphones and smart devices, telephones, cellular telephones, personal digital assistants, pagers, MP3 players, wearable technology, any wireless communication device including emergency radios, and/or future technological innovations, whether accessed on or off site or through district-owned or personally owned equipment or devices.

Employee Obligations and Responsibilities

Employees are expected to use district technology safely, responsibly, and primarily for work-related purposes. Any incidental personal use of district technology shall not interfere with district business and operations, the work and productivity of any district employee, or the safety and security of district technology. The district is not responsible for any loss or damage incurred by an employee as a result of his/her personal use of district technology.

The employee in whose name district technology is issued is responsible for its proper use at all times. Employees shall not share their assigned online services account information, passwords, or other information used for identification and authorization purposes, and shall use the system

only under the account to which they have been assigned. Employees shall not gain unauthorized access to the files or equipment of others, access electronic resources by using another person's name or electronic identification, or send anonymous electronic communications. Furthermore, employees shall not attempt to access any data, documents, emails, or programs in the district's system for which they do not have authorization.

Employees are prohibited from using district technology for improper purposes, including, but not limited to, use of district technology to:

1. Access, post, display, or otherwise use material that is discriminatory, defamatory, obscene, sexually explicit, harassing, intimidating, threatening, or disruptive

2. Disclose or in any way cause to be disclosed confidential or sensitive district, employee, or student information without prior authorization from a supervisor

3. Engage in personal commercial or other for-profit activities without permission of the Superintendent or designee

4. Engage in unlawful use of district technology for political lobbying

5. Infringe on copyright, license, trademark, patent, or other intellectual property rights

6. Intentionally disrupt or harm district technology or other district operations (such as destroying district equipment, placing a virus on district computers, adding or removing a computer program without permission, changing settings on shared computers)

7. Install unauthorized software

8. Engage in or promote unethical practices or violate any law or Board policy, administrative regulation, or district practice

Privacy

Since the use of district technology is intended for use in conducting district business, no employee should have any expectation of privacy in any use of district technology.

The district reserves the right to monitor and record all use of district technology, including, but not limited to, access to the Internet or social media, communications sent or received from district technology, or other uses within the jurisdiction of the district. Such monitoring/recording may occur at any time without prior notice for any legal purposes including, but not limited to, record retention and distribution and/or investigation of improper, illegal, or prohibited activity. Employees should be aware that, in most instances, their use of district technology (such as web searches or emails) cannot be erased or deleted.

All passwords created for or used on any district technology are the sole property of the district. The creation or use of a password by an employee on district technology does not create a

reasonable expectation of privacy.

Personally Owned Devices

If an employee uses a personally owned device to access district technology or conduct district business, he/she shall abide by all applicable Board policies, administrative regulations, and this Acceptable Use Agreement. Any such use of a personally owned device may subject the contents of the device and any communications sent or received on the device to disclosure pursuant to a lawful subpoena or public records request.

Records

Any electronically stored information generated or received by an employee which constitutes a district or student record shall be classified, retained, and destroyed in accordance with BP/AR 3580 - District Records, BP/AR 5125 - Student Records, or other applicable policies and regulations addressing the retention of district or student records.

Reporting

If an employee becomes aware of any security problem (such as any compromise of the confidentiality of any login or account information) or misuse of district technology, he/she shall immediately report such information to the Superintendent or designee.

Consequences for Violation

Violations of the law, Board policy, or this Acceptable Use Agreement may result in revocation of an employee's access to district technology and/or discipline, up to and including termination. In addition, violations of the law, Board policy, or this agreement may be reported to law enforcement agencies as appropriate.

EMPLOYEE USE OF TECHNOLOGY

The Board of Trustees recognizes that technological resources can enhance employee performance by offering effective tools to assist in providing a quality instructional program, facilitating communications with parents/guardians, students, and the community, supporting district and school operations, and improving access to and exchange of information. The Board expects all employees to learn to use the available technological resources that will assist them in the performance of their job responsibilities. As needed, employees shall receive professional development in the appropriate use of these resources.

Employees shall be responsible for the appropriate use of technology and shall use district technology primarily for purposes related to their employment.

District technology includes, but is not limited to, computers, the district's computer network including servers and wireless computer networking technology (Wi-Fi), the Internet, email, USB drives, wireless access points (routers), tablet computers, smartphones and smart devices, telephones, cellular telephones, personal digital assistants, pagers, MP3 players, wearable technology, any wireless communication device including emergency radios, and/or future technological innovations, whether accessed on or off site or through district-owned or personally owned equipment or devices.

The Superintendent or designee shall establish an Acceptable Use Agreement which outlines employee obligations and responsibilities related to the use of district technology. Upon employment and whenever significant changes are made to the district's Acceptable Use Agreement, employees shall be required to acknowledge in writing that they have read and agreed to the Acceptable Use Agreement.

