

# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

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

**Exemption from withholding.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

#### Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2018</b>	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6			
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here.		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	



## EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

1. Number of allowances for Regular Withholding Allowances, Worksheet A \_\_\_\_\_  
 Number of allowances from the Estimated Deductions, Worksheet B \_\_\_\_\_  
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2018 \_\_\_\_\_  
 OR  
 2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C \_\_\_\_\_  
 OR  
 3. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here) ☐

**Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.**

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

Employer's Name and Address	California Employer Payroll Tax Account Number
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Give the top portion of this page to your employer and keep the remainder for your records.

**YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM.**

**IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.**

**PURPOSE:** This certificate, DE 4, is for California Personal Income Tax (PIT) withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

You should complete this form if either:

- (1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or,
- (2) You claim additional allowances for estimated deductions.

**THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.**

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables. **If you rely on the number of withholding allowances you claim on your Form W-4 withholding allowance**

**certificate for your state income tax withholding, you may be significantly underwithheld.** This is particularly true if your household income is derived from more than one source.

**CHECK YOUR WITHHOLDING:** After your Form W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

**EXEMPTION FROM WITHHOLDING:** If you wish to claim exempt, complete the federal Form W-4. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption is good for one year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new Form W-4 by December 1.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



## Voluntary EEO Self-Identification Record

The company is subject to Federal and State recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Company invites employees to voluntarily self-identify their race or ethnicity. **Submission of this information is voluntary will not subject you to any adverse treatment.** The information obtained will be kept confidential and may only be used in accordance with provisions of the applicable laws, Executive Orders and regulations. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations. Your cooperation will be appreciated in completing the following information.

The company believes all person are entitled to equal employment opportunities and does not decimates against applicants or employees because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Please check the EEO Identification Group that best applies to you:

- ☐ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- ☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

- ☐ Disabled      ☐ Disabled Veteran      ☐ Armed Forces Services Medal Veteran
- ☐ Active Duty Wartime or Campaign Badge Veteran      ☐ Recently Separated Veteran

Reasonable Accommodation Requested, due to disability ☐ Yes ☐ No

Gender: ☐ Male ☐ Female

Name \_\_\_\_\_  
Last First Middle

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

*If you should have any questions regarding this form, please contact Human Resources.*

**TO:** All CSUDH Auxiliary Employees

**FROM:** Amanda Dodd  
Director of Human Resources and Payroll

**RE:** Conflict of Interest Statement

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The California Education Code has specific requirements for employees of an auxiliary organization regarding avoiding conflicts of interest. One of these requirements is the monitoring of conflicts of interest between the California State University Dominguez Hills (CSUDH) Foundation and its employees. The CSUDH Foundation has adopted the procedure of requiring all employees to sign a conflict of interest statement upon initial employment.

CA Education Code Section 89006

*It is unlawful for any person to utilize any information, not a matter of public record, that is received by that person by reason of his or her employment by, or contractual relationship with, the trustees, the California State University, or an auxiliary organization of the California State University, for personal, gain, not contemplated by the terms of the employment contract, regardless of whether the person is or is not so employed or under contract at the time the gain is realized.*

An actual or potential conflict of interest occur when an employee is in a position to influence a decision, which may result in a personal gain for that employee or a relative as a result of the Foundation's business activities.

I have read section 89006 of the California Education Code and represent that to the best of my knowledge, I am not currently in violation of the conflict of interest provisions included in the Foundation’s Employee Handbook or Section 89006, nor to the best of my knowledge does the potential for such a conflict exist, except as set forth below. Please state “None” if such is the case. I also pledge to promptly disclose any actual or potential violations.

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_____ Name (First and Last)	_____ Date
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_____ Signature	_____ Date
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_____ Position/Title	_____ Date
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STATEMENT ACKNOWLEDGING REQUIREMENT  
TO REPORT CHILD ABUSE AND NEGLECT  
[USE FOR GENERAL REPORTERS ONLY]

**INSTRUCTION FOR HUMAN RESOURCES:** Provide this form, as well as Attachments A and B of Executive Order 1083 Revised July 21, 2017, to employees who are identified as General Reporters\*. Retain the completed form in the employee's official personnel file.

