

CALIFORNIA STATE UNIVERSITY LONG BEACH



New Employee Informational Packet

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New Health Insurance Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance in California. To assist you as you evaluate options for you and your family, this notice provides some basic information about a new Marketplace called Covered California, and employment-based health coverage offered by your employer.

What is Covered California?

Covered California can help you find health insurance that meets your needs and fits your budget. Covered California offers, "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through Covered California began in October 2013 for coverage that started January 1, 2014.

Can I Save Money on my Health Insurance Premiums in Covered California?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through Covered California?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through Covered California and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through Covered California instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through Covered California are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please contact: HR Benefits Office (Insert Benefits Office contact information here), check the campus HR benefits website (Insert link) or summary plan description.

Covered California can help you evaluate your coverage options, including your eligibility for coverage through Covered California and its cost. Please visit www.coveredca.com or call 888-975-1142 for more information.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in Covered California, you will be asked to provide this information. This information is numbered to correspond to the Covered California application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees.

Some employees. Eligible employees are:

Regular appointment – employee is appointed in a benefits eligible classification with a time base of at least half-time (0.5 Full Time Equivalent (FTE)) and with a length of appointment for at least six months and one day; or

AB 211 appointment – Lecturers and Coaches (R03) in applicable year class codes who are appointed for at least six (6) weighted teaching units (WTUs) (i.e., 0.4 time base/FTE) for at least one semester or two consecutive quarters;

If an employee does not meet CSU's standard benefits eligibility criteria listed above, and is appointed with at least 0.75 time base/FTE or higher regardless of length of appointment (duration) or hired to work 130 hours or more per month over the course of the appointment; or works an average of 130 hours or more per month during any measurement period.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

– Current spouse/registered domestic partner

– Natural, adopted, step, or registered domestic partner's children up to age 26

– Disabled children of any age if enrolled prior to age 26

– Children up to age 26 for whom the subscriber has assumed a parent-child relationship and is considered the primary care parent

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through Covered California. Covered California will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in Covered California they will guide you through the process. Here's the employer information you'll enter when you visit [Covered California](#) to find out if you can get a tax credit to lower your monthly premiums.

EMERGENCY PROCEDURES


POLICE
 562.985.4101

911

Evacuation



- TAKE PERSONAL BELONGINGS.
- DO NOT USE ELEVATORS, USE NEAREST STAIRS AND EXIT.
- FOLLOW DIRECTIONS GIVEN BY BUILDING MARSHALS OR CAMPUS OFFICIALS.
- GO TO DESIGNATED EVACUATION POINT AND DO NOT RETURN TO BUILDING UNTIL INSTRUCTED TO DO SO.
- ASSIST PERSONS WITH ACCESS AND FUNCTIONAL NEEDS.
- EVERY PERSON MUST EVACUATE THE BUILDING.



Bomb Threat



- REPORT ALL THREATENING CALLS TO POLICE AT **562.985.4101**.
- Ask caller:**
 - WHEN IS THE BOMB GOING TO EXPLODE? WHERE IS THE BOMB? WHAT KIND OF BOMB IS IT? WHAT DOES IT LOOK LIKE? WHY DID YOU PLACE THE BOMB?
 - BE ATTENTIVE TO CALLER FOR RECALL WHEN QUESTIONED BY THE POLICE.
- If suspicious object is found:**
 - DO NOT HANDLE – DIAL **911**.



Earthquake



- **DROP, COVER, HOLD** UNDER A TABLE OR DESK OR AGAINST AN INTERIOR WALL UNTIL SHAKING STOPS. PROTECT HEAD AND NECK. DO NOT STAND IN A DOORWAY AND DO NOT RUN OUT OF THE BUILDING WHILE IT IS SHAKING.
- AFTER SHAKING STOPS, CHECK YOURSELF AND OTHERS FOR INJURIES.
- DO NOT USE THE ELEVATORS. MOVE TOWARDS THE NEAREST EXIT AND EVACUATE TO A SAFE LOCATION AWAY FROM BUILDINGS, TREES, STREETLIGHTS, AND OVERHANGS.
- FOLLOW DIRECTIONS GIVEN BY BUILDING MARSHALS OR CAMPUS OFFICIALS AND BE PREPARED FOR AFTERSHOCKS.

Active Shooter



- **RUN:** LEAVE YOUR BELONGINGS BEHIND. IF THERE IS AN ESCAPE PATH, ATTEMPT TO EVACUATE. HELP OTHERS IF POSSIBLE.
- **HIDE:** IF YOU CANNOT GET OUT SAFELY, HIDE. LOCK OR BARRICADE THE DOOR, SILENCE YOUR CELL PHONE AND STAY QUIET. BE AWARE OF YOUR SURROUNDINGS AND KNOW OPTIONS FOR ESCAPE.
- **FIGHT:** AS A LAST RESORT, AND ONLY IF YOUR LIFE IS IN DANGER, YOU MAY NEED TO ATTEMPT TO INCAPACITATE THE SHOOTER. WORK IN UNISON IF OTHERS ARE WITH YOU. ACT WITH PHYSICAL AGGRESSION AND USE IMPROVISED WEAPONS IF ABLE.

