



**WORKPLACE TRAINING/JOB CREATION
WORK EXPERIENCE
EMPLOYER/SUPERVISOR
HANDBOOK**

Sacramento Works

**SACRAMENTO EMPLOYMENT AND TRAINING AGENCY
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**Sacramento Works
Program Provider Contact Information**

Organization:

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I. INTRODUCTION - SACRAMENTO WORKS WORK EXPERIENCE (WEX) PROGRAM

The Sacramento Works Work Experience (WEX) Program is funded under Title I of the Federal Workforce Investment Act (WIA) and the 2009 American Recovery and Reinvestment Act (Recovery Act). Worksites are in the public, private, and non-profit sector. As a rule, the participating venue(s) provides the sites and work projects as well as supervision of the participants' work performance.

General Information and Terminology used in this Handbook:

- **Sacramento Employment and Training Agency (SETA)** – administrator of the WIA / Recovery Act funds, and the One Stop Operator for Sacramento County (known as Sacramento Works Career Centers).
- **Program Provider** – community organizations funded to coordinate the WEX program.
- **Case Manager** – also known as counselor, employment specialist, and coach – provides placement assistance and counseling to participants enrolled in program.
- **Employer / Supervisor** – provides the employment opportunity for participant and the worksite supervision.

II. THE SUPERVISOR

A. Role of the Supervisor

The success of the Work Experience Employment Program depends largely upon the site supervisor. The quality of participant work experience may very well affect and/or determine the success they have in future employment.

B. Job Site Orientation

1. Welcome the participant to the worksite; show him/her around; encourage the participant to ask questions.
2. Stress what you expect of the participant in terms of reporting to work promptly and doing the job well.
3. Discuss the rules with participants. Explain the need for safe working habits, discuss safety rules and run youth through safety procedures including evacuation procedures.
4. Post rules and regulations where they can be easily noted.
5. Explain to participant their right to file a grievance. Your participant's assigned program provider should have reviewed all program information, including SETA's grievance procedure with the participant.

C. Responsibilities of the Supervisor

1. Supervise program participants.
2. Coordinate your efforts with program provider staff including case managers, instructors, and crew leaders.
3. Know what to do in case of an accident.
4. Complete timesheets and evaluations accurately.
5. Provide the type of training which enables participants to increase their knowledge and enhance their skill level. Ensure that participant's activities are consistent with the worksite agreement.
6. Comply with the rules and regulations and procedures as communicated to you via program provider staff.

III. CASE MANAGER

A case manager will be assigned to your participant and will provide you with the following services:

1. Orientation to the work experience program.
2. Explanation of required paperwork/forms.
3. Answer questions related to the program.
4. Assistance in reviewing participant timesheets and evaluations.

IV. THE MONITOR

You may receive a worksite visit from a SETA monitor or state representative. Monitors are different from case managers in that their major concern is with the overall program operation in contrast to the case manager's concern which is centered around your participant's individual progress. They will be asking you questions pertaining to the training you are providing and the services you are receiving from the WEX program. Monitors will attempt to be brief to avoid disrupting worksite routine. Each worksite should cooperate fully with the monitoring efforts and provide whatever program information is requested in a timely manner.

VI. INFORMATION, DIRECTIONS AND PROCEDURES

A. General Information

- ◆ You and your participants should remember that the program provider staff is always available to help if problems arise. Make certain your case manager's name and phone number are recorded on the cover of this handbook.
- ◆ If a participant is consistently tardy or absent two times, report it to your Case manager before a pattern develops.
- ◆ Poor job performance may be related to off-the-job personal problems. If you feel that a participant needs help, he/she should be encouraged to contact the program provider case manager or you may contact the case manager yourself.
- ◆ Be alert and sense trouble before it starts. Seemingly small problems, if unchecked, often become big ones.

