



VOLUNTEER REGISTRATION FORM

Dear Grossmont-Cuyamaca Community College Volunteer,

Volunteers are an integral part of the Grossmont-Cuyamaca Community College District, from athletic events to the performing arts, and all of the programs in between. On behalf of our students, faculty, staff, and administrators, we thank you for your interest in serving our colleges!

When you give your time to our colleges, you directly impact the success of our students. The presence of volunteers builds upon GCCCD's commitment to fostering a diverse and engaging campus environment. Volunteers are a tremendous resource to our colleges and strengthen the relationships we have in the community.

As a public education institution, the focus is always on the best interests of our students, colleges, and the public. As such, volunteers for the Grossmont-Cuyamaca Community College District are required to adhere to the same policies and procedures that govern our employees in regards to safety and professionalism. There are several items that will need to be completed prior to starting your role as a volunteer:

- ☐ Complete and sign a Volunteer Registration Form
- ☐ Complete and sign a Sexual Harassment/Misconduct Disclosure Form (For SDICCCA Fellows and Athletics Volunteers)
- ☐ Live Scan Background Check Clearance (SDICCCA Fellows, Athletics, and Child Development Volunteers Only)
- ☐ California Tuberculosis (TB) Risk Assessment or Examination
- ☐ Sign the California Oath of Allegiance
- ☐ Sign Administrative Procedure 3720 (if requesting access to network/email)

When these forms are received, your appointment as a volunteer will be approved by the Board of Trustees at their next Governing Board meeting. After approval is granted, you are cleared to begin volunteering!

Should you have any questions on your volunteer registration process, or volunteering in general, please contact:

Grossmont-Cuyamaca Community College District
Human Resources Department
human.resources@gcccd.edu
619-644-7572



VOLUNTEER REGISTRATION FORM

To Be Completed by Requesting Department			
Site/College:		Department:	
Start Date:		End Date:	
Number of Days/Hours Expected to Volunteer:			
Is the volunteer a SDICCCA Fellow?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is District network access/email being requested for the volunteer?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide a detailed description of the volunteer's activities and service(s) to be rendered. Attach additional pages if necessary.			
Will the volunteer have direct contact with children/minors under the age of 18?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes", will the volunteer have direct control over the children/minor's activities or physical whereabouts?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes", please describe the nature of the activities in which children/minors will be involved.			
To Be Completed by Volunteer			
Volunteer Name:		ID/Driver's License #:	
Date of Birth:		(If under age 18, volunteer must be approved by Chancellor's Cabinet)	
Phone Number:		Email Address:	
Address:			
Emergency Contact:		Phone Number:	
Are you a current Grossmont-Cuyamaca Community College District <i>employee</i> ? NOTE: GCCCD Employees are not permitted to render volunteer services.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a current Grossmont-Cuyamaca Community College District <i>student</i> ?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Supplemental Questions

Have you ever been convicted of any criminal offenses?

Yes ☐ No ☐

If "yes," Please state for each conviction the specific charge for which you were convicted, the date and place of conviction, as well as the jail-prison sentence or fine you received. Please be aware that certain offenses need not be reported (See California Code of Regulations, Title 2, section 7287.4). Regardless of Title 2, California Code of Regulations, section 7287.4, you must report all sex and drug offenses specified in Education Code sections 87010 and 87011. A record of conviction will not necessarily constitute a bar from employment or volunteer service.

In addition, Labor Code section 432.7 allows an employer to ask: Do you currently have any offenses pending against you in a criminal court of law for which you are out on bail or have been released on your own recognizance pending trial?

Yes ☐
No ☐

If "yes," please specify the charge(s), the county in which the charge(s) is pending, and the date of trial, if set.

Do you understand your duties as a volunteer?

Yes ☐ No ☐

Do you require a reasonable accommodation in compliance with the Americans with Disabilities Act (ADA)?

Yes ☐ No ☐

If "yes", please describe the requested accommodation: (An interactive process must be completed prior to rendering volunteer service)

By signing below, I agree that the above information is true and correct to the best of my knowledge.

Volunteer Signature

Date

Supervisor/Instructor Signature

Date

Dean/Director Signature

Date

Vice President/Vice Chancellor Signature

Date

To Be Completed by Human Resources

Date of Board Approval:			
Board Approved Start Date:			
Live Scan Background Cleared? (SDICCCA/Athletics/CDC Only)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Cleared:	
TB Assessment/Exam?	Yes <input type="checkbox"/> No <input type="checkbox"/>	TB Expires:	
SDICCCA Volunteer – Entered into Workday?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
District network access/email access approved?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If “yes” – Signed Network Account Request Form Received?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
California Oath of Allegiance Received?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sexual Harassment/Misconduct Disclosure Received (Athletics and SDICCCA Only)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Department notified of Volunteer Clearance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Notified:	

Notes to Administrators:

- Volunteer names and a description of services rendered must be approved by the Governing Board **prior** to rendering any volunteer services.
- Volunteers serving in Athletics, Child Development, or as SDICCCA Fellows must have live scan background clearance on file no later than 10 days after the first date of rendered volunteer services.
- Volunteers must have a TB Risk Assessment or TB examination on file prior to rendering any volunteer services.
- Nonteaching volunteer aides may render noninstructional services in support of the performance of teaching or the District’s administrative responsibilities. Volunteers may not be employees of the District. Volunteer services may not conflict with bargaining unit work (CA Education Code §72401).
- Volunteers will be covered under the District’s workers’ compensation and liability insurance coverage while rendering volunteer services (Board Policy 3830).
- **SDICCCA Fellows and Athletics Volunteers are required to submit a Sexual Harassment/Misconduct Disclosure form prior to being approved (AB 810, effective January 1, 2025).**
- Departments requesting network and/or email access for volunteers will need to attached a signed Network Account Request Form to this packet.