Medical



- CALL **911**.
- BE READY TO DESCRIBE THE NATURE AND SEVERITY OF MEDICAL PROBLEM AND PROVIDE ESTIMATED AGE/GENDER.
- KEEP VICTIM STILL AND COMFORTABLE.
- RENDER FIRST AID/CPR IF TRAINED.
- LOOK FOR EMERGENCY MEDICAL ID.



Hazardous Waste



- IF CONTAMINATED, REMOVE CLOTHING AND RINSE WITH WATER FOR 15 MINUTES.
- IF AN IMMEDIATE HAZARD OR EMERGENCY EXISTS, CALL **911**.
- MOVE AWAY OR EVACUATE IF THERE IS A HEALTH RISK. NOTIFY OTHERS AND CLOSE DOORS AS YOU LEAVE.
- FOR SMALL SPILLS, THOSE

NOT INVOLVING IMMEDIATE DANGER, CONFINE AND CONTAIN SPILL IF TRAINED AND CALL UNIVERSITY POLICE AT **562.985.4101**.



Shelter in Place



- STAY IN BUILDING; CLOSE AND LOCK WINDOWS AND DOORS.
- MOVE INTO AN INTERIOR ROOM AWAY FROM WINDOWS.
- DO NOT USE THE ELEVATORS.
- REMAIN IN SHELTER UNTIL EMERGENCY PERSONNEL ANNOUNCE THAT IT IS SAFE.



Fire



- ACTIVATENEAREST FIREALARM AND CALL **911**.
- EVACUATE THE BUILDING AND NOTIFY OCCUPANTS AS YOU LEAVE.
- DO NOT RETURN UNTIL AUTHORIZED BY EMERGENCY PERSONNEL.
- DO NOT USE ELEVATORS

FIRE EXTINGUISHER INSTRUCTIONS IF TRAINED:

P PULL SAFETY PIN FROM HANDLE.
A AIM NOZZLE AT BASE OF FIRE. SQUEEZE THE TRIGGER HANDLE.
S SWEEP FROM SIDE TO SIDE (WATCH FOR RE-FLASH)



Scan for more details on how to be prepared or visit: emergency.csulb.edu



During an emergency avoid using any phone service **except for life safety**



@readybeach

Equal Opportunity is the Law

Private employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGIONS, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

RETALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at www.eeoc.gov.

Employers Holding Federal Contract or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGIONS, SEX, NATIONAL ORIGIN

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

INDIVIDUALS WITH DISABILITIES

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

RETALIATION

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at OFCCP-Public@dol.gov, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

Programs or Activities Receiving Federal Financial Assistance

RACE, COLOR, NATIONAL ORIGIN, SEX

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

INDIVIDUALS WITH DISABILITIES

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives discrimination Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job. If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

EMPLOYEE RIGHTS

UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

REQUESTING LEAVE

EMPLOYER RESPONSIBILITIES

ENFORCEMENT

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division





FAMILY CARE AND MEDICAL LEAVE (CFRA LEAVE) AND PREGNANCY DISABILITY LEAVE

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse. While the law provides only unpaid leave, employees may choose or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances.

Even if you are not eligible for CFRA leave, if you are disabled by pregnancy, childbirth or a related medical condition, you are entitled to take a pregnancy disability leave of up to four months, depending on your period(s) of actual disability. If you are CFRA-eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA leave for reason of the birth of your child. Both leaves contain a guarantee of reinstatement—for pregnancy disability it is to the same position and for CFRA it is to the same or a comparable position—at the end of the leave, subject to any defense allowed under the law.

If possible, you must provide at least 30 days' advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). For events that are unforeseeable, we need you to notify us, at least verbally, as soon as you learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

We may require certification from your health care provider before allowing you a leave for pregnancy disability or for your own serious health condition. We also may require certification from the health care provider of your child, parent or spouse, who has a serious health condition, before allowing you a leave to take care of that family member. When medically necessary, leave may be taken on an intermittent or reduced work schedule.

If you are taking a leave for the birth, adoption, or foster care placement of a child, the basic minimum duration of the leave is two weeks, and you must conclude the leave within one year of the birth or placement for adoption or foster care.

Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. If you want more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits, please contact:

For Faculty:
Matt Menchaca
(562) 985-1752
matt.menchaca@csulb.edu

For Staff:
Roxanna Roa
(562) 985-8259
roxanna.roa@csulb.edu



YOUR RIGHTS AND OBLIGATIONS AS A PREGNANT EMPLOYEE

If you are pregnant, have a related medical condition, or are recovering from childbirth, please read this notice.