B. What to Do in Case of Accidents

- ◆ Render first aid, AND
- ◆ Report all accidents to the program provider immediately -- no matter how minor they may appear to be. All accidents must be reported on the same day they occur and an incident report form (next page) promptly submitted to the program provider. An injury does not necessarily have to be sustained to qualify for reporting. Any situation where a participant's well being is at risk constitutes an incident. The participant may be visibly upset about the incident. You would want to report this to your case manager since all staff is concerned about participants' overall well being. The case manager can then determine whether the incident requires follow-up. Use your discretion but remember that an injury does not have to occur to be considered an incident.

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

Sacramento Works Employment Program

INCIDENT REPORT

Participant Name: _____ Date of Report: _____

Program Operator: _____ Date of Incident: _____

Time of Incident: _____

Program Worksite: _____

Program Case manager: _____

Worksite Supervisor: _____

Phone: _____

If an incident occurs involving a participant, complete this form and explain in detail the nature of the incident and action to be taken. Forward report to the Program provider within 24 hours of the incident. In turn, Program provider must submit a copy of the report to SETA within 48 hours of the incident.

C. Breaks and Lunches

Participants working a minimum of five hours are to take at least a 30-minute lunch break which is not to be paid for and is not to be counted in their work hours. The meal break should occur near the middle of the participants' work day. Participants are also allowed two 10-minute rest breaks (which are paid for and included in their work hours), one break in the morning and one break in the afternoon.

D. Evaluations

1. As the supervisor you will be asked to evaluate the skills and growth of the participants working with you. As you assign work to your participants, think about which of the skills you want to develop. When you explain the assignment or when you evaluate the job, share with the participant how the skills may be relevant and related to other jobs. Help the participant recognize what they have learned or how they have improved.

2. Participant Progress Report

Evaluations of participants can be a valuable tool for the program providers. The information received provides effective "feedback" for a more objective view in determining the performance rating of the participant. Results from evaluations should help case managers to identify any barriers that may be obstructing the progress of the participant on the job as well as to appropriately encourage and compliment the participant when he/she is doing well on the job.

- The results of the evaluation should be discussed between you and your participant(s).

F. Activity Limitations

To ensure the integrity of the Sacramento Works WIA/Recovery Act program, specific regulations pertaining to the prevention of fraud and program abuse, conflict of interest, kickbacks, and nepotism have been instituted. These regulations, as well as those pertaining to maintenance of effort, political activities, sectarian activities and other restricted activities must be adhered to in order to protect both the participants and the program. The following is a brief description of important aspects of the fraud and abuse regulations. It is the responsibility of the worksite supervisor to ensure that illegal activities do not occur at the worksite.

In general, fraud includes any deceitful practices and intentional misconduct, whereas abuse encompasses improper conduct that may or may not be fraudulent in nature. The Workforce Investment Act prohibits organizational or personal conflict of interest among individuals responsible for the awarding of funds under the Act. Kickbacks, the reception or solicitation of gratuities, favors or anything of monetary value from actual or potential subrecipients or contractors, are prohibited under the Act.

Favoritism or discrimination based on political affiliation is illegal. No political activities may be engaged in at any time by participants. Funds under WIA/Recovery Act cannot be used for publicity, lobbying or the solicitation of funds for any political activity or to further the election or defeat of any candidate for office or on behalf of or in opposition to proposed or pending Federal, State or local legislation or administrative action. No religious or anti-religious activities may be supported by WIA/Recovery Act funds.

As required by applicable federal statutes and regulations:

1. No currently employed worker shall be displaced by any participant (including partial displacement such as a reduction in the hours of non-overtime work, wages, or employment benefits).
2. The activity shall not impair:
 - (A) existing contracts for services; or
 - (B) existing collective bargaining agreements, unless the employer and the labor organization concur in writing with respect to any elements of the proposed activities which affect such agreement, or either such party fails to respond to written notification requesting its concurrence within 30 days of receipt thereof.
3. No participant shall be employed or job opening filled –
 - (A) when any other individual is on layoff from the same or any substantially equivalent job, or
 - (B) when the employer has terminated the employment of any regular employee or otherwise reduced its workforce with the intention of filling the vacancy so created by hiring a participant whose wages are subsidized under the work experience training activity or
 - (C) when the employer caused an involuntary reduction to less than full-time hours of any employee in the same or a substantially equivalent job.