*\*Exception:* Non-Management Personnel Plan employees hired prior to January 1, 1985

California law **requires** certain people, known as "Mandated Reporters," to report known or suspected child abuse or neglect. You have been identified as a Mandated Reporter (General Reporter). As a General Reporter, you are required by the law to sign this statement acknowledging your legal reporting obligations.

A copy of the relevant provisions of the law explaining the definition of "Mandated Reporter" (Penal Code § 11165.7), the reporting obligations (Penal Code § 11166), penalty for failure to report abuse or impeding report (Penal Code § 11166.01), the contents of the reports, and the confidentiality of the Mandated Reporter's identity (Penal Code § 11167) is attached.

Online training is available to you at <https://ds.calstate.edu/?svc=skillsoft> (under keyword search "Mandated Reporter").

**While it is not required, we strongly encourage you to take the training.**

**WHEN REPORTING ABUSE IS REQUIRED**

As a Mandated Reporter (General Reporter), whenever in your professional capacity or within the scope of your employment you have knowledge of or observe a person under the age of 18 years whom you know or reasonably suspect has been the victim of child abuse or neglect, you must report the suspected incident, *no matter where it occurred* (Penal Code §§ 11166(a)).

**PROCEDURE FOR REPORTING**

To make a report, you **must** do the following:

- ***Immediately, or as soon as practically possible,*** contact by phone one of the following: police or sheriff's department (including campus police, but not including a school district police or security department); a county probation department (if designated by the county to receive mandated reports); or the county welfare department (Child Protective Services or CPS).
- ***Within 36 hours of receiving the information concerning the incident:*** complete Form SS 8572 (available online at [http://ag.ca.gov/childabuse/pdf/ss\\_8572.pdf](http://ag.ca.gov/childabuse/pdf/ss_8572.pdf)) per the instructions (available online at [http://ag.ca.gov/childabuse/pdf/8572\\_instruct.pdf](http://ag.ca.gov/childabuse/pdf/8572_instruct.pdf)); and send, fax or electronically transmit it to the agency that was contacted by phone (Penal Code § 11166(a)).

Names and contact information for agencies that can accept reports are available online at the following websites:

California State University Police Departments (by campus):



<http://calstate.edu/strategicinitiatives/UPD/contacts.shtml>

Child Protective Services (by county):

[http://www.hwcws.cahwnet.gov/countyinfo/county\\_contacts/hotline\\_numbers.asp](http://www.hwcws.cahwnet.gov/countyinfo/county_contacts/hotline_numbers.asp)

For Sheriffs' Departments (by county):

<http://www.calsheriffs.org/sheriffs-offices.html>

**Note:** Reporting to a supervisor, a coworker, or other person is not a substitute for making a mandated report to one of the agencies listed above.

## **ABUSE AND NEGLECT THAT MUST BE REPORTED**

**Physical abuse**, meaning physical injury other than by accidental means inflicted on a child (Penal Code § 11165.6).

**Sexual assault**, including sex acts with a child, intentional masturbation in the presence of a child, child molestation, and lewd or lascivious acts with a child under 14 years of age or with a child under 16 years of age if the other person is at least ten years older than the child (Penal Code § 11165.1(a)(b)).

**Sexual exploitation**, including acts relating to child pornography, child prostitution, or performances involving obscene sexual conduct by a child (Penal Code § 11165.1(c)).

**Statutory rape** involving sexual intercourse between a child under 16 years of age and a person 21 years of age or older, which is also a form of "sexual assault" (Penal Code § 11165.1(a)).

**Neglect**, meaning the negligent treatment or maltreatment of a child by a parent, guardian or caretaker under circumstances indicating harm or threatened harm to the child's health or welfare (Penal Code § 11165.2).

**Willful harming or injuring or endangering a child** meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer unjustifiable physical pain or mental suffering, or causes or permits a child to be placed in a situation in which the child or child's health is endangered (Penal Code § 11165.3).

**Unlawful corporal punishment**, meaning a situation in which any person willfully inflicts upon a child cruel and inhuman corporal punishment or a physical injury (Penal Code § 11165.4).