California law protects employees against discrimination or harassment because of an employee's pregnancy, childbirth or any related medical condition (referred to below as "because of pregnancy"). California law also prohibits employers from denying or interfering with an employee's pregnancy-related employment rights.

YOUR EMPLOYER HAS AN OBLIGATION TO:

- Reasonably accommodate your medical needs related to pregnancy, childbirth or related conditions (such as temporarily modifying your work duties, providing you with a stool or chair, or allowing more frequent breaks);
- Transfer you to a less strenuous or hazardous position (where one is available) or duties if medically needed because of your pregnancy; and
- Provide you with pregnancy disability leave (PDL) of up to four months (the working days you normally would work in one-third of a year or 17 1/3 weeks) and return you to your same job when you are no longer disabled by your pregnancy or, in certain instances, to a comparable job. Taking PDL, however, does not protect you from non-leave related employment actions, such as a layoff.
- Provide a reasonable amount of break time and use of a room or other location in close proximity to the employee's work area to express breast milk in private as set forth in the Labor Code.

FOR PREGNANCY DISABILITY LEAVE:

- PDL is not for an automatic period of time, but for the period of time that you are disabled by pregnancy. Your health care provider determines how much time you will need.
- Once your employer has been informed that you need to take PDL, your employer must guarantee in writing that you can return to work in your same position if you request a written guarantee. Your employer may require you to submit written medical certification from your health care provider substantiating the need for your leave.
- PDL may include, but is not limited to, additional or more frequent breaks, time for prenatal or postnatal medical appointments, doctor-ordered bed rest, severe morning sickness, gestational diabetes, pregnancy-induced hypertension, preeclampsia, recovery from childbirth or loss or end of pregnancy, and/or post-partum depression.
- PDL does not need to be taken all at once but can be taken on an as-needed basis as required by your health care provider, including intermittent leave or a reduced work schedule, all of which counts against your four month entitlement to leave.
- Your leave will be paid or unpaid depending on your employer's policy for other medical leaves. You may also be eligible for state disability insurance or Paid Family Leave (PFL), administered by the California Employment Development Department.
- At your discretion, you can use any vacation or other paid time off during your PDL.

Title IX Addressing Gender Equity and Sexual Assault

Title IX of the Education Amendments Act of 1972 (20 U.S.C. § 1681) is an all-encompassing federal law that prohibits discrimination based on the gender of students and employees in educational institutions which receive federal financial assistance.

Campus Title IX Coordinator:

Maleta Wilson
Division of Student Affairs,
Brotman Hall 377

Hours: Monday-Friday (8AM-5PM)
Email: Maleta.Wilson@csulb.edu
Main Line: 562-985-5587

More Information can be found at:

Website: <http://web.csulb.edu/divisions/students/titleix/>

Risk Reduction Tips

What can I do to help stop sexual violence?

- Be aware. Does your partner: Threaten to hurt you or your children? Say it's your fault if he or she hits you and then promises it won't happen again (but it does)? Put you down in public? Force you to have sex when you don't want to? Follow you? Send you unwanted messages and gifts?
- Be assertive. Speak up.
- Stay sober and watch out for dates and/or anyone who tries to get you drunk or high.
- Clearly communicate limits to partners, friends, and acquaintances.
- Never leave a party with someone you don't know well and trust.
- Trust your feelings; if it feels wrong, it probably is.
- Learn all you can and talk with your friends. Help them stay safe.
- Report incidents of violence to law enforcement and campus authorities.

"What can I do in order to help reduce my risk of being a victim of sexual violence?"

Risk reduction tips can often take a victim-blaming tone, even unintentionally. With no intention to victim-blame and with recognition that only those who commit sexual violence are responsible for those actions, these suggestions may nevertheless help you to reduce your risk of experiencing a non-consensual sexual act:

- If you have limits, make them known as early as possible.
- Tell a sexual aggressor "NO" clearly and firmly.
- Try to remove yourself from the physical presence of a sexual aggressor.
- Find someone nearby and ask for help.

- Take affirmative responsibility for your alcohol intake/drug use and acknowledge that alcohol/drugs lower your sexual inhibitions and may make you vulnerable to someone who views a drunk or high person as a sexual opportunity.
- Take care of your friends and ask that they take care of you. A real friend will challenge you if you are about to make a mistake. Respect them when they do.
- *In an emergency, call 9-1-1*

"What can I do in order to help reduce my risk of being an initiator of sexual violence?"