4. No jobs shall be created in a promotional line that will infringe in any way upon the promotional opportunities of currently employed individuals.

G. What is Sexual Harassment?

Sexual harassment means bothering someone in a sexual way. Sexual harassment is behavior that is not only unwelcome but is, in most cases, repeated. Sexual harassment is defined from the victim's point of view, not the harasser's. The goal of sexual harassment is not sexual pleasure, but gaining power over another. Sexual harassment is against the law.

Federal Law - Illegal sexual harassment falls into four categories:

1. **Quid Pro Quo**
A person suggests something will be given in return for sexual favors.
2. **Hostile Environment**
Repeated unwelcome sexual conduct (jokes, posters, statements, behavior) has the effect of "poisoning" the employee's work environment.
3. **Sexual Favoritism**
A supervisor rewards only those employees who submit to sexual demands.
4. **Harassment by Non-Employees**
There is harassment by people outside the company, over whose actions the employer has control or could have control.

California law defines sexual harassment as the following:

1. **Visual Harassment**
Derogatory posters, cartoon, or drawings; unwanted love letters or notes.
2. **Verbal Harassment**
Derogatory comments or slurs, suggestive or insulting sounds, comments about anatomy or clothes.
3. **Physical Harassment**
Assault, impeding or blocking movement, or any physical interference with normal work or movement, when directed at an individual.
4. **Sexual Favors**
Unwanted sexual advances which make an employment benefit contingent upon an exchange of sexual favors.

SEXUAL HARASSMENT BEHAVIOR PATTERNS

*(Examples based on California Law)

VISUAL HARASSMENT	VERBAL HARASSMENT	PHYSICAL HARASSMENT	SEXUAL FAVORS
<p>WRITTEN</p> <ul style="list-style-type: none"> · Unwanted love poems love letters cards · Obscene poems <p>VISUAL</p> <ul style="list-style-type: none"> · Staring · Leering · Obscene gestures · Sexually Suggestive Cartoons Posters/Drawings Magazines Flyers · Displaying sexually suggestive objects or pictures 	<p>Unwanted requests for dates</p> <p>Questions about personal life</p> <p>Indecent comments</p> <p>Dirty/sexual jokes</p> <p>Sexually explicit or degrading words</p> <p>Name calling</p> <p>Suggestive or insulting sounds</p> <p>Graphic, verbal comments about another's dress or body</p> <p>Whistling</p>	<p>TOUCHING</p> <ul style="list-style-type: none"> · Patting · Grabbing · Pinching · Caressing · Kissing · Brushing Against Another's Body <p>VIOLATING SPACE</p> <ul style="list-style-type: none"> · Blocking · Following · Cornering <p>FORCE</p> <ul style="list-style-type: none"> · Rape · Physical Assault 	<p>POWER</p> <p>Relationships</p> <p>Using position to request dates, sex, etc.</p> <p>THREATS</p> <ul style="list-style-type: none"> · Quid Pro Quo (something is given in return for something else) · Demands · Loss of job · Selection Process Demotion Promotion Raise, etc.

*The examples listed above are not meant to be a complete list of behaviors.

H. Complaint Resolution Procedures

In the event that a disagreement should arise between the site supervisor and the program provider, you should first attempt to resolve the issue with your program provider staff contact. If you are dissatisfied with the outcome of your attempt at resolution with the program provider staff contact, you should then proceed to discuss the matter with his/her supervisor. Most disagreements or complaints can be resolved by discussion at their level.