## **WHAT IS NOT CHILD ABUSE OR NEGLECT?**

The law does **not** consider the following child abuse or neglect for reporting purposes:

- Injuries caused by two children fighting during a mutual altercation (Penal Code § 11165.6)
- An injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment (Penal Code § 11165.6)
- Reasonable and necessary force used by public school officials to quell a disturbance threatening physical injury to person or damage to property, for self-defense, or to obtain possession of weapons or other dangerous objects under a child's control (Penal Code § 11165.4)

- Corporal punishment, unless it is cruel or inhumane or willfully inflicts a physical injury (Penal Code § 11165.4)
- Not receiving medical treatment for religious reasons (Penal Code § 11165.2(b))
- Acts performed for a valid medical purpose (Penal Code § 11165.1(b)(3))
- An informed and appropriate medical decision made by a parent, guardian or caretaker after consultation with a physician who has examined the child (Penal Code § 11165.2(b))

#### **IMMUNITY AND CONFIDENTIALITY OF REPORTER**

Mandated Reporters cannot be held civilly or criminally liable for their reports. Instead, they enjoy immunity from prosecution for their reporting of suspected child abuse (Penal Code § 11172(a)). Both the identity of the person who reports and the report itself are confidential and disclosed only among appropriate agencies (Penal Code § 11167(d)).

#### **PENALTY FOR FAILURE TO REPORT ABUSE OR IMPEDING REPORT**

A Mandated Reporter who fails to make a required report of abuse, or any administrator or supervisor who impedes or inhibits a report, is guilty of a misdemeanor punishable by up to six months in jail, a fine of \$1,000, or both (Penal Code Section 11166(c) and Section 11166.01(a)). Where the abuse results in death or great bodily injury, the Mandated Reporter who fails to make a required report or administrator or supervisor who impeded or inhibited the report is subject to punishment of up to one year in jail, a fine of \$5,000, or both (Penal Code Section 11166.01(b)).

#### **ACKNOWLEDGMENT**

I acknowledge being provided with copies of Penal Code Sections 11165.7, 11166, 11166.01, and 11167. I acknowledge and understand my responsibility and legal obligation to report known or suspected child abuse or neglect in compliance with Penal Code Section 11166.

Employee's Name: \_\_\_\_\_ Dept.: \_\_\_\_\_

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

## DESIGNATION OF PERSONAL PHYSICIAN (Optional)

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An employee may be treated for a work-related illness or injury by a particular medical provider if CSUDH Foundation have been notified in writing prior to the date to the date of injury. If notification is not on file at the time of injury, the Foundation by law has the right for the first 30 days following that injury to direct medical care and treatment offered to the employee.

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Name of Physician (Print)

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Phone

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Address of Facility

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Physician Signature

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Date



# EMPLOYEE HANDBOOK AND FOUNDATION POLICY ACKNOWLEDGEMENT FORM

You can find the Employee Handbook and policies here: <http://www4.csudh.edu/foundation/policies>

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This Employee Handbook describes important information about the California State University, Dominguez Hills Foundation. I acknowledge that I have received a copy of the Employee Handbook and understand it contains important information on the Foundation's general personnel policies and on my privileges and obligations as an employee. I acknowledge that I am expected to read, understand, and adhere to company policies found on the Foundation website (<https://www.csudhfoundation.com/policies>) and will familiarize myself with the information in the Employee Handbook. I understand I am governed by the contents of the Employee Handbook and the Foundation may change, rescind or add to any policies, benefits or practices described in the handbook from time-to-time in its sole and absolute discretion, with or without prior notice. The Foundation will advise employees of material changes within a reasonable time. I understand that revised policies may be published and distributed and that it is my responsibility to keep my Employee Handbook current with any published revisions of policy. I understand I should consult the Human Resources Department regarding any questions not answered in the Employee Handbook or on the Foundation policies web page.

Furthermore, I understand employment with the Foundation is not for a specified term and is at the mutual consent of the employee and the Foundation. Accordingly, either the employee or the Foundation can terminate the employment relationship at will, with or without cause, at any time.