Employees shall not use district technology to access, post, submit, publish, or display harmful or inappropriate matter that is threatening, obscene, disruptive, sexually explicit, or unethical or that promotes any activity prohibited by law, Board policy, or administrative regulations.

Harmful matter includes matter, taken as a whole, which to the average person, applying contemporary statewide standards, appeals to the prurient interest and is matter which depicts or describes, in a patently offensive way, sexual conduct and which lacks serious literary, artistic, political, or scientific value for minors. (Penal Code 313)

The Superintendent or designee shall ensure that all district computers with Internet access have a technology protection measure that prevents access to visual depictions that are obscene or child pornography and that the operation of such measures is enforced. The Superintendent or designee may disable the technology protection measure during use by an adult to enable access for bona fide research or other lawful purpose.

The Superintendent or designee shall annually notify employees in writing that they have no reasonable expectation of privacy in the use of any equipment or other technological resources provided by or maintained by the district, including, but not limited to, computer files, email, text messages, instant messaging, and other electronic communications, even when provided their own password. To ensure proper use, the Superintendent or designee may monitor employee usage of district technology at any time without advance notice or consent and for any reason allowed by law.

In addition, employees shall be notified that records maintained on any personal device or messages sent or received on a personal device that is being used to conduct district business may be subject to disclosure, pursuant to a subpoena or other lawful request.

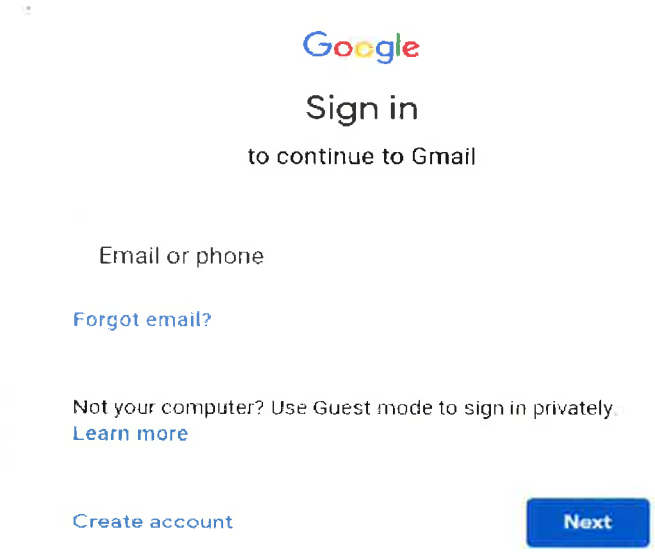
Employees shall report any security problem or misuse of district technology to the Superintendent or designee.

Inappropriate use of district technology may result in a cancellation of the employee's user privileges, disciplinary action, and/or legal action in accordance with law, Board policy, and administrative regulation.

Policy Adopted: 3/10/21
ORCUTT UNION SCHOOL DISTRICT
Orcutt, California

Accessing OUSD Email/Google Account

1. Go to the district webpage: www.orcutt-schools.net
2. Click or move the cursor onto the STAFF tab.
3. Click the drop down arrow and then choose Email Login, which will take you to a Google page, click the "Log In" box on the upper right, then you will see this Google Sign in box.



4. Enter the email account provided to you or (in most circumstances) it is: first initial+last name@orcutt-schools.net

Ex: Mickey Mouse's email = mmouse@orcutt-schools.net

5. Temporary Password: **Welcome2022!**

If you need assistance, please call Michele – in Tech – 805-938-8945

ORCUTT UNION SCHOOL DISTRICT and ACADEMY CHARTER

EMERGENCY CONTACT INFORMATION

Year: _____

Your Name:	**Worksite:**
Address:	
City/State/Zip:	
Primary Phone:	☐ Listed ☐ Unlisted
Secondary Phone(s):	
Personal Email Address:	
☐ Administrator ☐ Regular Teacher ☐ Hourly / Substitute Teacher ☐ Coach	

RELATIVE OR FRIEND TO BE CALLED IN CASE OF EMERGENCY:

Name:	**Relation:**
Address:	
City/State/Zip:	
Home Phone:	**Work Phone:**
Other Phone: (cell and/or pager):	

RETURN TO: *HUMAN RESOURCES DEPARTMENT*

NOTE: *PLEASE CONTACT PAYROLL AND/OR HUMAN RESOURCES IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE COMING SCHOOL YEAR.*

ORCUTT UNION SCHOOL DISTRICT

TB VERIFICATION REQUIREMENT

All individuals employed by the Orcutt Union School District are required to have on file in the Human Resources Office verification of a skin test, chest x-ray, or other test designated as acceptable by the County Health Department to determine that they are free of active tuberculosis.

This evidence must be submitted **EVERY FOUR YEARS** in order to meet both State Law and Board Policy requirements (Education Code Section 49406 and District Policy 4112.4).