VII. PAYROLL

SETA and the Program Providers are responsible for the collection of timesheets and distribution of their paychecks. Program Providers will coordinate a time with the individual employers to retrieve the signed timesheets. The timesheet is attached in the Appendix.

Timesheets are submitted to SETA offices – 925 Del Paso Blvd. Program Providers may pick up checks at 11:00 a.m. at SETA on Payday Fridays.

Absences, Holidays, and Time Restrictions

Participants are paid only for the time worked; they are not paid for time missed due to absences or holidays. The participant does not work more than 40 hours per week (the maximum time allowed in any one-week period) or more than 80 hours (the maximum time allowed in any two-week period). Please note: Most program providers only allow 30 hour maximum work weeks.

VIII. TERMINATION OF PARTICIPANTS

Only your program provider has the authority to terminate a participant from the program if circumstances warrant dismissal.

Participants may also be transferred by the case manager from one worksite to another without being terminated from the program.

If you feel that a participant under your supervision needs to be transferred from your job site, please discuss that option with the assigned program provider case manager. Part of a case manager's responsibility involves providing the kind of assistance to employers/participants to prevent misunderstandings and keep friction at a minimum.

IX. MATERIALS YOU SHOULD HAVE AT THE TRAINING SITE

Supervisors must have the following materials available at the training site since case managers as well as SETA and Federal or State monitors may ask to examine these items during site visits:

1. Time Sheets/Evaluations
2. Supervisor Handbook
3. Worksite Agreement
4. I-9 (Employment Eligibility Verification Form)

We hope that your involvement with the Sacramento Works WEX Program proves to be a positive experience. Thank you for your participation.

Appendix Listing

Worksite Agreement

Form I-9

Time Sheet / Participant Evaluation

Procedure for Reporting Injury and forms

**SACRAMENTO EMPLOYMENT
AND TRAINING AGENCY (SETA)/SACRAMENTO WORKS, INC.
UNIVERSAL WORK SITE AGREEMENT**

PROGRAM _____ PHONE NO: _____

WORK SITE INFORMATION:

EMPLOYER'S NAME: _____

ADDRESS: _____

City State Zip

PHONE NO: _____

NAME OF SUPERVISOR: _____

WORK SITE STATUS: PUBLIC AGENCY PRIVATE NON-PROFIT
PRIVATE FOR-PROFIT

Funding Source:

- Workforce Investment Act /Recovery Act
 - Adult/ARRA
 - Dislocated Worker/ARRA Youth
- Targeted Assistance (TA) Refugee Employment Social Services (RESS) Other _____

NAME OF PARTICIPANT TO BE PLACED AT THIS SITE: _____

TRAINING INFORMATION:

JOB TITLE: _____

MINIMUM SKILLS REQUIRED: _____

TESTING, IF ANY, TO IDENTIFY PROGRESS IN AREA OF SKILL DEVELOPMENT: _____

SKILLS TO BE ACQUIRED AT THE END OF TRAINING: _____

ADDITIONAL INFORMATION:

DO OTHER SETA-FUNDED PROGRAMS HAVE PARTICIPANTS AT THIS SITE? YES NO

LIST: _____

WAS THIS PARTICIPANT PREVIOUSLY IN ANY SETA-FUNDED PROGRAM(S)? YES NO

IF YES, NAME OF PROGRAM(S) UTILIZED: _____

IS THIS SITE ACCESSIBLE TO PUBLIC TRANSPORTATION? YES NO

DOES THE SITE HAVE ACCOMODATIONS FOR THE DISABLED? YES NO

AGREEMENT:

THE EMPLOYER AGREES TO WORK WITH THE ABOVE PROGRAM IN PROVIDING WORK EXPERIENCE TRAINING UNDER THE SETA-FUNDED PROGRAM CHECKED ABOVE. APPLICABLE FEDERAL AND/OR STATE REGULATIONS AND SETA POLICIES AND PROCEDURES.