If you find yourself in the position of being the initiator of sexual behavior, you owe sexual respect to your potential partner. These suggestions may help you to reduce your risk of being accused of sexual misconduct:

- Clearly communicate your intentions to your sexual partner and give them a chance to clearly relate their intentions to you.
- Understand and respect personal boundaries.
- DON'T MAKE ASSUMPTIONS about consent, about someone's sexual availability, about whether they are attracted to you, about how far you can go or about whether they are physically and/or mentally able to consent. If there are any questions or ambiguity then you DO NOT have consent.
- Mixed messages from your partner are a clear indication that you should stop, defuse any sexual tension and communicate better. You may be misreading them. They may not have figured out how far they want to go with you yet. You must respect the timeline for sexual behaviors with which they are comfortable.
- Don't take advantage of someone's drunkenness or drugged state, even if they did it to themselves. Incapacitation means a person is unable to give valid consent.
- Realize that your potential partner could be intimidated by you, or fearful. You may have a power advantage simply because of your gender or size. Don't abuse that power.
- Understand that consent to some form of sexual behavior does not automatically imply consent to any other forms of sexual behavior.
- Silence and passivity cannot be interpreted as an indication of consent. Read your potential partner carefully, paying attention to verbal and non-verbal communication and body language.

New Hire Notice -- Injuries Caused By Work

What does workers' compensation cover?

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures such as hurting your wrist from doing the same motion over and over). Generally, independent contractors, and volunteers who receive no compensation are not covered by workers' compensation benefits. Injuries resulting from off duty recreational, social, or athletic activities, unless condoned or sponsored by your employer, are generally not covered.

Benefits:

Workers' compensation benefits include: Medical care, temporary disability, permanent disability, supplemental job displacement voucher, and death benefits

Medical Care:

You are entitled to medical care that is reasonably required to cure or relieve you from the effects of your work-related injury. Medical care may include doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. Providers should never bill you directly for work-related injuries. There is a limit on some medical services. Your employer is required to provide you with a claim form within one business day of learning about your injury. It is extremely important that you complete the "Employee" section of the claim form as your employer is required to authorize medical care within one working day after you file the form. If additional care is necessary after the initial treatment, the claims administrator will authorize any care that is appropriate for your injury, including the referral to specialists.

Your Primary Treating Physician (PTP):

This is the doctor with overall responsibility for treating your injury or illness. The primary treating physician determines what type of treatment you need and when you may return to work. A multispecialty medical group of licensed doctors and osteopathy can be designated as personal physicians. 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 by making a request to the claims administrator. Chiropractors may not continue as the primary treating physician after 24 visits. If specialists, diagnostics, etc. are needed in your case, this physician will be responsible for making the referrals. If you name your personal physician before your injury, you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Special rules apply if your employer offers a Health Care Organization (HCO) or has a medical provider network. You should receive information from your employer if you are covered by an HCO or MPN. Contact your employer for more information.

Treatment by your personal physician:

You may be treated by your personal physician if you notify your employer prior to your injury. A personal physician includes a medical group of licensed doctors of medicine or osteopathy. Please have your physician complete the attached form and return to your employer. The following requirements must be met:

You must have group health coverage from any source for non-industrial illnesses and injuries.

Your personal physician must agree in advance to treat you for any work injuries or illnesses

Your physician must be your regular physician and surgeon.

Your physician has previously directed your medical treatment and retains your records, including your medical history.

What happens if your employer disputes your injury?

State law requires employers to authorize medical care within one working day of receiving a DWC 1 claim form. Your employer may be liable for as much as \$10,000 in medical care until your claim is accepted or denied.

Medical Provider Networks:

Your employer may be using a MPN, which is a selected network of health care providers to provide treatment to workers injured on the job. If your employer is using a MPN, a MPN notice should be posted next to this poster to explain how to use the MPN. If you have predesignated your personal physician prior to your work injury, then you may receive treatment from your predesignated doctor. If you have not predesignated and your employer is using a MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by the employer. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN.

What if my employer has a Medical Provider Network?

If your employer has Medical Provider Network additional information can be obtained by reviewing the full employee notification which is required to be posted in close proximity to the workers' compensation poster.

What if my employer does not have a Medical Provider Network?

If your employer 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 within 30 days of reporting your injury. Chiropractors may not continue as the primary treating physician after 24 visits. You may use the attached Notice of Personal Chiropractor or Personal Acupuncturist form to notify your employer of this change.

Emergency Medical Care:

If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department.

First Aid:

If you need first aid treatment, contact your employer. If you have more than a simple first aid injury, you will need to ask your employer for a claim form.