Tuberculin skin tests (PPD) may be obtained at the following location or from your private physician:

Industrial Medical Group, 3070 Skyway Drive, Suite 106, Santa Maria, CA; 922-8282

The hours are Monday through Friday (*except Thursday);* 8:00 a.m. to 4:30 p.m.

You will be required to return 48 to 72 hours later for a reading of the result. You will receive a certificate showing the results. **THIS CERTIFICATE MUST BE SUBMITTED TO THE HUMAN RESOURCES OFFICE AT THE DISTRICT OFFICE**.

A fee of $20.00 is charged for the skin test. This amount will be billed directly to the District, but ***you must have this notice and authorization form with you***. Otherwise, be prepared to pay the $20.00. You will be reimbursed by the District **only** upon presentation of a receipt. *If you choose to be tested at another facility, you will be reimbursed up to $20.00 only.* Should you require a test other than the skin test, arrangements can be made by calling Industrial Medical Group, and they will bill the District for the required test(s). Should you choose to have the test(s) administered elsewhere the District will reimburse you for costs incurred but not to exceed that which Industrial Medical Group would charge for similar services.

PLEASE TAKE THIS FORM WITH YOU TO INDUSTRIAL MEDICAL AVOID FEE!

THESE REQUIREMENTS ARE TO BE FILLED WITHIN 10 DAYS OF YOUR EMPLOYMENT WITH THE DISTRICT

Rev. 1/2013

ORCUTT UNION SCHOOL DISTRICT
500 Dyer Street
Orcutt, CA 93455

Annual Employee Notifications

Board Policy 4112.9, Employee Notifications, requires certain Board Policies and Administrative Regulations be provided to employees upon employment and a signed acknowledgement be retained by the Human Resources office.

Administrative Regulation & Board Policy 1312.3	Uniform Complaint Procedures
Administrative Regulation & Board Policy 3513.3	Tobacco-Free Schools
Administrative Regulation & Exhibit 3514.2	Integrated Pest Management
Board Policy & Exhibit 4020	Drug and Alcohol-Free Workplace
Administrative Regulation & Board Policy 4030	Nondiscrimination in Employment
Exhibit & Board Policy 4040	Employee Use of Technology
Administrative Regulation 4112.3, 4212.3, 4312.3	Oath or Affirmation
Administrative Regulation & Board Policy 4119.11, 4219.11,4319.11	Sexual Harassment
Administrative Regulation & Board Policy 4119.43, 4219.43, 4319.43	Universal Precautions
Board Policy 4136, 4236, 4336	Non-school Employment
Board Policy 4157, 4257, 4357	Employee Safety
Administrative Regulation 4161.8, 4261.8, 4361.8	Family Care and Medical Leave Act
Administrative Regulation & Board Policy 5141.4	Child Abuse Prevention and Reporting
Penal Code 11165.7, 11165.007	Reporting Child Abuse
Penal Code 11166, 11166.000	Child Abuse Reporting
Penal Code 11167, 11167.000	Child Abuse and Neglect Reporting Act

By signing below, I acknowledge that I have read and understand the provisions of Penal Code Section 11166, and that, to the extent that its provisions apply to me, I will comply with its provisions and the provisions of the Orcutt Union School District Board Policy and Administrative Regulation 5141.4, *Child Abuse Prevention and Reporting*, to report known or suspected instances of child abuse.

By signing below, I acknowledge that I have read and agree to abide by the procedures and regulations set forth in the District's policies and regulations.

Print Name _____

Signature _____ Date _____

Annual Employee Notifications may be found for review on the district website at www.orcuttschools.net under Departments/Human Resources/Documents/Annual Notifications. Please review the documents at your convenience, sign this verification form indicating that you have done so and submit with your application packet to the Human Resources Office.

ORCUTT UNION SCHOOL DISTRICT

TO: All New Employees

FROM: Susan Salucci
Assistant Superintendent of Human Resources

RE: Bloodborne Pathogens, Safety, Child Abuse Awareness Certification California Code of Regulations, Bullying, Playground Safety and Supervision and Concussion Awareness

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The above regulations mandate the Orcutt Union School District train all employees in universal precautions to reduce your possible occupational exposure to blood or other potentially infectious substances which could expose you to a risk of acquiring Hepatitis B virus or other infectious diseases. You can obtain the required training by logging onto www.orcutt-schools.net and following these steps:

- ✓ Click on *Departments*
- ✓ Click on *Human Resources*
- ✓ Click on *Annual Notifications*
- ✓ Click on the new link *www.GetSafetyTrained.com*
- ✓ "User Sign In" Click on *Are you a New User*
- ✓ Enter *"O"* and continue
- ✓ Use the drop down to choose *"Orcutt Union School District"* and submit
- ✓ Click on *Yes* to complete registration
- ✓ Enter your *personal information* and agree

(Because of the problem we have had with employee's forgetting the email and password they used when establishing their account, I ask that you clearly print the info below and submit with the rest of your application packet to the Human Resources Office for safe keeping. Nobody else will have access to this information, it will just be on hand for your use in the future). Print Clearly!