STATE OATH OF ALLEGIANCE

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

California Government Code Section 3100-3109

It is hereby declared that the protection of the health and safety and preservation of the lives and property of the people of the state from the effects of natural, manmade, or war-caused emergencies which result in conditions of disaster or in extreme peril to life, property, and resources is of paramount state importance requiring the responsible efforts of public and private agencies and individual citizens. In furtherance of the exercise of the police power of the state in protection of its citizens and resources, all public employees are hereby declared to be disaster service workers subject to such disaster service activities as may be assigned to them by their superiors or by law.

<div></div>
Printed Name
<div></div>
Signature of Employee
<div></div>
Date

Melissa Richerson
Authorized Official
Vice Chancellor-Human Resources
Title

WHO MUST SIGN THE OATH: As required in Section 3 of Article XX of the Constitution of California, every State employee except legally employed noncitizens, must sign the following oath or affirmation before he or she enters upon the duties of his or her State employment. (Calif. Constitution, Article XX, Section 2, Calif. Government Codes, Sections 3 100-3 102).

WHEN OATH MUST BE SIGNED: As required in Government Code Section 3102, all public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council must sign an oath or affirmation before entering upon the duties of their employment. For intermittent, temporary or emergency employments, an oath or affirmation may, at the discretion of the employing agency, be effective for all successive periods of employment which commence within one calendar year from the date of the oath.(Calif. Constitution, Article XX, Section 3: Calif. Government Code Section 3102).

WHERE OATHS ARE FILED: The Oaths of all employees shall be filed with Human Resources. The oath is considered a public record.

FAILURE TO SIGN THE OATH: As stated in Government Code Section 3107, no compensation or reimbursement for expenses incurred shall be paid to any public employee or any volunteer in any disaster council or emergency organization accredited by the California Emergency Council unless such public employee has taken and subscribed to the oath or affirmation

PENALTIES: "Every person who, while taking and subscribing to the Oath or affirmation required by this chapter, states as true and material which he/ she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one or more than 14 years." (Calif. Government Code, Sect. 3102).



Disclosure of History of Sexual Harassment/Sexual Misconduct Academic, Administrative, and Athletics Employees and Volunteers

California Senate Bill 791 (SB 791) mandates that all California Community College districts, to require, as part of the hiring process for an appointment to an academic or administrative position, that the applicant disclose any final administrative decision, as defined, or final judicial decision, as defined, issued within the last seven (7) years, as provided, determining that the applicant committed sexual harassment, as defined. The bill prohibits a community college district from asking and applicant to disclose, orally or in writing, information concerning any final administrative decision or final judicial decision described above, including any inquiry about an applicable decision on any employment application, until it has been determined that the applicant meets the minimum employment qualifications stated in the notice issued for the position (CA Education Code §89521 and §87604.5).

California Assembly Bill 810 (AB 810) expands the requirements established under SB 791. AB 810 broadens the definition of misconduct beyond sexual harassment to include harassment, discrimination, assault, dishonesty, and other forms of unethical behaviors. It requires finalists, particularly for academic, athletics, and certain administrative positions, to sign a release authorizing their current and former employers to disclose information about substantiated allegations of misconduct. Institutions must make reasonable efforts to obtain this information before making a hiring decision. AB 810 also extends these requirements to athletic roles and volunteers, ensuring that the transparency and accountability measures of SB 791 apply to a wider range of positions.

Please answer the following questions:	
Name of Employee/Volunteer:	
Have you been named as a Respondent in a sexual harassment complaint within the last seven (7) years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes", were the allegations substantiated following an investigation and was the written final administrative or judicial decision issued within seven (7) years prior to the date of your application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the investigation substantiated the allegations, did you file and appeal with your previous employer or, of applicable, with the United States Department of Education?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I hereby certify that all statements on this form are true and complete to the best of my knowledge and belief. If employed, I understand that any untrue statements on the above record may be considered grounds for termination.

By signing below, I certify that I have read and agree with these statements.

Employee/Volunteer Signature

Date



NOTICE OF TUBERCULOSIS CLEARANCE REQUIREMENT

As a new volunteer, and every four (4) years during your GCCCD career, you are required to submit a tuberculosis (TB) clearance to GCCCD.

The requirement regarding TB clearances has recently changed due to the adoption of California Senate Bill (SB) 1038 effective in 2017. New employees and volunteers must submit a TB risk assessment to a health care provider who is licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. Only if TB risk factors are identified will the individual be required to undergo a TB examination to determine if they are free from active tuberculosis. If an examination is necessary, it would consist of an approved intra-dermal TB test or any other test for TB infection recommended by the federal Centers for Disease Control and Prevention, and licensed by the federal Food and Drug Administration that, if positive, shall be followed by an X-ray of the lungs.

Enclosed is a TB assessment form (page 3), along with the Certificate of Completion (page 4).

In order to obtain the TB clearance at GCCCD's expense, please schedule an appointment at one of our college health offices.

	Building/Room	Phone Number	Assessment Days/Hours
Cuyamaca Health Office	Student Center I Room 134	619-660-4200	Please call for availability.
Grossmont Health Office	Griffin Center Room 130	619-644-7192	Please call for availability.

The College Health Office will promptly send the Certificate of Completion form to Human Resources.

If you prefer to have the assessment completed by your personal physician, at your own expense, please submit the Certificate of Completion form to Human Resources at:

Human Resources
Grossmont-Cuyamaca Community College District
8800 Grossmont College Drive, El Cajon, CA 92020
619-644-7572



California School Employee Tuberculosis (TB) Risk Assessment Questionnaire



(for pre-K, K-12 schools and community college employees, volunteers and contractors)

- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555.^
- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- Do not repeat testing unless there are **new** risk factors since the last negative test.
- Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:
For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.

Name of Person Assessed for TB Risk Factors: _____

Assessment Date: _____

Date of Birth: _____

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

☐ Yes

- If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.

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

TB testing is recommended if any of the 3 boxes below are checked

☐ One or more sign(s) or symptom(s) of TB disease

- TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.

☐ Birth, travel, or residence in a country with an elevated TB rate for at least 1 month

- Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.
- Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.

☐ Close contact to someone with infectious TB disease during lifetime

Treat for LTBI if TB test result is positive and active TB disease is ruled out

^The law requires that a health care provider administer this questionnaire. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. A Certificate of Completion should be completed after screening is completed (page 3).

Certificate of Completion Tuberculosis Risk Assessment and/or Examination

To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

First and Last Name of the person assessed and/or examined:

Date of assessment and/or examination: _____mo./_____day/_____yr.

Date of Birth: _____mo./_____day/_____yr.

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

X _____

Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):

California School Employee Tuberculosis (TB) Risk Assessment User Guide

(for pre-K, K-12 schools and community college employees, volunteers and contractors)

Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, AB 1667, effective on January 1, 2015, SB 792 on September 1, 2016, and SB 1038 on January 1, 2017, require a TB risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the California School Employee TB Risk Assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

SB 1038 impacted the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

Most patients with LTBI should be treated

Because testing of persons at low risk of LTBI should not be done, persons that test positive for LTBI should generally be treated once active TB disease has been ruled out. However, clinicians should not be compelled to treat low risk persons with a positive test for LTBI.

Emphasis on short course for treatment of LTBI

Shorter regimens for treating LTBI have been shown to be more likely to be completed and the 3 month 12-dose regimen has been shown to be as effective as 9 months of isoniazid. Use of these shorter regimens is preferred in most patients. Drug-drug interactions and contact to drug resistant TB are typical reasons these regimens cannot be used.

Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

Please consult with your local public health department on any other recommendations and mandates that should also be considered.



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current recommendations for targeted TB testing from the federal Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the California Conference of Local Health Officers and the California Tuberculosis Controllers Association (CTCA).

What specifically did [AB 1667](#) change on January 1, 2015?

1. Replaces the mandated TB examination on initial employment with a TB risk assessment, and TB testing based on the results of the TB risk assessment, for the following groups:
 - a. Persons initially employed by a school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
 - b. Persons initially employed, or employed under contract, by a private or parochial elementary or secondary school or any nursery school (California Health and Safety Code, Sections 121525 and 121555)
 - c. Persons providing for the transportation of pupils under authorized contract (California Health and Safety Code, Section 121525)
2. Replaces the mandated TB examination at least once each four years of school employees who have no identified TB risk factors or who test negative for TB infection with a TB risk assessment, and TB testing based on the TB risk assessment responses. (California Education Code, Section 49406 and California Health and Safety Code, Section 121525)
3. Replaces mandated TB examination (within the last four years) of volunteers with "frequent or prolonged contact with pupils" in private or parochial elementary or secondary schools, or nursery schools (California Health and Safety Code, Section 121545) with a TB risk assessment administered on initial volunteer assignment, and TB testing based on the results of the TB risk assessment.
4. For school district volunteers with "frequent or prolonged contact with pupils," mandates a TB risk assessment administered on initial volunteer assignment and TB testing based on the results of the TB risk assessment. (California Education Code, Section 49406)

What specifically did [SB 792](#) change on September 1, 2016?

California Health and Safety Code, Section 1597.055 requires that persons hired as a teacher in a child care center must provide evidence of a current certificate that indicates freedom from infectious TB as set forth in California Health Safety Code, Section 121525.

What specifically does [SB 1038](#) change on January 1, 2017?

California Education Code, Section 87408.6 requires persons employed by a community college in an academic or classified position to submit to a TB risk assessment developed by CDPH and CTCA and, if risk factors are present, an examination to determine that he or she is free of infectious TB; initially upon hire and every four years thereafter.



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



Who developed the school staff and volunteer TB risk assessment?

The California Department of Public Health (CDPH) and the California Tuberculosis Controllers Association (CTCA) jointly developed the TB risk assessment. The risk assessment was adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and the Centers for Disease Control and Prevention.

Who may administer the TB risk assessment?

Per California Education and Health and Safety Codes, the TB risk assessment is to be administered by a health care provider. The risk assessment should be administered face-to-face. However, given the COVID-19 emergency response, the TB risk assessment may also be administered via telehealth. The practice of allowing employees or volunteers to self-assess is discouraged.

What is a "health care provider"?

A "health care provider" means any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services.

If someone is a new employee and has a TB test that was negative, would he/she need to also complete a TB risk assessment?

Check with your employer about what is needed at the time of hire.

If someone transfers from one K-12 school or school district to another school or school district, would he/she need to also complete a TB risk assessment?

Not if that person can produce a certificate that shows he or she was found to be free of infectious tuberculosis within 60 days of initial hire, or the school previously employing the person verifies that the person has a certificate on file showing that the person is free from infectious tuberculosis.

If someone does not want to submit to a TB risk assessment, can he/she get a TB test instead? Yes, a TB test, and an examination if necessary, may be completed instead of submitting to a TB risk assessment.

If someone has a positive TB test, can he/she start working before the chest x-ray is completed? No, the x-ray must be completed and the person determined to be free of infectious TB prior to starting work.

If someone has a positive TB test, does he/she need to submit to a chest x-ray every four (4) years?

No, once a person has a documented positive TB test followed by an x-ray, repeat x-rays are no longer required every four years. If an employee or volunteer becomes symptomatic for TB, then he/she should promptly seek care from his/her health care provider.



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



What screening is required for someone who has a history of a positive TB test or TB disease at hire?

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

For volunteers, what constitutes “frequent or prolonged contact with pupils”?

Examples of what may be considered “frequent or prolonged contact with pupils” include, but are not limited to, regularly-scheduled classroom volunteering and field trips where cumulative face-to-face time with students exceeds 8 hours.

Who may sign the Certificate of Completion?

- If the patient has no TB risk factors then the health care provider completing the TB risk assessment may sign the Certificate of Completion.
- If a TB test is performed and the result is negative, then the licensed health care provider interpreting the TB test may sign the Certificate.
- If a TB test is positive and an examination is performed, only a physician, physician assistant, or nurse practitioner may sign the Certificate.

What does “determined to be free of infectious tuberculosis” mean on the Certificate of Completion?

“Determined to be free of infectious TB” means that a physician, physician assistant, or nurse practitioner has completed the TB examination and provided any necessary treatment so that the person is not contagious and cannot pass the TB bacteria to others. The TB examination for active TB disease includes a chest x-ray, symptom assessment, and if indicated, sputum collection for acid-fast bacilli (AFB) smears cultures and nucleic acid amplification testing.

What if I have TB screening or treatment questions?

Consult the federal Centers for Disease Control and Prevention’s *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers* (2013) (<http://www.cdc.gov/tb/publications/LTBI/default.htm>). If you have specific TB screening or treatment questions, please contact your local TB control program (<http://www.ctca.org/locations.html>).

Who may I contact to get further information or to download the TB risk assessment?

- California Tuberculosis Controllers’ Association
<https://www.ctca.org/providers/>
- California Department of Public Health, Tuberculosis Control Branch: (510) 620-3000
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx>
- California School Nurses Organization: (916) 448-5752 or email csno@csno.org
<http://www.csno.org/>



EMPLOYEE NOTICE OF WORKERS' COMPENSATION BENEFITS

In the event of a work-related injury, as an employee of the Grossmont-Cuyamaca Community College District, benefits are available to you through the California Workers' Compensation system.

Most California workers are protected in the event of a job-related injury or illness by workers' compensation, which is paid for by your employer. If you are injured or become ill as a result of your job, this coverage pays for medical care, necessary rehabilitation services, income in case you are disabled and can't work, or death benefits to your dependents.

It is your responsibility to notify your supervisor immediately of any work-related injury or illness. Your employer will notify the claims administrator. If you have questions or need help, please contact the Human Resources department.



FACTS ABOUT WORKER'S COMPENSATION

York Risk Services Group, Inc.
P.O. Box 619079 Roseville, CA 95661
Phone (866) 221-2402 Fax (866) 548-2637



What is workers' compensation? Its purpose is to insure that an employee who is found to sustain an industrial injury or illness will be provided with benefits to medically cure or relieve them from the effects of the injury/illness, provide temporary compensation when they are medically unable to perform any occupational function, compensation for any residual handicap and/or impairment of bodily function, benefits for dependents if an employee dies as a result of an injury/illness, protection from discrimination by his/her employer because of the injury/illness.

Am I Covered? Nearly every person employed in California is protected by workers' compensation, however there are a few exceptions. People that are self-employed or volunteer workers may not be covered. Similar laws cover federal and maritime workers. York Risk Services Group (York) is your employer's claims administrator. Your employer or York can answer any questions you might have about coverage.

What Does Workers' Compensation Cover? If you have an injury/illness due to your job, it is covered. The cause can be a single event, like a fall or it can be due to repeated exposures, such as hearing loss due to constant loud noise. Injuries ranging from first-aid to serious accidents are covered. Even injuries related to a workplace crime, such as psychological or physical injuries, are covered under workers' compensation. Some injuries that result from voluntary activity, such as off duty social or athletic activities may not be covered. Check with your employer or York if you have questions. Coverage begins the moment you start your job. There is no probationary period or wage rate.

Duty Of The Employee. Immediately notify your employer or York so you can get the medical help that you need without delay. If your injury is greater than a first-aid injury, your supervisor will give you a Claim Form (Form DWC-1) for you to describe where, when and how it happened. To submit a claim, fill out the "Employee" section of the DWC-1. Keep one copy of this form and give the remaining pages to your supervisor. Your employer will fill out the "Employer" section and return a signed and dated copy of the form to you. Your employer will keep a copy of this form and forward another to York. York is in charge of handling your claim and informing you about your eligibility for benefits. Your claim benefits do not start until your employer knows about your injury, so report and file the DWC-1 as quickly as possible. California law requires your employer to authorize medical treatment within one working day of receipt of your Claim Form. Employers are liable for up to \$10,000 in treatment pending a decision by York for a claim to be accepted or rejected. Waiting to report may delay workers' compensation benefits. You may not receive benefits if you fail to file a claim within one year of the date of injury, the date you know the injury was work related, or the date benefits were last provided.

Duty of the Employer: Provide this form to every employee at the time of hire or by the end of their first pay period.

Within one working day, upon knowledge or notice from any source of a work injury/illness greater than first-aid, provide the employee with a Claim Form (DWC-1) and authorize medical treatment and report the claim to York Risk Services Group.

What are the benefits? You may be entitled to various kinds of benefits under California workers' compensation law including:

Medical Care: Medical treatment that is reasonably required to cure or relieve the injured worker from the effects of the injury/illness. There is no deductible or co-payment. These medical benefits may include lab tests, physical therapy, hospital services, medication and treatment by a doctor. State law limits certain medical services as of January 1, 2004. You should

never receive a medical bill. If additional treatment is necessary, York will coordinate medical care that meets applicable treatment guidelines for the injury. The doctor may be a specialist for your specific type of injury, and he or she will be familiar with workers' compensation requirements and will report promptly to York so your benefits can be paid. The physician with overall responsibility for treating your injury/illness is your primary treating physician (PTP). The PTP decides what kind of medical care you need and if you have work restrictions. If necessary, the PTP will review your job description with you and your employer to define any limitation or restrictions that you may have. This doctor also is responsible for coordinating care between other medical providers and will write reports about any permanent impairment of bodily function(s) or the need for future medical care. Generally, your employer selects the PTP you will see for the first 30 days, but if you want to change doctors for any reason, ask your employer or York. They're as interested as you are in your prompt recovery and return to work and will select a different doctor for you. If your employer has a Medical Provider Network (MPN) you will be directed to treat with a physician within the MPN and different rules apply regarding changing your physician. You can be treated by your personal physician or medical group immediately if you have health care insurance for injuries or illness that are not work related, and your physician agrees in advance to treat you for any work injuries/illnesses and has previously directed your treatment and retains your medical records and agrees, prior to your injury/illness, to treat you for workplace injuries/illnesses and you gave your employer your physician's name and address in writing before the injury. You may use the form inside of this pamphlet or your employer may have a form for you to use. If you give the name of your personal chiropractor or acupuncturist, different rules apply, and you may need to see an employer-selected physician first.

Temporary Disability Benefits: If you are not medically able to work for more than three days due to your work-related injury, counting weekends, you have a right to temporary disability (TD) payments to assist substituting your lost wages. After two weeks from reporting the injury, you will receive a check. If your employer has a salary continuation plan, your benefit may be included in your regular paycheck. TD is payable every 14 days until the doctor states you can return to work (Payments won't be made for the first three days, though, unless you're hospitalized as an inpatient or unable to work more than 14 days). The amount of the payments will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. Although the TD payment will not be the full amount of your regular paycheck, there are no deductions and the payments are tax-free. For injuries occurring on or after January 1, 2008, TD payments are limited to 104 compensable weeks within five years of date of injury. For a few long-term injuries such as chronic lung disease or severe burns, TD payments can last up to 240 weeks within five years from the date of injury. If you reach the maximum TD payment period before you can return to work or before your condition becomes permanent and stationary. See the "Other Benefits" section of this pamphlet for additional information. A timely filing with Employment Development Department may result in additional State Disability benefits when TD benefits are delayed, denied, or terminated.

Permanent Disability: If your doctor says your injury will always leave you with some permanent impairment of bodily function(s), you may receive permanent disability (PD) payments. The amount depends on the doctor's report, how much of the PD was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. State law

determines minimum and maximum amounts, and they vary by injury date. If you are entitled to PD, York will send you a letter explaining how the benefit was calculated. If the injury causes PD, the first payment of PD benefits is made within 14 days after the last payment of TD, unless your employer has offered you a position that pays at least 85% of your date of injury wages or if you are returned to a position that pays you 100% of the wages and, compensation paid to you on the date of injury, the PD would be paid after an Award issues.

Supplemental Job Displacement Benefit (SJDB): If you have a permanent whole person impairment, the eligibility for SJDB begins when your employer does not offer regular work, permanent, modified, or alternative work within 60 days of the receipt of a doctor's Medical Maximum Improvement (MMI) report. This is a nontransferable voucher for education-related retraining and/or skill development at state-approved schools, tools, licensing, certification fees and other resources as possible benefits. If you qualify for the supplemental job displacement benefit, York will provide a voucher up to a maximum of \$6,000.

Death Benefits: If the injury/illness causes death, payments may be made to your dependents. State law sets these benefits and the total benefit depends on the number of dependents. The payments are made at the same rate as TD payments. In addition, workers' compensation provides a burial allowance.

Discrimination: It is a violation of Labor Code Section 132(a) and illegal for your employer to punish or fire you for having a workplace injury/illness, for filing a claim or for testifying in another person's workers' compensation case. If your employer is found guilty of discrimination, you would be entitled to increased benefits, reinstatement and reimbursement for lost wages and benefits.

Other Benefits: Sometimes people confuse workers' compensation with State Disability Insurance (SDI). Workers' compensation covers on-the-job injuries/illnesses and is paid for by your employer or their insurance. On the other hand, SDI covers off-the-job injuries or sicknesses, and is paid for by deductions from your paycheck. If you are not getting workers' compensation benefits, you may be able to get State Disability benefits. Contact the local office of the State Employment Development Department listed in the government pages of your phone book for more information. You may be eligible to access the return-to-work fund, for the purposes of making supplemental payments to injured workers whose PD benefits are disproportionately low in comparison to their earnings loss. If you have questions or think you qualify, contact the Information & Assistance office listed in this pamphlet or visit the DIR website at: www.dir.ca.gov.

If You Still Have Questions... ask your supervisor or employer representative. Or contact York at the number indicated on workers' compensation posters at work and on this brochure. You can also contact the State Division of Workers' Compensation (DWC) and speak with an Information and Assistance Officer. These officers are available to review problems, answer questions and provide additional written information about workers' compensation at no charge. The local office is listed below and posted at your workplace. You can also call 800-736-7401 or visit the DWC website at: <http://www.dir.ca.gov/dwc>.

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. Fines can be up to \$150,000 and imprisonment up to five years.



PREDESIGNATION OF PERSONAL PHYSICIAN (OPTIONAL)

You may use this form to notify GCCCD 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 requirements below are met.

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 no occupational 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 Grossmont-Cuyamaca Community College District, If I have a work-related injury or illness, I choose to be treated by:

Name of doctor/M.D., D.O., or medical group: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Employee Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Physician: I agree to this Pre-designation:

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).

AP 3720 Computer and Network Use

Reference: ***Education Code Section 70902; Board Policies 3720, 4030; Title 5 Sections 58050, 58164, 58168, 58170, 58172; Federal Rules of Civil Procedure 16, 26, 33, 34, 37, 45; FTC Regulations 16 CFR 313.3(n), 16 CFR 314.1-5; Gramm-Leach Bliley Act Sections 501, 505(b)(2); U.S. Code 15 USC 6801(b), 6805(b)(2)***

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Overview

The District Computer and Network systems are the sole property of the Grossmont-Cuyamaca Community College District. They may not be used by any person without the proper authorization of the District. The Computer and Network systems are for District instructional and work related purposes only.

This procedure applies to all District students, employees, officers and others granted use of District information resources. This procedure refers to all District information resources whether individually controlled or shared, stand-alone or networked. It applies to all computer and computer communication facilities owned, leased, operated, or contracted by the District. This includes personal computers, workstations, mainframes, minicomputers, and associated peripherals, software and information resources, regardless of whether used for administration, research, teaching or other purposes.

Nondiscrimination Statement of Principles

All users have the right to be free from any conduct connected with the use of Grossmont-Cuyamaca Community College District (GCCCD) computing systems which discriminates against any person. Discriminatory conduct includes, but is not limited to, written or graphic conduct that satisfies one of the following conditions: (1) harasses, denigrates or shows hostility or aversion toward an individual or group based on that person's gender, sexual orientation, race, color, national origin or disability, or (2) has the purpose or effect of creating a hostile, intimidating, or offensive environment. "Harassing conduct" and "hostile environment" are defined below:

- "Harassing conduct" includes, but is not limited to, the following: epithets, slurs, negative stereotyping, or threatening, intimidating, or hostile acts, that relate to race, color, national origin, gender, sexual orientation, or disability. This includes acts that purport to be "jokes" or "pranks," but that are hostile or demeaning.
- A "hostile environment" is established when harassing conduct is sufficiently severe, pervasive or persistent so as to interfere with or limit the ability of an individual to participate in or benefit from the GCCCD computing systems (*refer to Administrative Procedure AP 3410 Nondiscrimination*).

Any user who believes he or she has been subject to a hostile environment or discrimination on the basis of race, color, national origin, gender, sexual orientation, or disability may inform the system administrator or the appropriate college or district

administrator. Upon receiving any such complaint, GCCCD will process the complaint in accordance with established grievance procedures.

Academic Freedom

Users of these systems have rights that may be protected by federal, state, and local laws. This procedure shall not be interpreted in a manner which would abrogate any provision of the District Policy on Academic Freedom (Board Policy 4030).

Conditions of Use

Basic conditions of use are also defined by the *Corporation for Education Network Initiatives in California* (CENIC)/California Research and Education Network (CalREN) Acceptable Use Policy. The District adheres to basic conditions of use and industry standards as defined by CENIC/CalREN. The District may define additional conditions of use. Refer to Operating Procedure IS 11.

Information Security Program

The Information Security Program was created to protect District information and Personally Identifiable Information (PII) found on records and in systems owned by the District. This Program is intended as a comprehensive set of guidelines that have been implemented in compliance with regulations issued by the various controlling authorities. Refer to Information Security Program.

Legal Process

This procedure exists within the framework of the District Board Policy and state and federal laws. A user of District information resources who is found to have violated any of these policies will be subject to disciplinary action up to and including but not limited to loss of information resources privileges; disciplinary suspension or termination from employment or expulsion and/or civil or criminal legal action.

Copyrights and Licenses

Computer users must respect copyrights and licenses to software and other on-line information.

- Copying – Software protected by copyright may not be copied except as expressly permitted by the owner of the copyright or otherwise permitted by copyright law. Protected software may not be copied into, from, or by any District facility or system, except pursuant to a valid license or as otherwise permitted by copyright law.
- Number of Simultaneous Users – The number and distribution of copies must be handled in such a way that does not violate the licensing rules for the product.
- Copyrights – In addition to software, all other copyrighted information (text, images, icons, programs, etc.) retrieved from computer or network resources must be used in conformance with applicable copyright and other law. Copied material must be properly attributed. Plagiarism of computer information is prohibited in the same way that plagiarism of any other protected work is prohibited.
- Digital Copyrighted Media – Digital copyrighted media must not be duplicated, reproduced, or resold without explicit permission from the copyright holder. Obtaining or distributing copyrighted digital media, without paying for it or without the permission of the copyright holder, violates the Digital Millennium Copyright Act (DMCA) of 1998, as well as this Computer and Network Use policy. Furthermore, using digital media beyond the scope of its licensing agreement,

such as using software in excess of paid license quantity, is considered an infringement of copyright law.

- Compliance and Enforcement – This District is obligated by law to address valid copyright infringement complaints from copyright holders or their representatives. If you receive a notice of infringement, you must delete or remove the copyrighted material from your device or account immediately. Failure to do so may result in suspension of District network resources and academic disciplinary action under District policy. Additionally, the District or copyright holders reserve the right to pursue civil or criminal litigation where applicable.
- Purchasing and Distribution – It is your responsibility to procure copyrighted media through reputable sources and refrain from sharing copyrighted materials with others, including via peer-to-peer file sharing platforms, without permission from the copyright holder.
- Reporting Copyright Infringements – Copyright infringement complaints involving students should be submitted to the appropriate college Student Affairs Office and complaints involving employees should be submitted to Human Resources.

Integrity of Information Resources

Computer users must respect the integrity of computer-based information resources.

- Modification or Removal of Equipment – Computer users must not attempt to modify or remove computer equipment, software, or peripherals without proper authorization from District Information Technology.
- Unauthorized Use – Computer users must not interfere with others' access and use of the District computers. This includes but is not limited to: the sending of chain letters or excessive messages, either locally or off-campus; printing excess copies of documents, files, data, or programs, running grossly inefficient programs when efficient alternatives are known by the user to be available; unauthorized modification of system facilities, operating systems, of disk partitions; attempting to crash or tie up a District computer or network; and damaging or vandalizing District computing facilities, equipment, software or computer files.
- Unauthorized Programs – Computer users must not intentionally develop or use programs (including spam, viruses and worms) which disrupt other computer users or which access private or restricted portions of the system, or which damage the software or hardware components of the system. Computer users must ensure that they do not use programs or utilities that interfere with other computer users or that modify normally protected or restricted portions of the system or user accounts. The use of any unauthorized or destructive program will result in disciplinary action as provided in this procedure, and may further lead to civil or criminal legal proceedings.

Unauthorized Access

Computer users must not seek to gain unauthorized access to information resources and must not assist, knowingly or unknowingly, any other persons to gain unauthorized access.

- Abuse of Computing Privileges – Users of District information resources must not access computers, computer software, computer data or information, or networks without proper authorization, or intentionally enable others to do so, regardless of whether the computer, software, data, information, or network in question is owned by the District. For example, abuse of the networks to which the District

belongs or the computers at other sites connected to those networks will be treated as an abuse of District computing privileges.

- Reporting Problems – Any defects discovered in system security must be reported promptly to the Information Technology Department so that steps can be taken to investigate and solve the problem.
- Password Protection – A computer user who has been authorized to use a password-protected account may be subject to both civil and criminal liability if the user discloses the password or otherwise makes the account available to others without permission of the Information Technology Department with the exception that users may designate others to access their e-mail and voice mail accounts.

Usage

Computer users must respect the rights of other computer users. Attempts to circumvent these mechanisms in order to gain unauthorized access to the system or to another person's information are a violation of District procedure and may violate applicable law.

- Unlawful Messages – Users may not use electronic communication facilities to send defamatory, fraudulent, harassing, obscene, threatening, or other messages that violate applicable federal, state or other law, Student Code of Conduct or District policy, or which constitute the unauthorized release of confidential information.
- Commercial Usage – Electronic communication facilities may not be used to transmit commercial or personal advertisements, solicitations or promotions (see Commercial Use, below.)
- Information Belonging to Others – Users must not intentionally seek or provide information on, obtain copies of, or modify data files, programs, or passwords belonging to other users, without the permission of those other users. This type of information includes course-specific materials for purposes other than those intended by the instructor.
- Rights of Individuals – Users must not release any individual's (student, faculty, and staff) personal information to anyone without proper authorization.
- User Identification – Users shall not send unauthorized communications or messages anonymously or without accurately identifying the originating account or station. Examples of permissible anonymous communications are student evaluations and responses to accreditation surveys.
- Political, Personal and Commercial Use – The District is a non-profit, tax-exempt organization and, as such, is subject to specific federal, state and local laws regarding sources of income, political activities, use of property and similar matters. Political activities shall not include the dissemination of course-related materials discussing, presenting, or analyzing political positions, opinions or commentaries. In addition, District information technology resources must not be used for partisan political activities where prohibited by federal, state or other applicable laws, or District policies.
- Personal Use – District information resources should not be used for personal activities not related to appropriate District functions. Incidental uses may be allowed and may include checking non-district e-mail accounts, the weather, traffic, news, stocks, etc. for a brief period of time at the discretion of legitimate supervision. Certain computers may be designated for "public use" and non-District functions are allowed. Examples of public use areas include specified workstations in labs, wireless hot spots, etc.

- Commercial Use – District information resources may not be used for commercial purposes. Individual personal advertisements in authorized internal newsletters will not be considered a commercial purpose. Users also are reminded that the “.cc” and “.edu” domains on the Internet have rules restricting or prohibiting commercial use, and users shall abide by the rule governing those domains.

Disclosure

- District Access to Network Computers – The District will exercise the right to access all uses of the District network and computers only for legitimate District purposes, including, but not limited to, ensuring compliance with this procedure; or integrity and security of the system; or to access District information when an employee is out sick or otherwise not on duty; or in response to a subpoena or court order. In addition, users should also be aware that Information Technology, contractor or external agency personnel may have incidental access to data contained in or transported by network, e-mail, voice mail, telephone and other systems in the course of routine system operation, problem resolution and support. Employees should have no expectation of privacy in the use of the District network and computers.
- Possibility of Unintended Disclosure – Users must be aware of the possibility of unintended disclosure of communications.
- District's Disclosure Responsibility – Users must be aware that all electronic communications and electronic documents may be subject to disclosure by the District in response to law enforcement investigations, judicial orders, California Public Records Act requests and other requests/demands that are outside of the District's control to limit or deny. Additionally, the District may be prohibited from notifying the user of the disclosure demand and/or the response to that demand.
- Retrieval – It is possible for information entered on or transmitted via computer and communications systems to be retrieved, even if a user has deleted such information.
- Public Records – The California Public Records Act (Government Code Sections 7920.000 *et seq.*) includes computer transmissions in the definition of “public record” and nonexempt communications made on the District network and computers must be disclosed by the District if requested by a member of the public.
- Litigation – Computer transmissions and electronically stored information may be discoverable in litigation.

Dissemination and User Acknowledgment of this Procedure

All users shall be provided copies of these procedures and be directed to familiarize themselves with them.

Any disciplinary action will be in accordance with Board policy, labor/management negotiated agreements, and the *Student Discipline Procedures* handbook.

Users shall sign and date an acknowledgement and waiver stating that they have read and understand this procedure, and will comply with it. Where possible, a “pop-up” screen describing the agreement shall appear prior to accessing the network.

This acknowledgment and waiver shall be in the form as follows:

Acknowledgment

Computer and Network Use Agreement

I have received and read a copy of the District Computer and Network Use Procedure and this Agreement dated, _____, and recognize and understand the AP 3720 guidelines. I agree to abide by the standards set in the Procedure for the duration of my employment and/or enrollment. I am aware that violations of this Computer and Network Usage Procedure may subject me to disciplinary action, including but not limited to revocation of my network account up to and including prosecution for violation of State and/or Federal law.

Print Name

Date

Signature

Note: This page will be kept and filed by originating department.