Temporary Disability (TD) Benefits:

You may be entitled to payments if you lose wages while recovering. Your temporary disability rate is calculated by multiplying your average weekly wage by two thirds. The first 3 days of disability are not payable under California law unless there is hospitalization at the time of injury or the disability exceeds 14 days. If your physician returns you to work on a modified basis, you may be entitled to wage loss. This is generally calculated by multiplying the difference between your average weekly wage and your earnings during modified duties times two thirds. This is subject to the benefit minimums and maximums set by the California Legislature. Temporary disability benefits are payable within 14 days of the date of injury or knowledge of the injury. Subsequent payments are due every 14 days. For injuries occurring on or after 1/1/08, no more than 104 weeks of temporary disability are payable within 5 years from the date of injury. For longer term conditions (hepatitis B & C, amputations, severe burns, HIV, high velocity eye injuries, chemical burns to the eyes, pulmonary fibrosis, and chronic lung disease) no more than 240 weeks within five years from the date of injury are

payable. You may be eligible for state disability benefits from the Employment Development Department (EDD) if TD benefits are stopped, delayed, or denied. There are time limits so contact EDD for more information.

Permanent Disability (PD) Benefits:

You may be entitled to payments if your physician says your injury has limited your ability to work. The permanent disability rate is calculated by multiplying your average weekly wage by two thirds, subject to statutory minimums and maximums. The amount of permanent disability or impairment may depend on your doctor's opinion, as well as your age, occupation type of injury and date of injury. If you have permanent disability or your claims examiner suspects you have permanent disability, a letter will be sent to you explaining your benefits, including the estimate or total value of permanent disability, weekly payment amount, how the benefit was calculated, and all of your related rights under the California Labor Code, including your right to object to the report upon which the determination is being based. Permanent Disability benefits are payable within 14 days of the last payment of temporary disability benefit or after you physician indicates there is permanent disability. The benefit is payable every fourteen days. Permanent Disability benefits are not payable until your claim is finalized if your employer offered a job upon termination of temporary disability benefits.

Supplemental Job Displacement Benefit:

You may be entitled to a nontransferable voucher payable to a state approved school. To qualify, your injury must result in a permanent impairment and your employer is unable to offer modified or alternative work within 60 days of receipt of a report asserting that all medical conditions have reached maximum medical improvement. If your employer does not offer a modified or alternate job within 60 days of determination of maximum medical improvement, you may choose to receive a nontransferable voucher to use at a state accredited school for education-related retraining or skill replacement. If you qualify for the supplemental job displacement benefit, your claims examiner will provide a voucher for up to \$6,000.00.

Return to Work Fund

If your injury results in permanent impairment and it is determined that the amount awarded is disproportionately low in comparison to your loss of earnings, you may be entitled to additional compensation. A fund was established to supplement permanent impairment benefits under specific circumstances. This fund is administered by the Division of Workers Compensation. Your examiner can assist in directing you to the correct resource to determine eligibility.

Death Benefits:

Death benefits are paid to dependents of a worker who dies from a work-related injury or illness. The benefit is calculated and paid in the same manner as temporary disability. This benefit is paid at a minimum rate of \$224 per week. The death benefit rates are set by state law and the amount depends upon the number of dependents. If dependent minor children are involved, death benefits are payable at least until the youngest child reaches majority age. Burial expenses are also provided under this benefit.

Report Your Injury:

Report the injury immediately to your supervisor or to:

Employer representative: **Cheryl Velasco**

Phone number: **562-985-2366**

Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for your alleged injury and shall be liable for up to ten thousand dollars (\$10,000) in treatment until the claim is accepted

or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$ 10,000). If your claim is denied, you have the right to appeal the decision within one year of the date of injury.

Discrimination:

It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions?

If you have questions, see your employer or the claims examiner who handles workers' compensation claims for your employer.

Claims Administrator:

Sedgwick Claims Management Services, Inc.

Address: **PO Box 14629**

City: **Lexington** State: **KY** Zip: **40512-4629**

Phone: **925-598-6968**

The employer is insured for workers' compensation by:

Permissibly Uninsured

How do I locate information regarding my employer's current workers' compensation carrier?

For information regarding your employer's workers' compensation carrier, please visit the below website.

<https://www.caworkcompcoverage.com>

If the workers' compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement - their number can be found in your local White Pages under California State Government, Department of Industrial Relations.

You can get free information from a State Division of Workers' Compensation Information & Assistance Officer.

The nearest Information & Assistance Officer is at:

Address: **300 Oceangate St 3rd Floor**

City: **Long Beach** Phone: **562-590-5240**

Hear recorded information and a list of local offices by calling toll-free (800) 736-7401.

Learn more online: www.dir.ca.gov.

False claims and false denials:

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

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty recreational, social, or athletic activity that is not part of your work - related duties.

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)

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (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 or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.

Request for Reasonable Accommodations

The Office of Equity & Diversity manages employees' requests pertaining to reasonable accommodations under Executive Order 926 and Executive Order 1096. Employees eligible for assistance are those with a covered physical or mental condition which substantially limits a major life activity and/or major bodily function, as defined by the Americans with Disabilities Act as amended and AB2222.

Qualified employees may request reasonable accommodation(s) for job duties limited by their disability or medical condition. Updated documentation from a medical professional may be requested to assess an employee's qualification.

Adaptive equipment is considered non-standard, specialized equipment/device that enables qualified employees to perform essential job duties either more effectively or more efficiently. Equipment and services which administrative divisions/colleges normally and routinely provide to all employees may not be funded.

Requests are reviewed and considered each year as a new request. If you are requesting reasonable accommodation(s) please contact the Office of Equity and Diversity to obtain a medical inquiry request form. Please do not include private medical information or a diagnosis within your email communication. We are happy to speak with you over the phone or in person. Please contact our Office of Equity & Diversity at oed.csulb@csulb.edu or x5-8256. Your prompt action will enable us to provide timely assistance needed for the 2014-2015 academic year.

Resources Related to Harassment, Discrimination and Retaliation

California State University's Systemwide Policies:

Executive Order Number:	Policy:	Online Resource:
926	Systemwide Policy on disability support and accommodations.	http://calstate.edu/eo/EO-926.html
1096	Systemwide Policy Prohibiting Discrimination, Harassment, and Retaliation Against Employees and Third Parties and Procedure for Handling Discrimination, Harassment, and Retaliation Allegations by Employees and Third Parties	https://www.calstate.edu/eo/EO-1096-rev-10-5-16.pdf

California State University, Long Beach

Topic:	Online Resource:
Office of Equity and Diversity	http://www.csulb.edu/depts/oed/
What constitutes discrimination?	http://www.csulb.edu/depts/oed/policies/discrimination.html
What constitutes harassment?	http://www.csulb.edu/depts/oed/policies/harassment.html
What constitutes retaliation?	http://www.csulb.edu/depts/oed/policies/index.html#ret
Complaint Resolution	http://www.csulb.edu/depts/oed/policies/complaints.html

Federal and State Resources:

Office of Equity and Diversity Links to External Resources: <http://www.csulb.edu/depts/oed/resources/>

Federal and State Offices:	Online Resources:
Department of Labor	http://www.dol.gov/
Americans with Disability Act	http://www.ada.gov/
Office of Civil Rights	http://www2.ed.gov/about/offices/list/ocr/index.html
Office of Federal Contract Compliance Programs	http://www.dol.gov/compliance
Wages & Hours Division (WHD)	http://www.ada.gov/
Equal Employment Opportunity Commission	http://www.eeoc.gov/
Veterans Employment and Training Service	http://www.dol.gov/vets/
Women's Bureau (WB)	http://www.dol.gov/wb/welcome.html
California Department of Fair Employment and Housing	http://www.dfeh.ca.gov



CALIFORNIA LAW PROHIBITS WORKPLACE DISCRIMINATION AND HARASSMENT

THE CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING (DFEH) ENFORCES LAWS THAT PROTECT YOU FROM ILLEGAL DISCRIMINATION AND HARASSMENT IN EMPLOYMENT BASED ON YOUR ACTUAL OR PERCEIVED:

- ANCESTRY
- AGE (40 and above)
- COLOR
- DISABILITY (physical and mental, including HIV and AIDS)
- GENETIC INFORMATION
- GENDER IDENTITY, GENDER EXPRESSION
- MARITAL STATUS
- MEDICAL CONDITION (genetic characteristics, cancer or a record or history of cancer)
- MILITARY OR VETERAN STATUS
- NATIONAL ORIGIN (includes language use and possession of a driver's license issued to persons unable to prove their presence in the United States is authorized under federal law)
- RACE
- RELIGION (includes religious dress and grooming practices)
- SEX/GENDER (includes pregnancy, childbirth, breastfeeding and/or related medical conditions)
- SEXUAL ORIENTATION

THE CALIFORNIA FAIR EMPLOYMENT AND HOUSING ACT (GOVERNMENT CODE SECTIONS 12900 THROUGH 12996) AND ITS IMPLEMENTING REGULATIONS (CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTIONS 11000 THROUGH 11141):

- ① Prohibit harassment of employees, applicants, unpaid interns, volunteers, and independent contractors by any persons and require employers to take all reasonable steps to prevent harassment. This includes a prohibition against sexual harassment, gender harassment, harassment based on pregnancy, childbirth, breastfeeding and/or related medical conditions, as well as harassment based on all other characteristics listed above.
- ② Require that all employers provide information to each of their employees on the nature, illegality, and legal remedies that apply to sexual harassment. Employers may either develop their own publications, which must meet standards set forth in California Government Code section 12950, or use a brochure from DFEH.
- ③ Require employers with 50 or more employees and all public entities to provide sexual harassment and abusive conduct prevention training for all supervisors.
- ④ Prohibit employers from limiting or prohibiting the use of any language in any workplace unless justified by business necessity. The employer must notify employees of the language restriction and consequences for violation. Also prohibits employers from discriminating against an applicant or employee because they possess a driver's license issued to a person who is unable to prove that their presence in the United States is authorized under federal law.
- ⑤ Require employers to reasonably accommodate an employee, unpaid intern, or job applicant's religious beliefs and practices, including the wearing or carrying of religious clothing, jewelry or artifacts, and hair styles, facial hair, or body hair, which are part of an individual's observance of their religious beliefs.
- ⑥ Require employers to reasonably accommodate employees or job applicants with disabilities to enable them to perform the essential functions of a job.



YOUR RIGHTS UNDER USERRA

THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its **website at <http://www.dol.gov/vets>**. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily post notices for employees.



Employee Discount Tickets Available

[ASI Info and Ticket Center](#)

Amusement Park	Ticket/Admission Type	Discount Price	Regular Price
AMC Theatres	BLACK (ANY MOVIE)	\$11.00	\$13.00
Aquarium of the Pacific— Save \$1 Online*	Adult Tickets	\$27.00	\$34.95
	Child (available online only)	\$14.00	\$17.95
Knott's Berry Farm	Option 1 Valid Monday-Friday	\$48.00	\$82.00
	Option 2 Good any Day	\$50.00	
Knott's Soak City		\$40.00	\$53.00
Legoland—Buy Hopper online and receive the second day free	1 Day: Adult (Ages 13+)	\$82.00	\$95.00
	1 Day: Child (Ages 3-12)	\$77.00	\$89.00
	Hopper: Adult	\$91.00	\$126.00
	Hopper: Child	\$86.00	\$120.00
Edwards—Regal Theatres	Premiere (ANY movie)	\$10.25	\$12.00
	Bundle – Two unlimited tickets and \$10.00 concessions card	\$28.00	\$28.50
San Diego Zoo	Adult Tickets (Ages 12+)	\$50.00	\$52.00
	Child Tickets (Ages 3-11)	\$41.00	\$42.00
San Diego Safari Park	Adult Tickets (Ages 12+)	\$50.00	\$52.00
	Child Tickets (Ages 3-11)	\$41.00	\$42.00
Six Flags Magic Mountain		\$57.00	\$84.99
Six Flags Hurricane Harbor		\$32.00	\$36.99
Universal Studios—Online Only* (Prices vary by day)	One General Admission Day	\$94-\$114	\$109-\$129
	2019 Season Pass- Valid Through 12/13/2019 Blackout Day and restrictions apply	\$124	\$149

Hours of Operation: Monday – Friday 8:30 a.m. – 9:30 p.m. (562) 985-4834 CSULB ID required for purchase a maximum of 10 tickets at a time (limit one purchase a day). Ticket prices are subject to change without notice.

ASI Ticket and Info Center Website (<https://www.asicsulb.org/corporate/enjoy/info-ticket-center>)

CSULB SPORTS

For current schedule of games, visit LongBeachState.com

Sport	Ticket/Admission Type	Discount Price	Regular Price
Women's Volleyball	General Admission - Bench	\$7	\$9
	Premium Matches General Admission - Bench	\$9	\$12
Women's Soccer	General Admission - All Seats	\$6	\$9
	Premium Matches - All Seats	\$8	\$11
Men's Water Polo	General Admission - All Seats	\$5	\$7
Men's Basketball	Bench		
	Gold Level Games	\$15	\$19
	Silver Level Games	\$12	\$15
	Bronze Level Games	\$11	\$14
Men's Volleyball	Reserved Seating - Chair back	\$7	\$9
	General Admission - Bench	\$7	\$9
	Premium Matches - Chair back	\$8	\$11
	General Admission - Bench	\$8	\$11
Baseball	General Admission - Grandstand	\$6	\$8
	Premium Games - General Admission	\$8	\$10
Softball	General Admission - All Seats	\$6	\$9
	Tournaments - General Admission	\$7	\$13
Women's Water Polo	General Admission • All Seats	\$5	\$7

Pyramid Box Office - Hours: M-F – 10 a.m. to 5:30 p.m. and one hour prior to start of event.

Phone: (562) 985-4949 Email: LBSUtickets@csulb.edu website: <http://www.longbeachstate.com/>

Ticket prices are subject to change without notice.

Many cell phone providers (including the companies listed below) offer discounts to California State Employees!
Please contact your cell phone provider for additional information

verizon^v



CSU Employee Discount Program

STAPLES Advantage



Enjoy the same CSU discounts on the things you buy for you and your family using your personal credit card.

There are two options to choose from for the CSU/Staples employee discount program

Shop online

- Only purchases ordered through StaplesAdvantage.com are eligible to receive contract pricing
- All personal purchases must be delivered to your home address and paid for using a personal credit card
- <https://register.staplesadvantage.com/webapp/wcs/stores/servlet/emlcustomerreg?RegFormId=DBmFhh&storeId=10101&langId=-1> to sign up for home delivery

Shop in-store

- Visit any US Staples Store to get your special pricing
- You'll always receive the lowest price available, whether it's your contract pricing or retail pricing
- <https://contractservices.staples.com/CustomerSetupExtWeb/>
- You'll receive your discount at checkout

For more information go to the CSU Systemwide Contracts Store on your Intranet



CALIFORNIA STATE
EMPLOYEES ASSOCIATION



MEMBER BENEFITS



HOTELSTORM
More hotels. Bigger savings.



**Liberty
Mutual**
INSURANCE



UNDERSTANDING YOUR STATE OF CALIFORNIA PAY WARRANT

STATE OF CALIFORNIA
DIRECT DEPOSIT ADVISE

DEBIT/DEPOSIT NUMBER
07-999999

1

2 237-730

3

4

5

6

7

TO MB BARNES

AGENCY UNIT

NOT NEGOTIABLE

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

When changing accounts or financial institutions, notify your personnel office immediately.
Do not close your old account until you have received your first payment in your new account.

STATE OF CALIFORNIA STATEMENT OF EARNING AND DEDUCTIONS OFFICE OF

AGY/UNIT	PAY PERIOD	DIRECT DEP #	ISSUE DATE	BANK TRANSIT
237-730	03/11	1	04/01/11	*****
TAX YEAR 11	STATE 5-06			
TAX STATUS	FED 5-06			

CURRENT	TOTAL	TAXABLE GROSS	DEDUCTIONS	NET PAY
3100.00	2855.97	629.42	2476.58	
12400.00				

REGULAR	AMOUNT	DEDUCTIONS	AMOUNT
3100.00		FEDERAL TAX	89.23
		STATE TAX	27.49
		RETIREMENT	129.35
		SOC SEC	125.58
		MEDICARE	43.29
		AF BLUESHLD	59.68
		DELTA II	.00
		VIS-VSP	.00
		AF MED RMB	20.00
		FLEX ADMIN	1.00
		LIFE INS	.00
		PARKING	35.00
		CR CASUALTY	99.00

EMPLOYER CONTRIBUTIONS (except where indicated)	AMOUNT
RETIREMENT	543.37
MEDICARE	43.29
LIFE INS	7.50
SOC SEC	185.09
DENTAL	47.81
VISION	9.13
HEALTH/FLEX	562.00

Track your medical premiums and/or flex cash here.

Dental and Vision Deductions must appear here.

ARE YOU HASTING MONEY PUTTING AIR IN YOUR TIRES? VISIT WWW.JUSTCHECKIT.INFO TO WATCH A QUICK FREE AIR VIDEO AND FIND OUT HOW TO SAVE CASH WHILE STAYING SAFE ON THE ROAD. WAPTEL IS FAIR HOUSING MONTH. CALIFORNIA'S FAIR HOUSING LAWS PROVIDE THE RIGHT TO EQUAL ACCESS IN HOUSING FOR ALL CALIFORNIANS. FOR MORE INFO, LOG ONTO WWW.DFHR.CA.GOV

CO 38K (Rev. 09/02) * Year-to-date gross and total earnings entered nearest zero with N22
* Amounts subject to the applicable law

1 "Take Home" Pay

2 Campus Information

3 Your Withholding Information. To make changes please visit Human Resources.

4 Your SSN (last 4 digits) and Bank Info

5 Your Monthly Deductions
The contributions and/or deductions that you are responsible for appear in this section, including federal and state taxes. Your voluntary deductions also appear in this section, including contributions toward: your share of the health plan premium, CalPERS retirement (employee portion), TSA or Savings Plus Plan accounts, flexible spending Plans (Pre-Tax Parking, Health Care and/or Dependent Care Reimbursement Account Plans), Voluntary Life Insurance, Long Term Care Insurance, credit union accounts, California Casualty, Savings Bonds and Collective Bargaining Dues (if applicable), etc. Items marked with an asterisk are calculated on a pre-tax basis and affect your taxable gross.

6 Employer Contributions

This section contains contribution amounts for benefits that CSU is paying on your behalf, based upon your benefits eligibility. Employer-paid contributions include: Social Security and Medicare; health, dental and vision benefits; CalPERS retirement (employer portion); CSU paid life insurance and Long-Term Disability.

7 Messages from the SCO

IT IS YOUR RESPONSIBILITY TO MONITOR YOUR PAY WARRANT ON A MONTHLY BASIS TO ENSURE THAT THE PROPER BENEFIT DEDUCTIONS ARE BEING PROCESSED. ANY DISCREPANCIES SHOULD BE REPORTED TO PAYROLL (5-4164)

Note: New employees may not see deductions on their first pay warrant. Expect a double deduction the following month.