Your name: _____ *Position:* _____

Email Address Used: _____ *Password Used*: _____

- ✓ Select the following modules, one at a time, to complete:

In the General Employee Safety Tab -

"Bloodborne Pathogens" & "New Employee Safety Orientation"

In the Employment Practices and Workers' Compensation Tab -

"Sexual Harassment "

(Administrator and Management complete Sexual Harassment for "supervisors" and Teachers, Substitute Teachers, Hourly Teachers, Coaches and Volunteers complete for "non-supervisors")

In the **Medical & Emergency Preparedness Tab -**

"COVID-19 School Based Guidelines"

In the Property, Liability & School Safety Tab -

"Child Abuse Reporting for Educators" & "Bullying" & "Heads Up" Concussion Training & "Playground Safety & Supervision"

- ✓ Read each module, take the exam and print out certificate of completion for each of the eight (8) modules….Retake the exam if necessary until you pass
- ✓ Be sure to print out the certificate **for each module**, sign and return with employment packet along with this form

ORCUTT Union School District
Where a Dedicated Staff Means Kids Come First

BOARD OF TRUSTEES
SHAUN HENDERSON
LISA MORININI
LIZ PHILLIPS
MARK STELLER
MELANIE WAFFLE

HOLLY EDDS, Ed.D.
District Superintendent
JOE DANA
Assistant Superintendent
SUSAN SALUCCI
Assistant Superintendent
NICK TAYLOR, Ed.D.
Assistant Superintendent

BP 4119.11(a) BP 45219.11(a) BP 4319.11(a)
SEXUAL HARASSMENT

The Board of Trustees prohibits sexual harassment of district employees. The Board also prohibits retaliatory behavior or action against district employees or other persons who complain, testify or otherwise participate in the complaint process established pursuant to this policy and administrative regulation. This policy shall apply to all district employees and, when applicable, to interns, volunteers, and job applicants.

The Superintendent or designee shall take all actions necessary to ensure the prevention, investigation, and correction of sexual harassment, including but not limited to:

1. Providing training to employees in accordance with law and administrative regulation
2. Publicizing and disseminating the district's sexual harassment policy to staff
3. Ensuring prompt, thorough, and fair investigation of complaints
4. Taking timely and appropriate corrective/remedial action(s), which may require interim separation of the complainant and the alleged harasser and subsequent monitoring of developments

All complaints and allegations of sexual harassment shall be kept confidential to the extent necessary to carry out the investigation or to take other subsequent necessary actions. (5 CCR 4964)

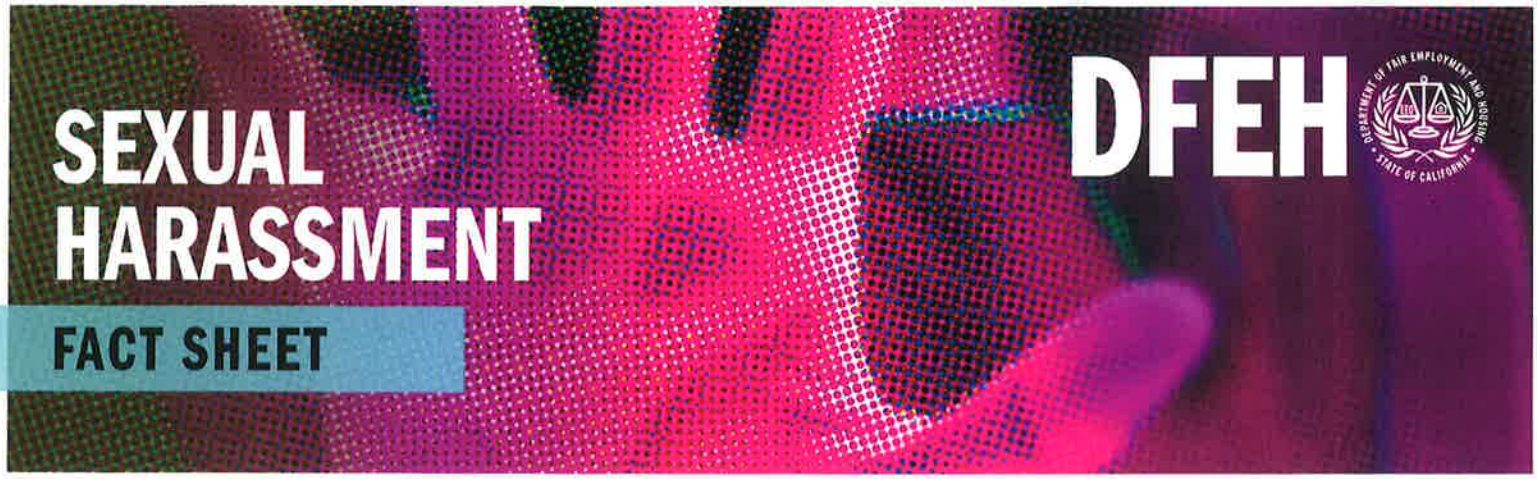
Any district employee or job applicant who feels that he/she has been sexually harassed or who has knowledge of any incident of sexual harassment by or against another employee, a job applicant or a student, shall immediately report the incident to his/her supervisor, the principal, district administrator or Superintendent.