I agree to read the Employee Handbook, **whether in paper form (by request only) or electronic form** (<https://www.csudhfoundation.com/policies>), read all changes in a timely manner, and agree to comply with the policies contained in the Employee Handbook and any revisions made to it (including, but not limited to, Drug Free Workplace and Harassment sections).

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Employee Signature

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Date

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Employee Name (Print)



## CSU Policy Acknowledgement

The California State University (CSU) Responsible Use Policy (RUP); ICSUAM 8105.00, defines user (e.g., faculty, staff, students, third parties, etc.) and CSU responsibilities with respect to the use of CSU information assets in conjunction with the CSU Information Security Policy.

The CSU RUP policy is intended to define, promote, and encourage responsible use of CSU information assets among members of the CSU community. This policy is not intended to prevent, prohibit, or inhibit the sanctioned use of CSU information assets as required to meet the CSU's core mission and campus academic and administrative purposes.

The California State University Dominguez Hills (CSUDH) Acceptable Use Policy (AUP) sets the policy of the university regarding the use of CSUDH Information Technology Services & Resources and the University's electronic mail systems or services. The campus policy serves five primary purposes:

- 1) To set policy on privacy, confidentiality and security in the use of information technology resources
- 2) Ensure that information technology resources are used for purposes appropriate to the university's mission
- 3) Inform the university community about the applicability of laws and University policy regarding information technology resources
- 4) Ensure that technology resources are utilized in compliance with federal and state laws
- 5) Avoid the misuse of the university's information technology resources

The CSU Responsible Use Policy, as defined in ICSUAM 8105.00, can be reviewed, along with all pertinent CSU Information Security Policies at:

<http://www.calstate.edu/icsuam/documents/Section8000.pdf>

The CSUDH Acceptable Use Policy is contained in CSUDH Presidential Memo (PM) 09-12 and can be reviewed at:

<https://www.csudh.edu/Assets/csudh-sites/pm/docs/2009-12.pdf>

By signing below, you are acknowledging that you have read and understand the CSU RUP and CSUDH AUP.

Name (print):

\_\_\_\_\_

Date:

\_\_\_\_\_

Signature:

\_\_\_\_\_



## EMPLOYEE ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_ (employee's full name) acknowledge that I have received a copy the California required notices and understand that they are located on the Foundation website for future reference. The notices provided to me include:

- Transgender Rights in the Workplace
- Your Rights and Obligations as a Pregnant Employee
- Workplace Discrimination and Harassment
- Rights of Victims of Domestic Violence, Sexual Assault and Stalking
- Sexual Harassment
- Disability Insurance Provision
- California Paid Family Leave
- EDD "For Your Benefit"
- New Health Insurance Marketplace Coverage
- New Hire Notice (Workers' Comp MPN)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



1. \_\_\_\_\_ ("Employee") and the California State University, Dominguez Hills Foundation ("Employer") agree to resolve all claims, disputes or controversies arising out of or relating to Employee's employment and/or the cessation of employment exclusively by final and binding arbitration to the extent permitted by law.
2. By signing this Agreement, the parties are voluntarily giving up their respective rights to a jury trial. The arbitrator shall apply the substantive law (and the law of remedies, if applicable) in the state in which the claim arose, or federal law, or both, as applicable to the claim(s) asserted. The arbitrator shall conduct the arbitration proceedings pursuant to the California Arbitration Act ("CAA") in accordance with the Employment Dispute Resolution Rules of the American Arbitration Association. If required by law, the Company shall bear the costs of the arbitration, including the arbitrator's fees. Each party shall be responsible for compensating their own attorneys and witnesses unless the arbitrator orders otherwise.
3. This Agreement shall governed by the Federal Arbitration Act ("FAA") to the extent applicable; if the FAA is not applicable, the CAA shall govern this Agreement.
4. If the parties cannot agree upon an arbitrator, the Los Angeles County Superior Court shall appoint the arbitrator.
5. This Agreement does not restrict Employee from exercising his or her statutory right to file a complaint, claim or unfair labor practice charge with the California Department of Fair Employment and Housing ("DFEH"), the U.S. Equal Employment Opportunity Commission ("EEOC"), the National Labor Relations Board ("NLRB"), the Agricultural Labor Relations Board ("ALRB"), and/or any other federal, state or local government agency that has jurisdiction over such claim. This Agreement does not affect the right of any federal, state or local government agency with jurisdiction over Employee's claim from prosecuting a civil action in such agency's name. However, any litigation brought by the Employee is subject to this arbitration agreement.
6. In addition to any other consideration, each party's promise to resolve disputes by arbitration in accordance with the provisions of this Agreement, rather than through the courts or other forums, is consideration for the other party's like promise.
7. Employee understands this is an important document that affects his/her legal rights and Employee has been given the opportunity to discuss this Agreement with private legal counsel. This Agreement supersedes any prior or contemporaneous agreement on the subject, shall survive the termination of Employee's employment, and may only be mutually revoked or modified in a signed written document. Any provision of this Agreement that is adjudged to be void or unenforceable shall not affect the validity of the remainder of the Agreement. The Arbitrator has exclusive authority to resolve any dispute concerning the formation, meaning or enforceability of the Agreement.

\_\_\_\_\_  
Employee Name (Print)\_\_\_\_\_  
Employee Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Foundation Executive Director or designee\_\_\_\_\_  
Date



# CSUDH CAMPUS MAP

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

## BUILDING NAMES & ID NUMBERS

1. SMALL COLLEGE COMPLEX 1 (SCC-1)
2. SMALL COLLEGE COMPLEX 2 (SCC-2)
3. SMALL COLLEGE COMPLEX 3 (SCC-3)
4. SMALL COLLEGE COMPLEX 4 (SCC-4)
5. SMALL COLLEGE COMPLEX 5 (SCC-5)
6. SMALL COLLEGE COMPLEX 6 (SCC-6)
7. SMALL COLLEGE COMPLEX 7 (SCC-7)
8. SMALL COLLEGE COMPLEX 8 (SCC-8)
9. SMALL COLLEGE COMPLEX 9 (SCC-9)
10. SMALL COLLEGE COMPLEX 10 (SCC-10)
11. SMALL COLLEGE COMPLEX 11 (SCC-11)
13. SMALL COLLEGE COMPLEX 13 (SCC-13)
14. COLLEGE OF EDUCATION (COE)
20. LEO F. CAIN LIBRARY (LIB)
- 20A. LIBRARY ADDITION (LIB)
23. JAMES L. WELCH HALL (WH)
25. STUDENT HEALTH CENTER (SHC)
26. LOKER STUDENT UNION (LSU)
30. SOCIAL AND BEHAVIORAL SCIENCES (SBS)
40. LACORTE HALL (LCH)
45. UNIVERSITY THEATRE (UT)
50. NATURAL SCIENCES AND MATHEMATICS (NSM)
52. SCIENCE AND INNOVATION (SI)
60. GYMNASIUM (GYM)
61. FIELD HOUSE (FH)
63. SWIMMING POOL (SP)
70. PUEBLO DOMINGUEZ (SH-1)
71. PUEBLO DOMINGUEZ (SH-2)
80. PHYSICAL PLANT (PP)
87. CENTRAL PLANT (CP)
102. SOUTH ACADEMY COMPLEX 2 (SAC-2)
103. SOUTH ACADEMY COMPLEX 3 (SAC-3)
106. EXTENDED EDUCATION (EE)
107. CALIFORNIA ACADEMY OF MATHEMATICS AND SCIENCE (CAMS)
111. BASEBALL/SOFTBALL STORAGE
116. EAST ACADEMIC COMPLEX (EAC)
118. CALIFORNIA ACADEMY OF MATHEMATICS AND SCIENCE (CAMS)
120. CHILD DEVELOPMENT CENTER (CDC)
121. INFANT TODDLER CENTER (ITC)

Handicapped Parking

Parking Permit Dispenser (\$8 Day Pass)

Emergency Call Box Stations

Fire Hydrants

Police (CSU Police) - Open 24 Hours

Located in James L. Welch Hall (Building #23), For Emergency, Dial 911

Jogging Trail with 12 Stretching Stations

Information Booth