DURATION OF TRAINING: # OF WEEKS: _____, # OF HOURS: _____ HOURLY RATE: \$ _____

START DATE: _____ END DATE: _____

ADDITIONAL COMMENTS BY EMPLOYER, SUPERVISOR, OR PROGRAM: _____

SUPERVISOR'S SIGNATURE DATE

PROGRAM STAFF'S SIGNATURE DATE

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY (SETA)/SACRAMENTO WORKS, INC.
UNIVERSAL WORK SITE AGREEMENT

Trainee's Name: _____ Trainee's Phone #: _____ (Home & Emergency)
 Work Site Address: _____
 Supervisor's Name: _____ Supervisor's Phone No: _____
 Alternate Supervisor's Name: _____ Alternate Supervisor's No: _____
 Work Days / Hours: _____

I. WORK SITE SUPERVISOR AGREES TO:

- a. Familiarize him/herself with information provided by sponsoring program including payroll procedures and policies on timesheet completion and timesheet pick-up.
- b. Explain job description and responsibilities to trainee.
- c. Explain worksite rules, regulations and functions to trainee.
- d. Provide adequate supervision at all times. Ensure that the alternate supervisor is available when regular supervisor is absent.
- e. Afford the trainee the opportunity to upgrade his/her skills training when possible.
- f. Monitor the work habits and progress of trainee.
- g. Assess trainee's progress on a regular basis utilizing the same standards used to assess regular employees and meet periodically with trainee and program staff to discuss results.
- h. Talk to trainee and program staff prior to taking any form of disciplinary action.
- i. Provide safe working conditions and review job safety with trainee. Report any injury or accident to trainee occurring on the job to program staff immediately.
- j. Assure sufficient work to occupy trainee during work hours.
- k. Assure sufficient equipment/ materials to carry out work assignments.
- l. Assure adequate accountability for time and attendance.
- m. For any refugee-funded program, training provided, to the maximum extent feasible, will be in a manner that is culturally and linguistically compatible with refugee's language and cultural background.

II. TRAINEE AGREES TO:

- a. Familiarize him/herself with all program information provided.
- b. Abide by all rules and regulations of the worksite; understanding that failure to do so may result in termination from the program.
- c. Notify the worksite supervisor and program staff of any pending change in schedule, tardiness, or absence.
- d. Understand that insubordination and/ or excessive tardiness or absence may result in termination from the program.
- e. Report any injury occurring on the job immediately to his/her supervisor and assist in completing workers' compensation claim.
- f. Receive paycheck only for actual hours worked or spent on pre-approved program activities.

III. SPONSORING PROGRAM AGREES TO:

- a. Assure that all immediate worksite supervisors and trainees receive program orientations as appropriate to worksite activities.
- b. Assign program staff to trainee and worksite supervisor to act as liaison with the program.
- c. Explain program requirements to trainee and worksite supervisor including civil rights, grievance and complaint procedures, and training guidelines.
- d. Explore vocational and educational opportunities with trainee.
- e. Monitor trainee's progress and discuss evaluation results with worksite supervisor and trainee.
- f. Explain termination process according to program regulations. The program will notify the trainee and the supervisor, in advance, of any pending termination.
- g. Keep worksite supervisor informed on a timely basis of any change in trainee's schedule or status.
- h. Explain payroll procedures to trainee and supervisor and arrange for collection of timesheets.
- i. Assure that applicable child labor laws are observed at the worksite.
- j. Visit the trainee at his/her worksite on a bi-weekly basis, at a minimum.

Instructions**Read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 1. Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
 2. Record the document title, document number, and expiration date (if any) in Block C; and
 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

OMB No. 1615-0047; Expires 08/31/12

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

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A**Documents that Establish Both
Identity and Employment
Authorization****LIST B****Documents that Establish
Identity****LIST C****Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	5. Native American tribal document
	10. School record or report card	6. U.S. Citizen ID Card (Form I-197)
	11. Clinic, doctor, or hospital record	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	12. Day-care or nursery school record	
		8. Employment authorization document issued by the Department of Homeland Security

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

PROCEDURES FOR REPORTING A PARTICIPANT (TRAINEE) INJURY

It is crucial that **any** injury sustained on the job by a trainee be reported to The Community College Foundation (The Foundation).