A supervisor, principal or other district administrator who receives a harassment complaint shall promptly notify the Superintendent or designee.

Complaints of sexual harassment shall be filed in accordance with AR 4030 Nondiscrimination in Employment. An employee may bypass his/her supervisor in filing a complaint where the supervisor is the subject of the complaint. Any district employee who engages or participates in sexual harassment or who aids, abets, incites, compels, or coerces another to commit sexual harassment against a district employee, job applicant, or student is in violation of this policy and is subject to disciplinary action, up to and including dismissal.

For further information or to file a complaint, please contact:

Susan Salucci
Assistant Superintendent, Human Resources
Discrimination/Equity & Title IX Compliance Officer 500
Dyer Street, Santa Maria CA 93455
805-354-3028 ssalucci@orcutt-schools.net



SEXUAL HARASSMENT

FACT SHEET

DFEH

Sexual harassment is a form of discrimination based on sex/gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, or sexual orientation. Individuals of any gender can be the target of sexual harassment. Unlawful sexual harassment does not have to be motivated by sexual desire. Sexual harassment may involve harassment of a person of the same gender as the harasser, regardless of either person's sexual orientation or gender identity.

THERE ARE TWO TYPES OF SEXUAL HARASSMENT

1. "Quid pro quo" (Latin for "this for that") sexual harassment is when someone conditions a job, promotion, or other work benefit on your submission to sexual advances or other conduct based on sex.

2. "Hostile work environment" sexual harassment occurs when unwelcome comments or conduct based on sex unreasonably interferes with your work performance or creates an intimidating, hostile, or offensive work environment. You may experience sexual harassment even if the offensive conduct was not aimed directly at you.

The harassment must be severe or pervasive to be unlawful. A single act of harassment may be sufficiently severe to be unlawful.

SEXUAL HARASSMENT INCLUDES MANY FORMS OF OFFENSIVE BEHAVIORS

BEHAVIORS THAT MAY BE SEXUAL HARASSMENT:

1. Unwanted sexual advances
2. Offering employment benefits in exchange for sexual favors
3. Leering; gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters
4. Derogatory comments, epithets, slurs, or jokes
5. Graphic comments, sexually degrading words, or suggestive or obscene messages or invitations
6. Physical touching or assault, as well as impeding or blocking movements

Actual or threatened retaliation for rejecting advances or complaining about harassment is also unlawful.

Employees or job applicants who believe that they have been sexually harassed or retaliated against may file a complaint of discrimination with DFEH within three years of the last act of harassment or retaliation.

DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a civil complaint in state or federal court to address the causes of the discrimination and on behalf of the complaining party. DFEH may seek court orders changing the employer's policies and practices, punitive damages, and attorney's fees and costs if it prevails in litigation. Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

EMPLOYER RESPONSIBILITY & LIABILITY

All employers, regardless of the number of employees, are covered by the harassment provisions of California law. Employers are liable for harassment by their supervisors or agents. All harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassment or for aiding and abetting harassment. The law requires employers to take reasonable steps to prevent harassment. If an employer fails to take such steps, that employer can be held liable for the harassment. In addition, an employer may be liable for the harassment by a non-employee (for example, a client or customer) of an employee, applicant, or person providing services for the employer. An employer will only be liable for this form of harassment if it knew or should have known of the harassment, and failed to take immediate and appropriate corrective action.

Employers have an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory and harassing conduct, and to create a workplace free of harassment.

A program to eliminate sexual harassment from the workplace is not only required by law, but it is the most practical way for an employer to avoid or limit liability if harassment occurs.

SEXUAL HARASSMENT

FACT SHEET

DFEH

CIVIL REMEDIES

- **Damages for emotional distress from each employer or person in violation of the law**
- **Hiring or reinstatement**
- **Back pay or promotion**
- **Changes in the policies or practices of the employer**

ALL EMPLOYERS MUST TAKE THE FOLLOWING ACTIONS TO PREVENT HARASSMENT AND CORRECT IT WHEN IT OCCURS:

1. Distribute copies of this brochure or an alternative writing that complies with Government Code 12950. This pamphlet may be duplicated in any quantity.

2. Post a copy of the Department's employment poster entitled "California Law Prohibits Workplace Discrimination and Harassment."

3. Develop a harassment, discrimination, and retaliation prevention policy in accordance with 2 CCR 11023. The policy must:

- Be in writing.
- List all protected groups under the FEHA.
- Indicate that the law prohibits coworkers and third parties, as well as supervisors and managers with whom the employee comes into contact, from engaging in prohibited harassment.
- Create a complaint process that ensures confidentiality to the extent possible; a timely response; an impartial and timely investigation by qualified personnel; documentation and tracking for reason able progress; appropriate options for remedial actions and resolutions; and timely closures.
- Provide a complaint mechanism that does not require an employee to complain directly to their immediate supervisor. That complaint mechanism must include, but is not limited to including: provisions for direct communication, either orally or in writing, with a designated company representative; and/or a complaint hotline; and/or access to an ombudsperson; and/or identification of DFEH and the United States Equal Employment Opportunity Commission as additional avenues for employees to lodge complaints.
- Instruct supervisors to report any complaints of misconduct to a designated company representative, such as a human resources manager, so that the company can try to resolve the claim internally. Employers with 50 or more employees are required to include this as a topic in mandated sexual harassment prevention training (see 2 CCR 11024).
- Indicate that when the employer receives allegations of misconduct, it will conduct a fair, timely, and thorough investigation that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected.
- Make clear that employees shall not be retaliated against as a result of making a complaint or participating in an investigation.

4. Distribute its harassment, discrimination, and retaliation prevention policy by doing one or more of the following:

- Printing the policy and providing a copy to employees with an acknowledgement form for employees to sign and return.
- Sending the policy via email with an acknowledgment return form.
- Posting the current version of the policy on a company intranet with a tracking system to ensure all employees have read and acknowledged receipt of the policy.
- Discussing policies upon hire and/or during a new hire orientation session.
- Using any other method that ensures employees received and understand the policy.

5. If the employer's workforce at any facility or establishment contains ten percent or more of persons who speak a language other than English as their spoken language, that employer shall translate the harassment, discrimination, and retaliation policy into every language spoken by at least ten percent of the workforce.

6. In addition, employers who do business in California and employ 5 or more part-time or full-time employees must provide at least one hour of training regarding the prevention of sexual harassment, including harassment based on gender identity, gender expression, and sexual orientation, to each non-supervisory employee; and two hours of such training to each supervisory employee. Training must be provided within six months of assumption of employment. Employees must be trained during calendar year 2020, and, after January 1, 2021, training must be provided again every two years. Please see Gov. Code 12950.1 and 2 CCR 11024 for further information.

TO FILE A COMPLAINT

Department of Fair Employment and Housing
dfeh.ca.gov
Toll Free: 800.884.1684
TTY: 800.700.2320

DFEH-185-ENG / April 2020

California Department of Education

Uniform Complaint Procedures (UCP) Annual Notice

Revised September 2020

Orcutt Union School District

Uniform Complaint Procedures (UCP) Annual Notice

2021-22

The Orcutt Union School District annually notifies our students, employees, parents or guardians of its students, the district advisory committee, school advisory committees, appropriate private school officials, and other interested parties of the Uniform Complaint Procedures (UCP) process.

The UCP Annual Notice is available on our website.

The Orcutt Union School District is primarily responsible for compliance with federal and state laws and regulations, including those related to unlawful discrimination, harassment, intimidation or bullying against any protected group, and all programs and activities that are subject to the UCP.

Programs and Activities Subject to the UCP

- Accommodations for Pregnant and Parenting Pupils
- Adult Education
- After School Education and Safety
- Agricultural Career Technical Education
- Career Technical and Technical Education and Career Technical and Technical Training Programs
- Child Care and Development Programs
- Compensatory Education
- Consolidated Categorical Aid Programs
- Course Periods without Educational Content

- Discrimination, harassment, intimidation, or bullying against any protected group as identified under sections 200 and 220 and Section 11135 of the Government Code, including any actual or perceived characteristic as set forth in Section 422.55 of the Penal Code, or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics, in any program or activity conducted by an educational institution, as defined in Section 210.3, that is funded directly by, or that receives or benefits from, any state financial assistance.
- Education and graduation requirements for pupils in foster care, pupils who are homeless, pupils from military families and pupils formerly in Juvenile Court now enrolled in a school district
- Every Student Succeeds Act
- Local Control and Accountability Plans (LCAP)
- Migrant Education
- Physical Education Instructional Minutes
- Pupil Fees
- Reasonable Accommodations to a Lactating Pupil
- Regional Occupational Centers and Programs
- School Plans for Student Achievement
- School Safety Plans
- Schoolsite Councils
- State Preschool
- State Preschool Health and Safety Issues in LEAs Exempt from Licensing

Filing a UCP Complaint

A UCP complaint shall be filed no later than one year from the date the alleged violation occurred.