Please take the following steps **immediately** upon notification of a work-related injury:

- ◆ If the injury is life threatening, call 9-1-1.
- ◆ If the injury is not life threatening, **immediately** contact the Human Resources Department at The Foundation, who will provide you with the name and address of the nearest authorized care facility. Be prepared to provide the zip code of the trainee's work-site when you call. **DO NOT PROCESS THROUGH YOUR WORKSITE.**

If you would prefer to have the list of care facilities in advance, please contact the Human Resources Department at 916-418-5100 ext 5105.

- ◆ Direct the trainee and/or accompany the trainee to the designated facility for treatment. The trainee must state that the injury is work-related and that his/her employer is **The Community College Foundation**. Below is additional information that may be requested by the medical facility.
- ◆ Complete a Report of Injury form and fax it to the Human Resources Department at 916-922-2309. The Foundation must have the completed form within 24 hours of the injury.
- ◆ The Foundation will send the trainee an Employee Claim Form (DWC Form 1). This is typically distributed through US mail (includes a return envelope).
- ◆ The trainee must return the Employee Claim Form to the Human Resources Department for processing.

NOTE: A Report of Injury form must be completed and forwarded to The Foundation even if the trainee sustains a minor injury that requires first aid but does not need formal medical attention.

WORKER'S COMPENSATION CARRIER INFORMATION

The Hartford
Policy #: 51WEFZ5285
Phone #: 800-327-3636

Worker's Compensation Carrier:
 The Hartford
 Policy #: 51WEFZ5285
 Phone #: 800-327-3636

TRAINEE REPORT OF INJURY
RETURN IMMEDIATELY – FAX # (916) 922-2309

Name: _____ Date of Birth: _____ SS#: _____

Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Start Date: _____ Trainee Job Title: _____ Pay Rate: _____

Worksite Name: _____ Av. Hours Worked Per Week: _____

Date Worksite First Notified of Injury: _____ Time Trainee Scheduled to Begin Work: _____

Time Trainee Scheduled to End Work: _____ Time Trainee Actually Ended Work: _____

Date Injury Occurred: _____ Time of Injury: _____ AM _____ PM

Did Accident Occur on Worksite's Premises? Yes _____ No _____

Explain: _____

What Was the Trainee Doing When Injured? (Be specific, identify tools, equipment or material the employee was using)

Object/Substance That Directly Injured the Trainee. (e.g. the machine employee struck against; the vapor or poison inhaled or swallowed; the chemical that irritated the skin. In cases of strains, the thing that was lifted, pulled, etc.)

Describe the Injury or Illness: (e.g. Cut, Strain, Fracture, etc.)

Part of Body Affected? (e.g. Back, Left Wrist, Right Eye, etc.) _____

Name and Address of Treating Facility and Physician: _____

Describe the Treatment Rendered: _____

Did Trainee Lose One Full Day's Work After the Injury? No _____ Yes _____ If Yes, Date Last Worked: _____

Has Trainee Returned to Work? Yes _____ If Yes, Date Returned to Work: _____

No _____ If No, When Do You Anticipate Trainee's Return? _____

 Signature of Supervisor/Title

 Signature of Injured Trainee

Date This Claim Form Was Submitted to Supervisor: _____

Date This Claim Form Was Submitted to Provider: _____

Date This Completed Claim Form Was Submitted to The Foundation: _____

PLEASE ATTACH NAME(S) AND PHONE # OF WITNESS(ES)
PLEASE ALSO ATTACH THE DOCTOR'S FIRST REPORT IF ONE WAS PROVIDED