For complaints relating to Local Control and Accountability Plans (LCAP), the date of the alleged violation is the date when the reviewing authority approves the LCAP or annual update that was adopted by our agency.

A pupil enrolled in any of our public schools shall not be required to pay a pupil fee for participation in an educational activity.

A pupil fee complaint may be filed with the principal of a school or our superintendent or their designee.

A pupil fee or LCAP complaint may be filed anonymously, that is, without an identifying signature, if the complainant provides evidence or information leading to evidence to support an allegation of noncompliance.

Responsibilities of the Orcutt Union School District

We shall post a standardized notice, in addition to this notice, with educational and graduation requirements for pupils in foster care, pupils who are homeless, pupils from military families and pupils formerly in Juvenile Court now enrolled in a school district.

We advise complainants of the opportunity to appeal an Investigation Report of complaints regarding programs within the scope of the UCP to the Department of Education (CDE).

We advise complainants of civil law remedies, including injunctions, restraining orders, or other remedies or orders that may be available under state or federal discrimination, harassment, intimidation or bullying laws, if applicable.

Copies of our UCP procedures shall be available free of charge.

Contact Information

Complaints within the scope of the UCP are to be filed with the person responsible for processing complaints.

Name/Title: Susan Salucci, Assistant Superintendent of Human Resources
Unit/Office: Orcutt Union School District Human Resources Office
Address: 500 Dyer Street, Orcutt, CA 93455
Phone: 805-938-8909
Email: ssalucci@orcutt-schools.net

The above contact is knowledgeable about the laws and programs that they are assigned to investigate in the Orcutt Union School District.

BOARD OF TRUSTEES
SHAUN HENDERSON
LISA MORININI
LIZ PHILLIPS
MARK STELLER
MELANIE WAFFLE

HOLLY EDDS, Ed.D.
District Superintendent
JOE DANA
Assistant Superintendent
SUSAN SALUCCI
Assistant Superintendent
NICK TAYLOR, Ed.D.
Assistant Superintendent

ORCUTT Union School District

Where a Dedicated Staff Means Kids Come First

Dear Certificated Employee,

Welcome to the Orcutt Union School District. As a new certificated employee with our district, we would like to notify you that you have Reasonable Assurance to return to work in a substitute capacity after the close of all holiday and recess periods during the current school year. Your services will not be needed during the recess periods.

Your services will not be needed during the summer recess unless you are notified in writing by the last school day of the current school year. You will receive more information and paperwork at that time for the following school year.

If you should have questions, please feel free to contact the Human Resource Office at 805-938-8914.

Thank you and welcome to the Orcutt Union School District.

Sincerely,

S Salucci

Susan Salucci
Assistant Superintendent
Human Resources

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Assistant Superintendent

ORCUTT Union School District

Where a Dedicated Staff Means Kids Come First

All employees must submit a copy of this signed notification and their COVID-19 vaccination card to Human Resources by no later than 8/11/2021. Without a copy of the vaccination card, an employee will be considered to be unvaccinated and must adhere to the unvaccinated guidelines listed below.

Face Covering Guidelines for Vaccinated Staff

Masks are always required indoors on the school site when students are present.
Masks are not required indoors when students are not on campus.
Masks are not required outdoors.

Face Covering Guidelines for Unvaccinated Staff

Masks are always required indoors on the school site **with or without** students present.
Masks are not required outdoors unless it is a crowded outdoor setting

I have read and understand the above guidelines regarding face coverings at work.

_____ _____

Employee Signature Date

_____

Printed Employee Name

Please check one of the following:

____Vaccination card already submitted ____Vaccination card attached _____ Not Vaccinated

The District is complying the CA Department of Public Health and Cal OSHA with regard to Face Coverings and COVID-19 in the school setting. For more information go to https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx

Orcutt Union School District

LIVE SCAN FINGERPRINTING

for

FIRST TIME CREDENTIAL / SUB PERMIT

EMPLOYMENT ONLY

*Applicant Name:*_____ *Date:*_____

A. *SCHEDULE APPOINTMENT*

To participate in Livescan Fingerprinting, schedule an appointment at one the locations listed on the next page.

B. *INSTRUCTION FOR LIVESCAN FOR EMPLOYMENT PURPOSES ONLY*

1. Complete the attached ***"Request for Livescan Service"*** with your name and personal information in Section 3.
2. The processing fee for the Department of Justice (DOJ) is $32.00, which is in addition to any other fees charged by the fingerprinting agency. (See next page for locations, fees and payment options)
3. Your Livescan information will be provided to the Santa Barbara County Education Office (SBCEO) as soon as it is available, usually within 3 days.
4. Keep your receipts in the event rescanning or follow-up is necessary.

Please Note:

You **may not** work with students until your fingerprints have been processed and the district has been notified of your clearance.

If you have fingerprinted previously through the Santa Barbara County Education Office consortium, please check with the Human Resources Department for verification **prior** to fingerprinting to avoid additional fingerprinting fees. If in doubt, call the Human Resource Office – 805-938-8914.

Rev 1/2017

* local livescan providers *

DOJ Processing fee	$32.00
FBI Processing fee	$17.00
Rolling fee varies per agency	

LOMPOC POLICE DEPARTMENT
107 Civic Center Plaza
Lompoc, CA
(805) 736-2341 #0
Rolling fee: **$20.00** per transmission, in addition to processing fees
Times: ***Walk ins Only*** Monday-Tuesday (excluding holidays) 1:00-4:00
Call to find out walk-in times
Please bring: Cash Only for DOJ and/or FBI processing fees
Cash, check or credit card accepted for $20.00 rolling fee, Photo ID, Live Scan Form

SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION
Rancho El Chorro, off Hwy 1 (across from Cuesta College)
San Luis Obispo, CA
(805) 782-7236
Rolling fee: **$20.00** per transmission, in addition to processing fees
Times: ***By Appointment Only*** Monday – Thursday 8:15 – 4:15 (Fridays in Atascadero)
Please bring: Cash, check or credit card accepted, Photo ID, Live Scan Form

SANTA MARIA POLICE DEPARMENT
111 W. Betteravia Road
Santa Maria, CA
(805) 928-3781 ext. 2590
Rolling fee: **$15.30** per transmission, in addition to processing fees
Times: ***By Appointment Only*** Tuesday 8:00-3:30 (closed for lunch 11:00 – 1:00)
Wednesday 9:00-4:30 (closed for lunch 11:00-1:00)
Thursdays 8:00-3:30 (closed for lunch 11-1:00)
Please bring: Cash or credit card (MasterCard or Visa only), Photo ID, Live Scan Form

SANTA BARBARA COUNTY SHERIFF DEPARTMENT
812A West Foster Rd., Santa Maria, CA
(805) 934-6175
Rolling fee: **$24.00** per transmission, in addition to processing fees
Times: ***By Appointment Only*** Monday, Tuesday, Thursday 8:30 – 11:30, 1:00-3:30
Please bring: Cash Visa or MasterCard, Photo ID, Live Scan Form

THE UPS STORE (in Albertsons Shopping Center)
1130 E. Clark Avenue #150, Santa Maria, CA
(805) 937-6371
Rolling fee: **$31.00** per transmission, in addition to processing fees
Times: ***No Appointment Needed*** Monday – Thursday 9:00– 4:30.
Please bring: Cash, check or credit card accepted, Photo ID, Live Scan Form

CENTRAL COAST MOBILE NOTARY & LIVE SCAN
(805) 260-3225
Rolling fee: **$30.00** per transmission, in addition to processing fees
Please bring: Cash, check or credit card accepted, Photo ID, Live Scan Form
Times: ***By Appointment Only***

LOCAL COPIES
1500 South Broadway, Santa Maria, CA
(805) 928-5776
Rolling Fee: **$25.00** per transmission, in addition to processing fees
Please bring: Cash, check or credit card, Photo ID, Live Scan Form
Times: ***By Appointment Only*** Monday – Friday 9:00 – 3:00 pm (lunch from 11:00 – 12:00)

SILVIA'S FINGERPRINT EXPRESS
222 w. Carmen Ln., Suite 204
(805)264-9526
Rolling Fee: **$20.00** per transmission, in addition to processing fees
Please bring: Cash, check or credit card. Photo ID, Live Scan Form
Times: ***By Appointment or walk ins*** Monday – Thursday 9:00-1:00 pm

* you may complete the livescan anywhere in California – but you must use the attached form.

STATE OF CALIFORNIA
BCIA 8016A
(orig. 04/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE
(Public Schools or Joint Powers Agencies)

Print Form | Reset Form

Applicant Submission

ORI: A1134 (Code assigned by DOJ) Type of Applicant: ☐ Classified School Employee ☒ Credentialed School Employee

The following selections are for Public Schools only:

☐ License, Certification, Permit ☐ Peace Officer ☐ Law Enforcement Officer ☐ Volunteer

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

Contributing Agency Information:

Santa Barbara County Education Office
Agency Authorized to Receive Criminal Record Information

02022
Mail Code (five-digit code assigned by DOJ)

PO Box 6307
Street Address or P.O. Box

Mari Minjarez-Baptista
Contact Name (mandatory for all school submissions)

Santa Barbara
City

CA
State

93160-6307
ZIP Code

8059644711
Contact Telephone Number

Applicant Information:

Last Name

First Name | Middle Initial | Suffix

Other Name (AKA or Alias) Last

First | Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height | Weight | Eye Color | Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number 16
(Other Identification Number)

Home Address
Street Address or P.O. Box

City | State | ZIP Code

Your Number: 16
(OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed

ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency