COUNTY OF COLUSA NOTICE OF APPOINTMENT
Employee Information

IMPORTANT – ALL ITEMS MUST BE COMPLETED

EMPLOYEE NAME (Must be same as shown on Social Security Card): _____

U.S. CITIZEN: Yes / No (Check one)

SOCIAL SECURITY #: _____

DRIVERS LICENSE#: _____

ADDRESS: _____

STATE: _____

CITY, STATE, ZIP: _____

SEX: Male / Female (Check one)

MAIN CONTACT PHONE #: _____

MARITAL STATUS: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

ARE YOU A FORMER COLUSA COUNTY EMPLOYEE? Yes / No (Check one) WHEN: _____

HAVE YOU EVER BEEN A MEMBER OF A CALPERS RETIREMENT AGENCY?

IF YES, ENTER NAME OF AGENCY (IES): _____

DO YOU HAVE ANY OTHER PREVIOUS PUBLIC EMPLOYMENT IN CALIFORNIA NOT COVERED BY CALPERS? Yes / No (Check one)

IF YES, ENTER NAME OF AGENCY (IES): _____

CONFIDENTIAL

This data is for use for Notice of Appointment purposes only. Please shred once Notice of Appointment has been completed. Thank you!

COLUSA COUNTY EXTRA HELP PACKET

DO NOT START FILLING OUT THESE DOCUMENTS CONTAINED WITHIN UNTIL YOU HAVE BEEN CLEARED TO START EMPLOYMENT AT COLUSA COUNTY.

INSTRUCTIONS

- Please fill out both copies of the "Designation of person authorized to receive warrants" form, as we will need two originals. **Do not make any corrections or changes to the form or it will not be valid**. Extra copies are available in Human Resources if needed.

- For assistance to fill out the W-4 form, please refer to the instructions on the form. Further information is available at: https://www.irs.gov

- For assistance to fill out the DE-4 form, please refer to the instructions on the form. Further information is available at: www.edd.ca.gov

- If you wish to be paid via electronic deposit to your bank account, fill out the attached Direct Deposit form

- Oath of Office: Print your name on the top line; do not sign until you are sworn in

For questions, please contact the Colusa County Human Resources Department at (530) 458-0420.

PLEASE BE SURE ALL OF THE FOLLOWING DOCUMENTS ARE COMPLETED AND RETURNED TO HUMAN RESOURCES ON YOUR FIRST DAY OF EMPLOYMENT:

- ☐ W-4 (Federal Withholding Form) – Orig: **Payroll**
- ☐ DE-4 (State Withholding Form) if you want your State different than the Federal – Orig: **Payroll**
- ☐ Two originals of Designation of person authorized to receive warrants – Orig: **Payroll/ HR**
- ☐ Notice of Exclusion from CalPERS Membership form – Orig: **HR**
- ☐ Direct Deposit Form – Orig: Payroll

Human Resources to complete:

- ☐ Oath of Office – Orig: HR
- ☐ Attach CalPERS participant inquiry results to Notice of Exclusion form

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2025

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $ _____

Multiply the number of other dependents by $500 . . . . . $ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** $

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3**

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** $

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** $

2 Enter:
- $30,000 if you're married filing jointly or a qualifying surviving spouse
- $22,500 if you're head of household
- $15,000 if you're single or married filing separately

. . . . . **2** $

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** $

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . **4** $

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$700	$850	$910	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$200	$850	$1,020	$1,020	$1,020	$1,370	$1,870	$1,870	$1,870	$1,870	$1,870	$2,040
$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$450	$850	$1,000	$1,020	$1,020	$1,020	$1,020	$1,870	$1,870	$1,870	$1,890
$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

Clear Form

Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct California state income tax from your pay.

Personal Information	
First, Middle, Last Name	Social Security Number
Address City State ZIP Code	Filing Status ☐ Single or Married (with two or more incomes) ☐ Married (one income) ☐ Head of Household

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
   - 1a. Number of Regular Withholding Allowances (**Worksheet A**)
   - 1b. Number of allowances from the Estimated Deductions (**Worksheet B**)
   - 1c. Total Number of Allowances you are claiming
2. Additional amount, if any, you want withheld each pay period (if employer agrees), **(Worksheet C)**

   OR

Exemption from Withholding

3. I claim exemption from withholding for 2025, and I certify I meet both conditions for exemption. (Check box here) ☐

   OR
4. 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 and the Veterans Benefits and Transition Act of 2018. (Check box here) ☐

Under penalty 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.

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number

The *Employee's Withholding Allowance 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.

As of January 1, 2020, the *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) is used for federal income tax withholding **only**. You must file the state form DE 4 to determine the appropriate California PIT withholding.

If you do not provide your employer a completed DE 4, your employer must use Single with Zero withholding allowance.

Check Your Withholding: After your 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 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

1. You did not owe any federal and state income tax last year, and
2. You do not expect to owe any federal and state income tax this year.

If you continue to qualify for the exempt filing status, a new DE 4 designating **exempt** must be submitted by February 15 each year to continue your exemption. If you are not having federal and state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

(i) Your spouse is a member of the armed forces present in California in compliance with military orders;

(ii) You are present in California solely to be with your spouse; and

(iii) You maintain your domicile in another state.

If you claim exemption under this act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

The *California Employer's Guide* (DE 44) (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication can be found by visiting Payroll Taxes - Forms and Publications (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, visit the Franchise Tax Board (FTB) (ftb.ca.gov).

If you need information on your last *California Resident Income Tax Return* (FTB Form 540), visit the FTB (ftb.ca.gov).

Notification: The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of Title 22, California Code of Regulations (CCR) (govt.westlaw.com/calregs/Search/Index), the FTB or the EDD may require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

Penalty: You may be fined $500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. Criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the California Unemployment Insurance Code (leginfo.legislature.ca.gov/faces/codes.xhtml) and section 19176 of the Revenue and Taxation Code (leginfo.legislature.ca.gov/faces/codes.xhtml).

Worksheets

Instructions — 1 — Allowances*

When determining your withholding allowances, you must consider your personal situation:
— Do you claim allowances for dependents or blindness?
— Will you itemize your deductions?
— Do you have more than one income coming into the household?

Two-Earners or Multiple Incomes: When earnings come from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "Single or Married (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

Married But Not Living With Your Spouse: You may check the "Head of Household" marital status box if you meet all of the following:
(1) Your spouse will not live with you **at any time** during the year;
(2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
(3) You will file a separate return for the year.

Head of Household: To qualify, you must be unmarried or legally separated from your spouse and pay more than 50 percent of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

Worksheet A **Regular Withholding Allowances**

(A)	Allowance for yourself — enter 1	(A)
(B)	Allowance for your spouse (if not separately claimed by your spouse) — enter 1	(B)
(C)	Allowance for blindness — yourself — enter 1	(C)
(D)	Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1	(D)
(E)	Allowance(s) for dependent(s) — do not include yourself or your spouse	(E)
(F)	Total — add lines (A) through (E) above and enter on line 1a of the DE 4	(F)

Instructions — 2 — Additional Withholding Allowances (Optional)

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim **one or more additional** withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each $1,000, or fraction of $1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

Worksheet B **Estimated Deductions**

Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1.	Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540		1.
2.	Enter $11,080 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or $5,540 if single or married filing separately, dual income married, or married with multiple employers	–	2.
3.	Subtract line 2 from line 1, enter difference	=	3.
4.	Enter an estimate of your adjustments to income (alimony payments, IRA deposits)	+	4.
5.	Add line 4 to line 3, enter sum	=	5.
6.	Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)	–	6.
7.	If line 5 is greater than line 6 (if less, see below [go to line 9]); Subtract line 6 from line 5, enter difference	=	7.
8.	Divide the amount on line 7 by $1,000, round any fraction to the nearest whole number enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise **stop here**.		8.
9.	If line 6 is greater than line 5; Enter amount from line 6 (nonwage income)		9.
10.	Enter amount from line 5 (deductions)		10.
11.	Subtract line 10 from line 9, enter difference. Then, complete Worksheet C.		11.

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, call our Taxpayer Assistance Center at 1-888-745-3886.

Worksheet C **Additional Tax Withholding and Estimated Tax**

1.	Enter estimate of total wages for tax year 2025.	1.
2.	Enter estimate of nonwage income (line 6 of Worksheet B).	2.
3.	Add line 1 and line 2. Enter sum.	3.
4.	Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest).	4.
5.	Enter adjustments to income (line 4 of Worksheet B).	5.
6.	Add line 4 and line 5. Enter sum.	6.
7.	Subtract line 6 from line 3. Enter difference.	7.
8.	Figure your tax liability for the amount on line 7 by using the 2025 tax rate schedules below.	8.
9.	Enter personal exemptions (line F of Worksheet A x $149).	9.
10.	Subtract line 9 from line 8. Enter difference.	10.
11.	Enter any tax credits. (See FTB Form 540).	11.
12.	Subtract line 11 from line 10. Enter difference. This is your total tax liability.	12.
13.	Calculate the tax withheld and estimated to be withheld during 2025. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2025. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2025.	13.
14.	Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld.	14.
15.	Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4.	15.

Note: Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the “single” status with “zero” allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

These Tables Are for Calculating Worksheet C and for 2025 Only

Single Persons, Dual Income Married or Married With Multiple Employers

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
$0	$10,756	1.100%	$0	$0.00
$10,756	$25,499	2.200%	$10,756	$118.32
$25,499	$40,245	4.400%	$25,499	$442.67
$40,245	$55,866	6.600%	$40,245	$1,091.49
$55,866	$70,606	8.800%	$55,866	$2,122.48
$70,606	$360,659	10.230%	$70,606	$3,419.60
$360,659	$432,787	11.330%	$360,659	$33,092.02
$432,787	$721,314	12.430%	$432,787	$41,264.12
$721,314	$1,000,000	13.300%	$721,314	$77,128.03
$1,000,000	and over	14.630%	$1,000,000	$114,834.25

Unmarried/Head of Household

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
$0	$21,527	1.100%	$0	$0.00
$21,527	$51,000	2.200%	$21,527	$236.80
$51,000	$65,744	4.400%	$51,000	$885.21
$65,744	$81,364	6.600%	$65,744	$1,533.95
$81,364	$96,107	8.800%	$81,364	$2,564.87
$96,107	$490,493	10.230%	$96,107	$3,862.25
$490,493	$588,593	11.330%	$490,493	$44,207.94
$588,593	$980,987	12.430%	$588,593	$55,322.67
$980,987	$1,000,000	13.300%	$980,987	$104,097.24
$1,000,000	and over	14.630%	$1,000,000	$106.669.70

Married Persons

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
$0	$21,512	1.100%	$0	$0.00
$21,512	$50,998	2.200%	$21,512	$236.63
$50,998	$80,490	4.400%	$50,998	$885.32
$80,490	$111,732	6.600%	$80,490	$2,182.97
$111,732	$141,212	8.800%	$111,732	$4,244.94
$141,212	$721,318	10.230%	$141,212	$6,839.18
$721,318	$865,574	11.330%	$721,318	$66,184.02
$865,574	$1,000,000	12.430%	$865,574	$82.528.22
$1,000,000	$1,442,628	13.530%	$1,000,000	$99,237.37
$1,442,628	and over	14.630%	$1,442,628	$159.124.94

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit FTB (ftb.ca.gov).

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. More information is in the instructions that came with your last California resident income tax return.

COUNTY OF COLUSA
DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS
(Government Code Section 53245)

Check One:

□ **NEW DESIGNATION**
□ **REPLACES PREVIOUS DESIGNATION**
□ **DECLINES TO DESIGNATE A DESIGNEE** - DO NOT COMPLETE SECTION 2
(Failure to designate an individual or trust will result in payroll money due at time of death being administered under the California Probate Code, which will delay distribution of funds for at least forty days.)

SECTION 1 – EMPLOYEE INFORMATION

Name – Last	First	M.I.	Social Security Number

Mailing Address – Street Address/P.O. Box	City	State	Zip

SECTION 2 – DESIGNEE INFORMATION

NOTE- THIS DESIGNATION DOES NOT APPLY TO RETIREMENT BENEFITS

Under the provisions of Section 53245 of the Government Code in the event of my death, I hereby designate the following person to be entitled to receive all payroll warrants payable to me by the County of Colusa had I survived:

Name – Last	First	M.I.	Social Security Number

Mailing Address – Street Address/P.O. Box	City	State	Zip

SECTION 3 – EMPLOYEE APPROVAL

This designation cancels and replaces any previously signed by me for this purpose and shall remain in effect until canceled in writing by me. It is expressly understood that the County of Colusa is not obliged to deliver said warrant to the person designated herein unless said designated person, within one year after the date of said warrant or warrants, claims said warrants from the Auditor/Controller of the County of Colusa and provides to said Auditor/Controller sufficient proof to identify pursuant to the provisions of Section 53245 of the California Government Code.

_____ _____
EMPLOYEE SIGNATURE DATE

ORIGINALS (2): PAYROLL, HUMAN RESOURCES

EMPLOYEE INSTRUCTIONS

Purpose of this form-

This form is used to designate the person you want to receive any payroll money (also called "warrants") owed to you in the event of your death. Doing this makes it easier for the person you designate to receive pay owned to you after your death.

If you don't wish to designate someone you must still fill out the form. Payroll money due at the time of death must then be administered under the California Probate Code, which will delay distribution of funds for at least forty days.

NOTE: This form affects payroll money only; it does not affect retirement benefits.

How to fill out this form-

Top of the form: Make sure you check one of the boxes at the top

- New Designation- check this box when and if you first wish to designate someone
- Replaces Previous Designation- check this box if you have already designated someone you wish to designate a different person
- Declines To Designate A Designee- check this box if you do not wish to designate anyone

Section 1: This section must be filled out even if you are not designating anyone

Section 2: To designate someone, print their full name (i.e. Mary Jane Smith, not Mrs. John E. Smith), Social Security number, phone number, and complete mailing address. (You may designate only one person.)

Section 3: Be sure to sign and date the form in ink (whether you are designating someone or not).

Submitting the form-

Submit two signed originals of this form to the Human Resources (HR) Department. The documents will be kept in you personnel and payroll files.

Verify that the form is complete and correct. **No erasures or corrections may be made in the writing of the name of the designee. If any error has been made, complete a new set of forms.**

You may change your designation at any time by completing two new forms with the HR Department. Inform the HR Department when a change in your designee's address occurs, so that new forms can be completed.

You may wish to file a new designation upon any change in your marital status.

COUNTY OF COLUSA
DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS
(Government Code Section 53245)

Check One:

□ **NEW DESIGNATION**
□ **REPLACES PREVIOUS DESIGNATION**
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(Failure to designate an individual or trust will result in payroll money due at time of death being administered under the California Probate Code, which will delay distribution of funds for at least forty days.)

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_____ _____
EMPLOYEE SIGNATURE DATE

ORIGINALS (2): PAYROLL, HUMAN RESOURCES

EMPLOYEE INSTRUCTIONS

Purpose of this form-

This form is used to designate the person you want to receive any payroll money (also called "warrants") owed to you in the event of your death. Doing this makes it easier for the person you designate to receive pay owned to you after your death.

If you don't wish to designate someone you must still fill out the form. Payroll money due at the time of death must then be administered under the California Probate Code, which will delay distribution of funds for at least forty days.

NOTE: This form affects payroll money only; it does not affect retirement benefits.

How to fill out this form-

Top of the form: Make sure you check one of the boxes at the top

- New Designation- check this box when and if you first wish to designate someone
- Replaces Previous Designation- check this box if you have already designated someone you wish to designate a different person
- Declines To Designate A Designee- check this box if you do not wish to designate anyone

Section 1: This section must be filled out even if you are not designating anyone

Section 2: To designate someone, print their full name (i.e. Mary Jane Smith, not Mrs. John E. Smith), Social Security number, phone number, and complete mailing address. (You may designate only one person.)

Section 3: Be sure to sign and date the form in ink (whether you are designating someone or not).

Submitting the form-

Submit two signed originals of this form to the Human Resources (HR) Department. The documents will be kept in you personnel and payroll files.

Verify that the form is complete and correct. **No erasures or corrections may be made in the writing of the name of the designee. If any error has been made, complete a new set of forms.**

You may change your designation at any time by completing two new forms with the HR Department. Inform the HR Department when a change in your designee's address occurs, so that new forms can be completed.

You may wish to file a new designation upon any change in your marital status.

COUNTY OF COLUSA

Notification of Automatic Direct Deposit of County Paychecks

All employees must make a designation to participate, or not participate, in the Direct Deposit plan of County paychecks. The designation will continue until further written notice is received from the employee.

Employee Name: _____

Department: _____

Employee Signature: _____Date:_____

☐ I wish to participate in the automatic Direct Deposit of my monthly paycheck, I would like my money **split into two separate accounts**. Please see below for the account information and the allocation. *(Employees shall notify the Payroll Division of the Auditor's Office **immediately** if the banking information provided below changes.)*

Account 1 _____ ☐ Checking Account ☐ Savings Account
(Flat $ amount)

Name of Bank: _____

Bank Account Number: _____
(Can be up to 17 characters, both numbers and letters, include hyphens but omit spaces and special symbols.)

Bank Routing Number: _____
(The routing number must be nine digits, the first two digits must be 01 through 12 or 21 through 32)

Account 2 Remaining Balance ☐ Checking Account ☐ Savings Account

Name of Bank: _____

Bank Account Number: _____
(Can be up to 17 characters, both numbers and letters, include hyphens but omit spaces and special symbols.)

Bank Routing Number: _____
(The routing number must be nine digits, the first two digits must be 01 through 12 or 21 through 32)

*****PLEASE ATTACH A VOIDED CHECK OR A COPY OF A CHECK (not a deposit slip)*****

COUNTY OF COLUSA

Notification of Automatic Direct Deposit of County Paychecks

All employees must make a designation to participate, or not participate, in the Direct Deposit plan of County paychecks. The designation will continue until further written notice is received from the employee.

Employee Name: _____

Department: _____

Employee Signature: _____Date:_____

☐ I wish to participate in the automatic Direct Deposit of my monthly paycheck. *(Employees shall notify the Payroll Division of the Auditor's Office **immediately** if the banking information provided below changes.)*

☐ Checking Account ☐ Savings Account

Name of bank: _____

Bank Account Number: _____

(The account number can be up to 17 characters, both numbers and letters. Include hyphens but omit spaces and special symbols.)

Bank Routing Number: _____

The routing number must be nine digits. The first two digits must be 01 through 12 or 21 through 32.)

*****PLEASE ATTACH A VOIDED CHECK OR A COPY OF A CHECK (not a deposit slip)*****

☐ I DO NOT wish to participate in the automatic Direct Deposit of my monthly paycheck.

State of California
California Public Employees' Retirement System
www.calpers.ca.gov

Notice of Exclusion from CalPERS Membership

State Agency

Your employer is legislatively mandated to provide an employee benefit package which includes service retirement, death, and disability benefits through the California Public Employees' Retirement System (CalPERS).

Section 1: Employee Information

Name: Last **First** **Middle** **DOB** **CID**

Section 2: Employer Information

Name of Department **Position Title**

Term of Appointment: ☐**Permanent** ☐**Temporary**

If Temporary, enter nearest number of whole months the appointment is expected to last: **Month(s)** **Appointment Date**

Time Base: ☐ **Full Time** ☐ **Intermittent**

☐ **Indeterminate** ☐ **Part Time** if part time enter the fraction of full time:

In your current position with this agency, you are excluded from CalPERS membership because:

1. Your full time seasonal or limited term appointment is limited to six months or less.
2. Your part time appointment is limited to less than an average of 20 hours per week for less than one year.
3. Your appointment is an on call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) in a fiscal year (July 1-June 30).
4. Your position is excluded by law. Explain the exclusion that applies below:

5. You are an independent contractor.
6. You are a CalPERS retiree and have not reinstated from retirement.

Note: If you are a CalPERS member from previous employment and have not terminated membership (taken a refund of your contributions and service credit) exclusions 1, 2, and 3 do not apply to you. You should qualify for membership immediately in your current position. Please notify your employer to complete your enrollment and report your employment to CalPERS.

If you believe your employment does qualify you for CalPERS membership, ask your employment to provide you with an explanation. You can also contact CalPERS directly by sending a letter that provides the reasons why you feel you should be a member to the Employer Account Management Division, P.O. Box 942709, Sacramento, CA 942709-2709

Signature of Certifying Officer	**Title**	**Date**

Signature of Employee	**Date**

Note: Benefits provided by CalPERS are described in the "State Miscellaneous and Industrial Member Benefits (Pub 6)" booklet, available on our website www.calpers.ca.gov.

The employer must retain this form in the employee's file for auditing purposes.

COUNTY OF COLUSA

EMPLOYEE POLICIES AND RULES

The Colusa County Personnel Rules can be viewed and downloaded at:

Personnel Rules | Colusa County, CA - Official Website

The following County policies can be viewed and downloaded at:

Policies & Procedures | Colusa County, CA - Official Website

Alcohol and Drug Abuse Policy (Number 302)

Anti-Harassment and Discrimination Policy (Number 301)

Discipline (Number 323)

Driving Policy (Number 501.1)

Equal Employment Opportunity (Number 309)

Family Care Leave Policy (Number 308)

Mandatory Paid Sick Hours (Number 308.1) - applicable to extra help only.

Military Leave (Number 322)

Nepotism Policy (Number 320)

Political Activities of County Employees (Number 505)

Social Media Policy (Number 109)

Workplace Violence Prevention Policy (Number 313)

_____
Signature

_____
Please Print Name

_____
Department

_____
Date

MANDATORY PAID SICK HOURS POLICY

I. Purpose

A. The purpose of this Policy is to comply with the Healthy Workplaces, Healthy Families Act of 2014 (Act).

B. This Policy shall be administered in accordance with applicable laws by the Human Resources Director who may issue further procedural guidelines to accomplish its purpose.

II. Applicability

A. This Policy applies to employees of the County of Colusa who are not covered by the sick leave provisions of the Colusa County Personnel Rules and/or a negotiated Memorandum of Understanding between the County of Colusa and a bargaining representative. This Policy does not apply to county employees who are members of either a represented or unrepresented bargaining unit or elected officials. This Policy does not extend to in-home supportive services employees (IHSS).

III. Definitions

A. "Family member" means any of the following:

1. A child, which for purposes of this Policy means a biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis. This definition of a child is applicable regardless of age or dependency status.

2. A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child.

3. A spouse or a registered domestic partner.

4. A grandparent or a grandchild.

5. A sibling.

6. A designated person, which means, a person identified by the employee at the time the employee requests paid sick days. An employee is limited to one designated person per calendar year.

B. "Health care provider" is a physician, surgeon or osteopath as defined in paragraph (6) of subdivision (c) of Section 12945.2 of the California Government Code.

C. "Paid Sick Hours" means time that is compensated at the same wage as the employee normally earns during regular work hours and is provided by the County to an employee for the purposes described in Section V. "Reasons for Leave".

IV. Eligibility

A. An employee who, on or after July 1, 2015, works for Colusa County for thirty (30) or more days within a year from the commencement of employment is entitled to Paid Sick Hours as specified in this Policy.

B. An employee shall accrue Paid Sick Hours at the rate of one (1) hour per every thirty (30) hours worked, beginning at the commencement of employment or July 1, 2015, whichever is later.

C. An employee shall be entitled to use accrued Paid Sick Hours beginning on the ninetieth (90^{th}) day of employment, after which day the employee may use Paid Sick Hours as they are accrued.

D. Accrued Paid Sick Hours shall carry over to the following year of employment. Use of Paid Sick Hours is limited to forty (40) hours in each year of employment.

E. Total accrual of Paid Sick Hours is limited to eighty (80) hours.

F. The County will not provide compensation to an employee for accrued, unused Paid Sick Hours upon termination, resignation, retirement, or other separation from employment.

G. If an employee separates from County and is rehired by the County within one year from the date of separation, previously accrued and unused Paid Sick Hours shall be reinstated. The employee shall be entitled to use those previously accrued and unused Paid Sick Hours and to accrue additional Paid Sick Hours upon rehiring.

H. The County shall provide each eligible employee with written notice that sets forth the amount of Paid Sick Hours available, on the employee's itemized wage statement check receipt.

I. Paid Sick Hours under this Policy must be used in minimum allotment of two (2) hours per incident.

J. The rate of pay shall be the employee's hourly wage when Paid Sick Hours are used.

K. If the need for Paid Sick Hours is foreseeable, the employee shall provide reasonable advance notification to the appointing authority or direct supervisor. If the need for Paid Sick Hours is unforeseeable, the employee shall provide notice of the need for the leave as soon as practicable.

L. The County shall provide payment for sick hours taken by an employee no later than the payday for which worked hours occurring during the same time frame would be paid.

V. Reasons for Leave

A. Upon the request of an employee, the County shall provide Paid Sick Hours on days the employee is scheduled to work, for the following purposes:

1. Diagnosis, care, or treatment of an existing health condition of, or preventive care for, an employee or an employee's family member.

2. For an employee who is a victim of domestic violence, sexual assault, or stalking, the purposes described in the subdivision (c) of Section 230 and subdivision (a) of Section 230.1 of the Labor Code.

I hereby acknowledge that I have read and had the opportunity to ask questions about the policy Re: Discrimination and harassment. I understand the policy and that discriminating or harassing behavior is behavior not in the course and scope of my employment. I will abide by this policy personally and will report any incidence of such behavior I observe immediately to the Personnel Director or in the alternative to the County Counsel.

_____ _____

Date Employee's Signature

_____

Print Name

It is the policy of Colusa County to provide fair and equal treatment to all county employees. We are committed to providing all employees a work environment free of discrimination and harassment based on membership in a protected group. In an effort to advance this policy and commitment, we have found it necessary to formulate a statement regarding discrimination and harassment. Discrimination and harassment creates a negative work environment and affects the work performance of all employees. This anti-harassment policy is applicable to the Colusa County workplace and prohibits unlawful harassment by anyone in the workplace, whether co-worker, manager, vendor, client, supplier-ANYONE.

Discrimination is being treated differently than others who are similarly situated and includes *harassment* which is being annoyed, disturbed, bothered, coerced, continually pestered or threatened on the job and/or in any work-related situation because of one's membership in a protected class: age, race, sex, color, national origin, national ancestry, physical disability, medical condition, religion, creed, marital status, sexual orientation, gender identification or any other classification deemed protected by law.

Any behavior or action may constitute harassment if:

1. Submission to the conduct is either an explicit or implicit term or condition of employment;

2. Submission to or rejection of the conduct is the basis for an employment decision (hiring, promotion or transfer) affecting the person rejecting or submitting to the conduct;

3. The conduct has the purpose or effect of substantially interfering with an affected person's work performance or creating an intimidating, hostile or offensive work environment.

Examples of harassment include, but are not limited to:

1. **Verbal harassment** may include, but is not limited to: vulgar remarks, implied or connotative meanings, ethnic jokes, slurs, epithets, threats of bodily harm or any other unwanted comment because of sex, race or other protected basis.

2. **Physical harassment** may include, but is not limited to: touching, hitting, shoving, pushing or any other form of physical contact because of sex, race or other protected basis.

3. **Sexual harassment** may include, but is not limited to: sexual conduct which is not freely entered into and mutually agreeable to both parties, continual or repeated abuse of a sexual nature including, but not limited to, graphic commentaries on the person's body, sexually degrading words used to describe the person, propositions of a sexual nature, the display of sexually offensive pictures and objects, uninvited sexual teasing, jokes, remarks or questions or threats or insinuation that the lack of sexual submission will adversely affect the person's employment, wages or other conditions of the person's

livelihood or any derogatory, degrading behavior pattern which finds its genesis in one's sex [gender bias].

4. **Retaliation** for having reported or threatened to report harassment or discrimination.

5. **Any form of discrimination or harassment is considered unacceptable whether it involves an employee and another employee, a supervisor, a manager, a client, a vendor or a supplier. We will take immediate and appropriate action when we receive a complaint of harassment. Our desire is to both alleviate any discrimination and/or harassment and ameliorate the effects of any discrimination and/or harassment.**

ANY DISCRIMINATING OR HARASSING BEHAVIOR IS CONSIDERED MISCONDUCT AND MAY SUBJECT AN EMPLOYEE TO DISCIPLINARY ACTION AND\OR IMMEDIATE TERMINATION AS PROVIDED IN COLUSA COUNTY CODE SECTION 45.6.2.2.

If you believe you are experiencing discriminating or harassing behavior you should, when possible, confront the accused employee and persuade him/her to stop. When confronting the accused employee is not possible for you, provide a written or oral complaint to the Personnel Director. If you feel uncomfortable speaking to the Personnel Director for any reason, you may notify County Counsel.

Your complaint will be fully and effectively investigated. The investigation will be immediate, thorough, objective and complete. As part of the investigation, all persons with potential knowledge will be interviewed. Officials investigating such complaints shall have full authority to investigate all aspects of the complaint. The investigatory authority includes accessibility to records and cooperation of any involved employees. The investigation will be supervised and coordinated by the Personnel Department or County Counsel's Office as appropriate.

Special privacy safeguards will be applied in handling discrimination and/or harassment complaints. To the extent feasible, the identity of the charging party and the person accused of discrimination and/or harassment will be kept confidential. This, however, is not a guarantee of confidentiality; people can and do deduce from the investigative process who the parties involved are.

The results of the investigation and notice that corrective action has been taken, if it has, will be communicated to the complaining employee within ten (10) days of his\her registering the complaint. Steps will then be taken to avoid any further allegations of discrimination and harassment.

No action will be taken against you for complaining, whether a violation of this policy is proven or not. Colusa County will not retaliate against a complaining employee for filing a complaint and will not tolerate nor permit retaliation by management, employees or co- workers.

All employees are encouraged to report any incidents of discrimination/harassment forbidden by this policy immediately so that complaints can be quickly and fairly resolved.

PURPOSE

It is the intention of this policy to eliminate substance abuse and its effect in the work place. While Colusa County has no intention of intruding into the private lives of its employees, involvement with drugs and alcohol can take its toll on job performance and employee safety, our concern is that employees are in a condition to perform their duties safely and effectively, in the interests of their fellow worker and the public, as well as themselves. The presence of drugs and alcohol on the job, and the influence of these substances on employees during working hours, are inconsistent with this objective.

Employees who think they may have an alcohol or drug usage problem are urged to seek confidential assistance, voluntarily from the Counseling Center or other competent professional help. While the County will be supportive of those who seek help voluntarily, the County will be equally firm in identifying and disciplining those who continue to be substance abusers and do not seek help.

Illegal drug use is conduct, in this state, which may subject the employee to criminal prosecution. Alcohol or drug abuse will not be tolerated, and disciplinary action, up to and including termination, will be used as necessary to achieve this goal.

This policy provides guidelines for the detection and deterrence of alcohol and drug abuse. It also outlines the responsibilities of county department heads, supervisors and employees. To that end the County will act to eliminate any substance abuse (alcohol, illegal drugs, prescription drugs, over the counter drugs, or any other substance which could impair an employee's ability to safely and effectively perform the functions of the particular job) which increases the potential for accidents, absenteeism, substandard performance, poor employee morale or damage to the County's reputation. All persons covered by this policy should be aware that violations of the policy may result in discipline up to and including termination or in not being hired.

In recognition of the public service responsibilities entrusted to the employees of Colusa County, and that drug and alcohol usage can hinder a person's ability to perform duties safely and effectively, the following policy against drug and alcohol abuse is hereby adopted by Colusa County.

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HISTORY
First Adopted: 10/1/91
Amended: 8/6/96

I. It is County policy that employees:

A. Shall not be under the influence of alcohol or drugs while on duty.

B. Shall not possess alcohol or drugs while on County property or at work locations or in uniform;

C. Shall not sell or provide drugs or alcohol to any other employee or to any person while such employee is on duty.

D. Shall not have their ability to work impaired as a result of the use of alcohol or drugs when reporting for work.

Policy statements A through D in the preceding paragraph are intended to also apply to Sheriff's department personnel, except when necessary or required as part of a specific job assignment during the course of an investigation. Under these excepted circumstances, no Sheriff's employee will consume alcohol to the extent that mental or physical capabilities are impaired.

II. While use of medically prescribed medications and drugs is not per sé a violation of this policy, working when taking medications or drugs which could interfere with the safe and effective performance of duties or operation of County equipment may result in discipline, up to and including termination. In the event there is a question regarding an employee's ability to safely and effectively perform assigned duties while using such medications or drugs, clearance from a qualified physician may be required.

III. The County reserves the right to search all areas and property in which the County maintains control or joint control with the employee. No County employee shall have his/her locker, or other space for storage that may be assigned to him/her searched except in any of the following situations:

A. In his or her presence; or

B. With his or her consent; or

C. When a valid search warrant has been obtained; or

D. When she or he has been notified that a search will be conducted.

HISTORY
First Adopted: 10/1/91
Amended: 8/6/96

This policy will be distributed to all current employees upon its adoption and will be provided to all newly hired employees with their "New Employee Packet".

When a supervisor reasonably determines an employee to be under the influence of alcohol or drugs, the supervisor will advise the employee that he/she is relieved from his/her duties for the remainder of the work shift. The employee shall be informed that he/she has the following options to be safely transported to his/her home or any other appropriate location:

1. The employee may call the person of his/her choice for transportation.

2. The employee may call a taxi-cab service.

The supervisor will further inform the employee that, in the event either of the above options are refused, law enforcement authorities will be notified in order to protect the employee and the safety of the public.

A detailed written report of any such incident shall be prepared by the supervisor, a copy of which shall be forwarded to the appropriate authority to be filed in the employee's personnel file.

The County is committed to providing reasonable accommodation to those employees whose drug or alcohol problem classifies them as handicapped under federal and/or state law or when the employee voluntarily recognizes that they have a drug/alcohol problem and is seeking professional counseling. Reasonable accommodation shall be determined by the County Risk Manager after consultation with the appropriate professionals.

When in the opinion of the Department Head and supported by complaint or observation it becomes obvious that an employee is suffering from drug or alcohol abuse, the following immediate corrective measures shall be taken:

1. The employee shall be advised of the suspected abuse and given the opportunity to present his/her views and urged to discuss the problem and the solution.

2. The employee shall be urged to seek professional help on his/her own initiative.

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HISTORY
First Adopted: 10/1/91
Amended: 8/6/96

3. As a last resort, the employee can be placed on administrative leave, pending enrollment and participation in a drug or alcohol abuse rehabilitation facility. Enrollment may be in-patient or out-patient depending upon recommendation of the appropriate professionals. Further, unless the alcohol or drug abuse problem is determined to be work related, the cost of the rehabilitation program shall be born by the employee or the employee's health insurance. If the employee refuses to participate in such a program he/she will be suspended pending a full investigation into the suspected abuse. If the investigation determines abuse does in fact exist the employee will be disciplined up to and including dismissal, after given another opportunity to engage in an abuse program.

The County has established a Substance Abuse Counseling Center, which has available confidential professional level counseling in both the drug and alcohol abuse area, to assist those employees who voluntarily seek help for their drug or alcohol related problems. Employees should contact their supervisors or the Counseling Center for additional information.

The County is committed to providing training of work place supervisors necessary for the recognition of drug and alcohol abuse by employees.

APPLICATION

This policy applies to all employees of and to all applicants for positions with the County. This policy applies to alcohol and to all substances, drugs, or medications, legal or illegal, which could impair an employee's ability to effectively and safely perform the functions of the job.

EMPLOYEE RESPONSIBILITIES

An employee shall not:

1. Report to work while his/her ability to perform job duties is impaired due to on or off duty alcohol or drug use;

2. Possess or use alcohol or impairing drugs (illegal drugs, and prescription drugs without a prescription) during his or her assigned work shift or while on standby duty, or at any time while on County property or while in uniform;

HISTORY
First Adopted: 10/1/91
Amended: 8/6/96

(Continued) An employee shall not:

3. Directly or through a third party sell or provide drugs or alcohol to any person, including any employee, while either employee or both employees are on duty. Employees who observe the purchase, sale or transfer of any controlled substance are encouraged to report the incident to the appropriate law enforcement agency.

An employee shall:

4. Provide, within 24 hours of request, bonafide verification of a current valid prescription for any potentially impairing drug or medication. The prescription must be in the employee's name.

5. Report alcohol or drug abuse by a manager or supervisor to the Department Head, the County Risk Manager or to the Board of Supervisors;

6. Immediately notify his/her supervisor of any conviction of alcohol or drug related offense.

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HISTORY
First Adopted: 10/1/91
Amended: 8/6/96

1.0 Purpose

1.1 The purpose of this Medical and Family Leave Policy is to describe leaves potentially available to County employees under the Family Medical Leave Act, the California Family Rights Act, and California's Pregnancy Disability Leave Law. Additionally, this policy describes eligibility requirements, the administrative procedures for requesting leave, and the County's management of employee medical and family related leave.

1.2 This policy shall be administered in accordance with state and federal laws by the Human Resources Director ("Leave Administrator"), who may issue further procedural guidelines to accomplish its purpose.

1.3 This policy may be modified by the Board of Supervisors and shall replace any previous version of the policy.

2.0 Definitions

2.1 **Medical and Family Leave** means leave under the Family Medical Leave Act of 1993 and the California Family Rights Act of 1993, except as otherwise noted and not including Pregnancy Disability Leave.

2.2 **Rolling 12-Month Period** means a rolling twelve (12) month period measured backward from the date leave is taken and continuous with each additional leave day taken.

2.3 **Accrued Paid Leave** means an employee's accrued vacation, compensatory (comp) time, and sick leave.

2.4 **CFRA** means the California Family Rights Act of 1993 as amended; California Government Code section 12945.2.

2.5 **County** means the County of Colusa.

2.6 **Covered Active Duty** means:

2.6.1 In the case of a member of a regular component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country; and

2.6.2 In the case of a member of a reserve component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country under a call or order to active duty.

2.7 **Covered Servicemember** means:

2.7.1 A member of the Armed Forces who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a Serious Health Condition (as defined in Section 2.14.1); or

2.7.2 A veteran who is undergoing medical treatment, recuperation, or therapy, for a Serious Health Condition (as defined in Section 2.14.2) and who was a member of the Armed Forces at any time during the period of five (5) years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

2.8 **Designated Person** means any individual related by blood or whose association with the employee is the equivalent of a family relationship.

2.9 **FMLA** means the Family Medical Leave Act of 1993; United States Code section 2612.

2.10 **Health Care Provider** means a doctor of medicine or osteopathy who is licensed to practice medicine or surgery by the State in which the doctor practices, or any other person determined by the United States Secretary of Labor to be capable of providing health care services under the FMLA.

2.11 **Key Employee** means a salaried employee who is among the highest paid ten (10) percent of the employer's employees.

2.12 **Next of Kin** means an individual's nearest blood relative.

2.13 **Pregnancy Disability Leave (PDL)** means leave provided to an employee who is disabled by pregnancy, childbirth, or a related medical condition.

2.14 **Qualifying Exigency** means an event as defined and declared by the United States Secretary of Labor, and applies only to members of the Armed Forces.

2.15 **Qualifying Act of Violence** means any of the following, regardless of whether anyone is arrested for, prosecuted for, or convicted of committing any crime:

2.15.1. Domestic violence.

2.15.2 Sexual assault.

2.15.3. Stalking.

2.15.4. An act, conduct, or pattern of conduct that includes any of the following:

a) In which an individual causes bodily injury or death to another individual.

b) In which an individual exhibits, draws, brandishes, or uses a firearm, or other dangerous weapon, with respect to another individual.

c) In which an individual uses, or makes reasonably perceived or actual threat to use, force against another individual to cause physical injury or death.

2.15 **Serious Health Condition** means an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, residential medical care facility, or continuing treatment from a health care provider, or an illness, injury, impairment, or physical or mental condition that prohibits the employee from returning to work as ordered by a health care provider.

2.15.1 In the case of a member of the Armed Forces, an injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating; and

2.15.2 In the case of a veteran who was a member of the Armed Forces, and a covered servicemember, an injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and that manifested itself before or after the member became a veteran.

2.15.3 **Inpatient Care** means a stay in a hospital, hospice, or residential health care facility, any subsequent treatment in connection with such inpatient care, or any period of incapacity. A person is considered an "inpatient" when a heath care facility formally admits him or her to the facility with the expectation that he or she will remain at least overnight and occupy a bed, even if it later develops that such person can be discharged or transferred to another facility and does not actually remain overnight.

2.16 **Spouse** means the employee’s husband, wife, or registered domestic partner.

2.17 **Veteran** means a person who served in the active military and who was discharged or released therefrom under conditions other than dishonorable.

2.18 **Victim** means either of the following:

2.18.1 An individual against whom a qualifying act of violence is committed.

2.18.2 For the purposes of paragraph (2) of subdivision (a) of Section 12945.8 of the Government Code only, a person against whom any crime has been committed.

3.0 Eligibility for Leave

3.1 An employee is eligible for Medical and Family Leave if they were employed by the County for at least twelve (12) months immediately preceding the commencement of leave, and actually worked at least one thousand two hundred fifty (1,250) hours during the preceding twelve (12) month period. Under the CFRA an employee is eligible for leave based on the same criteria.

3.2 An employee is eligible for PDL upon employment with the County.

4.0 Reasons for Leave

4.1 Eligible Employees may be permitted to take Medical and Family Leave for the following reasons:

4.1.1 Following the birth of a child of the employee, the placement of a child with an employee in connection with the adoption or foster care of the child by the employee;

(a) When both parents, who are entitled to leave in connection with the birth, adoption, or foster care of a child under this policy, are both employed with the County, the employees are not cumulatively entitled to more than a combined 12 weeks of FMLA leave; however both employees are entitled to 12 weeks of CFRA leave for a combined 24 weeks of CFRA leave.

4.1.2 To care for a parent, spouse, or child (including an adult child under CFRA) of the employee who has a serious health condition; or in the case of the CFRA, in addition to the foregoing, a grandparent, grandchild, siblings, and a designated person. Potentially, a parent-in-law is a qualifying relationship. Eligible spouses who work for the same employer are limited to a combined total of 12 workweeks of FMLA leave in a 12-month rolling period to care for a parent with a serious health condition.

(a) A designated person shall be identified by the employee at the time the employee requests the leave.

(b) An employee is limited to one designated person per 12-month rolling period for family care and medical leave.

4.1.3 For an employee's own serious health condition that makes the employee unable to perform the essential functions of the employee's position;

4.1.4 Because of any qualifying exigency as defined in Section 2.13 out of the fact that the spouse, son, daughter, or parent of the employee is on covered active duty or call to active duty (or has been notified of an impending call or order to covered active duty) in the Armed Forces;

4.1.5 To care for a spouse, son, daughter, parent, or next of kin who is a covered service member of the United States Armed Forces who has a serious injury or illness incurred in the line of duty while on active military duty, or which existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces.

4.1.6 An employee who is a victim, or who has a family member who is a victim, the following purposes outlined in subdivision (b) of Section 12945.8 of the Government Code apply.

a) To obtain or attempt to obtain any relief for the family member. Relief includes, but is not limited to, a temporary restraining order, restraining order, or other injunctive relief, to help ensure the health, safety, or welfare of the family member of the victim.

b) To seek, obtain, or assist a family member to seek or obtain, medical attention for or to recover from injuries caused by a qualifying act of violence.

c) To seek, obtain, or assist a family member to seek or obtain services from a domestic violence shelter, program, rape crisis center, or victim services organization or agency as a result of a qualifying act of violence.

d) To seek, obtain, or assist a family member to seek or obtain psychological counseling or mental health services related to an experience of a qualifying act of violence.

e) To participate in safety planning or take other actions to increase safety from future qualifying acts of violence.

f) To relocate or engage in the process of securing a new residence due to the qualifying act of violence, including, but not limited to, securing temporary or permanent housing or enrolling children in a new school or childcare.

g) To provide care to a family member who is recovering from injuries caused by a qualifying act of violence.

h) To seek, obtain, or assist a family member to seek or obtain civil or criminal legal services in relation to the qualifying act of violence.

i) To prepare for, participate in, or attend any civil, administrative, or criminal legal proceeding related to the qualifying act of violence.

j) To seek, obtain, or provide childcare or care to a care-dependent adult if the childcare or care is necessary to ensure the safety or the child or dependent adult as a result of the qualifying act of violence.

4.2 Eligible employees may be permitted to take PDL if they are disabled by pregnancy, childbirth, or a related medical condition.

5.0 Amount of Leave

5.1 Medical and Family Leave. Eligible employees are entitled to a maximum twelve (12) workweeks of FMLA and CFRA leave during a twelve (12) month period.

5.1.1 In the case where an employee is caring for a family member, or next of kin service member, who suffers from a serious health condition while on active duty, the employee may take up to a maximum twenty-six (26) weeks of leave during that period.

5.1.2 Leave under the FMLA and CFRA, may run concurrently.

5.2 Pregnancy Disability Leave. An employee is entitled to a maximum of four (4) months of PDL leave per pregnancy. PDL is separate and distinct from Medical and Family Leave.

5.3 Intermittent Leave. Medical and Family Leave and PDL may be taken on an intermittent basis as authorized by the Leave Administrator, and when permitted under this policy.

5.3.1 Leave taken on an intermittent basis shall be taken in increments of at least one quarter (1/4, .25) of an hour.

5.3.2 Employees requesting intermittent leave must attempt to schedule their leave so as not to disrupt the County's operations. Intermittent leave is subject to the notification and certification requirements of this policy.

6.0 Notification and Procedure

6.1 Employees shall notify the Leave Administrator and their supervisor of their request to take leave under this policy, at least thirty (30) days prior to the commencement of the leave, or as soon as possible if circumstances do not permit notification within the required thirty (30) day period. If an employee knows that they will need leave in the future, but does not know the exact date(s) (e.g. for the birth of a child or to take care of a newborn), the employee shall inform the Leave Administrator and his/her supervisor as soon as possible that such leave will be needed.

6.1.1 Requests for leave pursuant to this policy shall be made in writing to the Leave Administrator on a *Leave Request Notification* form. The completed form shall be submitted to the Leave Administrator with all required accompanying documentation.

(a) Upon receipt of the *Leave Request Notification* form, the Leave Administrator shall notify and consult with the employee's department head to coordinate the leave and confirm that the employee notified the employee's supervisor of the leave request.

(b) An employee's failure to use the *Leave Request Notification* form is not sufficient grounds for denial of the leave.

6.1.2 The employee shall be notified, in writing, no later than five (5) business days after receiving the employee's request, by the Leave Administrator of the approval or denial of the leave, the reason(s) for the denial, or any conditions of the approval.

6.1.3 The employee's department head shall be notified of the Leave Administrator's decision, and the notification shall include the date the leave is to begin, and the date the leave is to be terminated.

7.0 Use of Accrued Paid Leave.

7.1 Except as provided for below, employees must exhaust their applicable Accrued Paid Leave balances concurrently with their use of Medical and Family Leave, or PDL. Use of their accrued leave balances will be concurrent with, and not in lieu of, Medical and Family Leave and PDL entitlements.

7.1.1 An employee, at their option, may choose not to use accrued vacation leave concurrently with PDL.

7.1.2 An employee may not use sick leave in conjunction with CFRA leave for the birth of an employee's child, or the placement of a child with an employee in connection with the adoption or foster care of the child by the

employee.

8.0 Certification

8.1 Employees who request leave for their own serious health condition, or to care for a child, parent, or spouse who has a serious health condition, must provide written certification from the individual's health care provider.

8.1.1 If the leave is requested to care for a child, parent, or spouse who has a serious health condition the certification must include:

(a) The date on which the serious health condition commenced;

(b) The probable duration of the condition;

(c) An estimate of the amount of time that the health care provider believes the employee needs to care for the individual requiring the care; and

(d) A statement that the serious health condition warrants the participation of a family member to provide care during a period of the treatment or supervision of the individual requiring care.

8.1.2 Upon expiration of the time estimated by the health care provider in section 8.1.1(c) above, the employee must obtain a new certification for any further leave to the extent eligible.

8.2 If the leave is requested because of the employee's own serious health condition, the certification must include:

(a) The date on which the serious health condition commenced;

(b) The probable duration of the condition; and

(c) A statement that, due to the serious health condition, the employee is unable to perform all the essential functions of their position.

8.2.1 If the employee is a Covered Servicemember, the written certification required by this section shall be done on the Department of Labor's (DOL) forms WH-385 or WH385-V. These forms can be obtained from the Colusa County Human Resources Office, local offices of the Wage and Hour Division of the Department of Labor, or the Internet at www.dol.gov.whd.

8.3 The Leave Administrator, in his/her sole discretion, may periodically require recertification from the employee in accordance with this policy.

8.4 The Leave Administrator may require a medical opinion of a second health care provider chosen and paid for by County. If the second opinion is different from the first, the Leave Administrator may require the opinion of a third provider jointly approved by County and the employee, but paid for by County. The opinion of the third provider will be binding. An employee may request a copy of the health care providers' opinions when there is a second or third medical opinion sought.

8.4.1 When the leave is to care for a Covered Servicemember, second and third opinions shall not be required if the first certification was completed by:

(a) A United States Department of Defense (DOD) heath care provider;

(b) A United States Department of Veterans Affairs (VA) health care provider;

(c) A DOD TRICARE network authorized private health care provider; or

(d) A DOD non-network TRICARE authorized private health care provider.

8.4.2 However, second and third opinions may be required when the first certification was completed by a health care provider that is not one of the types identified in Section 8.4.1(a)-(d) of this Policy.

8.5 If the leave is requested to care for a covered service member who is a child, spouse, parent, or next of kin of the employee, the employee must provide written certification from the covered service member's health care provider regarding the service member's serious health condition.

8.5.1 The written certification required by this section shall be done on DOL forms WH-385 or WH385-V. These forms can be obtained from the Colusa County Human Resources Department, local offices of the Wage and Hour Division of the Department of Labor, or the Internet at www.dol.gov.whd.

8.5.2 In lieu of the DOL forms WH-385 or WH385-V, the employee may submit invitational travel orders or invitational travel authorizations issued to the employee to join a Covered Servicemember at their bedside.

8.6 Qualifying Exigency: The first time an employee requests leave because of a qualifying exigency, the employee shall provide a copy of the military member's active duty orders, or other documentation issued by the military, which indicates that the military member is on covered active duty or call to active duty status in a foreign country, and the dates of the military member's active duty service. A copy of new active duty orders or similar documentation shall be provided to the Leave Administrator if the need for leave because of a qualifying exigency arises out of a different active duty or call to active duty status of the same or a different military

SUMMARY OF CONTENTS

HISTORY
First Adopted: 4/18/00
Amended:

I. GOAL STATEMENT

It is the goal of Colusa County to strive for an environment free from threats, intimidation, or actual workplace violence to its employees or the citizens they serve in the course of that employment.

II. POLICY STATEMENT.

A. As a part of our continuing commitment to workplace safety, the Board of Supervisors, Risk Manager, Department Heads, and all other employees of the County of Colusa, are determined to strive for an atmosphere free from actual or threatened workplace violence against any employee(s) or the citizen(s) we serve. The Workplace Violence Prevention Policy (WVPP) is implemented in accordance with Title 8, California Code of Regulations Section 3203.

B. Every employee has an obligation to assure that the work environment is free from workplace violence.

C. Any act of workplace violence or threatening conduct of any kind, whether directed against a co-worker, subordinate, manager or outside party will not be tolerated. This conduct includes but is not limited to:

1. Striking, punching, slapping, or assaulting another person.

2. Fighting or challenging another person to a fight.

3. Grabbing, pinching, or touching another person in an unwanted way (sexually or otherwise).

4. Bringing any firearm, knife or other weapon into/onto county-owned or leased property or while on county business unless specifically authorized by the employee's department head. A concealed weapon permit does not automatically authorize the holder to possess same and authorization must still be obtained from the department head.

5. Threatening or harming another person in any way, whether verbal, written or physical.

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HISTORY
First Adopted: 4/18/00
Amended:

6. Any intimidating behavior perceived as a threat.

D. Any employee(s) found to have engaged in such unacceptable behavior will be severely disciplined up to and including termination. In appropriate cases the County will inform and cooperate with law enforcement authorities.

E. No person shall have to tolerate workplace violence or the threat of workplace violence on the job. Any person who is the victim of any violent, threatening or harassing conduct, or who observes such conduct, shall report the conduct to her/his immediate supervisor or Department Head. That person shall initiate investigation procedures immediately.

F. Reasonable action will be taken to prevent any further violent conduct or threat of violent conduct from occurring or being repeated. No adverse action will be taken against anyone who brings a good-faith complaint under this policy.

G. Some employees, such as peace officers and custodial officers encounter threats and violence during the normal scope of their duties. Therefore, the procedures imposed by public safety agencies are deemed compliant with this policy.

III. DEFINITIONS

A. Threat. An expression of intention, coupled with a present ability, to inflict harm, injury or damage; to announce or forecast impending danger or harm.

B. Outside party: Any person not an employee of the county.

IV. RESPONSIBILITIES UNDER THE POLICY

A. Board of Supervisors

1. The Board of Supervisors have the ultimate authority and responsibility for the effective implementation of the provisions of the Colusa County Workplace Violence Prevention Policy.

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B. Risk Manager

1. Is responsible for implementing the Policy.

2. Ensure that all Department Heads implement and maintain this Workplace Violence Prevention Policy.

3. Assess the risk of the workplace violence and take action to mitigate any identified risk.

4. Inform the Board of Supervisors of any circumstance that creates a danger to a county employee.

5. Notify all departments of any trend or change in reported workplace violence incidents. The County will utilize mass mailings, departmental meetings and posting to ensure that employees are aware of workplace violence issues.

6. Immediately investigate all workplace violence reports.

7. Notify, in writing, the victim and the accused of the outcome of the investigation.

C. Department Head

1. Ensure that all employees are fully informed of all the elements of the Workplace Violence Prevention Policy.

2. Ensure that all managers and supervisors implement and maintain this Workplace Violence Prevention Policy.

3. Assure the Risk Manager is immediately notified of any threats or acts of workplace violence. Cooperate with and assist the Risk Manager in conducting any investigation.

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HISTORY
First Adopted: 4/18/00
Amended:

4. Ensure all appropriate employees are immediately made aware of the potential threat and provide a complete description (picture if possible) of the threatening employee(s), or citizen(s).

5. Provide a written report to the Risk Manager of any and all corrective action(s) taken to eliminate the problem.

6. Conduct ongoing workplace violence risk assessments. Supervise, evaluate, counsel, discipline, and document employee(s) behavior and performance in conformance with a safe work environment.

7. Department heads shall notify the Risk Manager and Sheriff's personnel whenever an employee has been authorized to be in possession of a concealed weapon on county property.

D. Supervisors, Mid-level and First-Line

1. Ensure implementation of the Workplace Violence Prevention Policy in all work areas under their authority.

2. Conduct ongoing workplace violence risk assessments. Supervise, evaluate, counsel, discipline, and document employee(s) behavior and performance in conformance with a safe work environment.

3. Report results of workplace violence risk assessments to department head.

4. Receive and assure immediate investigation of any reports of workplace violence or threat of workplace violence.

5. Immediately report all threats or violent acts to the department head.

6. Develop and implement a safe work environment for the control of potential workplace violence.

7. Train employee(s) in a safe work environment and ensure that they are fully informed of all the elements of the Workplace Violence Prevention Policy.

HISTORY
First Adopted: 4/18/00
Amended:

8. Ensure employee(s) safety and security to the extent possible. Employees shall be notified of a potential threat, if deemed appropriate, under the circumstances.

E. Employees

1. Are to be fully informed of all the elements of the Workplace Violence Prevention Policy.

2. Immediately report all threats or incidents of violent behavior to your immediate supervisor or Department Head.

3. Immediately disengage and contact a supervisor upon any instance of direct workplace violence or threatening behavior.

4. Peace officers and correctional officers in the performance of their official duties shall follow the procedures established by their agency.

5. Employees in possession of a permit and wishing to carry a concealed weapon on county property must obtain authorization to do so from their department head.

F. County Safety Committee

1. Evaluate each incident, discuss the causes of the incident, and make recommendations on how to revise the program to prevent similar incidents from occurring. All revisions will be in writing and made available to all employees.

V. INCIDENT REPORTING

A. Prompt and accurate reporting of all incidents is required whether or not a physical injury has occurred. Victims of workplace violence will not be discriminated against.

B. Threats or incidents may be reported in person or anonymously to a departmental supervisor, Department Head, or Risk Manager. Reports may be done verbally or in written form. However, if done verbally, a written report must follow. An Incident Report Form may be obtained from the Department Head, a Supervisor, or the Risk Manager.

HISTORY
First Adopted: 4/18/00
Amended:

C. A completed Incident Report Form will not be made available to the accused unless ordered by the court.

VI. INCIDENT INVESTIGATION

A. Incident investigation includes actual workplace violence as well as threats.

B. An investigation shall be initiated immediately upon knowledge of the incident and shall conclude as soon as possible. The reporting employee(s) (if known) shall be informed of the procedure to be followed.

C. The investigation shall take precedence over all other matters. The investigation will be conducted by the Risk Manager. The Department Head will cooperate and assist in the investigation as needed. The investigation may also include a representative from the personnel office and law enforcement and shall include a review of previous incidents.

D. All individuals necessary to conduct a thorough investigation will be interviewed. All employees shall cooperate with the investigation without fear of retaliation.

E. To the extent possible, proceedings under this policy, including the investigation, and all reports and records filed, shall be confidential. Review and release of any documents, including personnel records, shall be subject to any statutory requirements or restrictions.

F. To the extent possible, the department head or his/her designee will give the reporting employee(s) (if known) a verbal status report of the ongoing investigation.

G. When a department head, supervisor or the Risk Manager forms the opinion that the circumstances create a danger to the safety of staff members they shall:

1. Ensure security personnel, and other appropriate employees are immediately made aware of the potential threat and provide a complete, description (picture if possible) of the threatening employee(s), or citizen(s).

HISTORY
First Adopted: 4/18/00
Amended:

2. Instruct personnel to immediately notify a designated person at the facility in the event the person who made the threat is seen at the facility.

3. Contact the local law enforcement agency and request increased patrol/security checks are made at the facility. If appropriate, request a police report be taken on the incident.

4. Make timely notification to the appropriate Department Heads, and Risk Manager.

5. If other facilities are affected or are the object of the threats, ensure appropriate personnel at the facility are notified.

H. Notify, in writing, the victim and the accused of the outcome of the investigation.

I. Peace officers and correctional officers in the performance of their official duties shall follow the procedures established by their agency.

VII. COMPLIANCE

A. During the Investigation

1. When a complaint of the Workplace Violence Prevention Policy is received, the suspected employee(s) may be placed on administrative leave at the discretion of the department head during the investigation. The employer may also request a restraining order. The department head's decision will be based upon the following:

a. Type of complaint
b. Threat or actual workplace violence
c. Past behavior of employee
d. Potential for reoccurrence

2. The availability of professional counseling shall be communicated to the employee, victim and accused.

3. The victim will be protected to the extent possible. This may include a temporary departmental transfer or paid administrative leave.

HISTORY
First Adopted: 4/18/00
Amended:

B. Conclusion of the Investigation

1. At the conclusion of the investigation the department head, with assistance from the Risk Manager, shall make one of the following findings:

   a. Sustained - Findings found to be true with one or more of the following consequences:

      (1) Training
      (2) Written reprimand
      (3) Documentation in personnel file
      (4) Require professional counseling
      (5) Suspension without pay
      (6) Termination
      (7) A restraining order
      (8) Criminal charges

   b. Not sustained - Findings were insufficient.

   c. Unfounded - Allegations were found to be untrue.

   d. Justified - Warranted self-defense, just cause.

2. The victim and the accused will be notified, in writing, of the outcome of the investigation by the Department Head and/or the Risk Manager.

3. Written documentation of the investigation and its conclusion will be prepared and stored in a confidential file with the Risk Manager.

4. All levels of management of appropriate departments shall be notified immediately upon the conclusion of the investigation.

5. The following measures may be implemented:

   a. Professional counseling if recommended by medical doctor
   b. Debriefing
   c. Evaluation of the incident and possible risk factors
   d. Evaluation of Office/building security measures
   e. Implement corrective security measures and procedures.

HISTORY
First Adopted: 4/18/00
Amended:

VIII. HAZARD ASSESSMENTS

A. The following inspections of the workplace will be conducted to identify potential workplace violence hazards that most likely will affect the workplace:

1. Semi-annual inspections conducted by the Risk Manager, the building safety inspector and/or the section safety representative as set forth in the Colusa County Injury and Illness Prevention Plan.

2. Periodic spot inspections as the need arises by appropriate personnel.

B. The inspection will identify three types of risk and evaluate areas of potential risk using the following criteria:

1. Type I - An act of workplace violence or the threat of workplace violence not associated with County business, committed by an individual who has no legitimate relationship to the workplace and usually enters the workplace to commit an illegal act such as robbery.

2. Type II - An act of workplace violence or threat of workplace violence committed by an individual who is either the recipient or the object of a service provided by the affected workplace or victim, such as an attack or threat by an irate or irrational citizen/client toward the employee(s).

3. Type III - An act of workplace violence or threat of workplace violence by an individual with an employment relationship with the affected workplace. This usually involves a current or ex-employee. This type also includes a person who may have a personal relationship with an employee outside of the workplace.

C. A potential hazard assessment checklist will include the following questions and others as necessary:

1. Is there a consistent response policy in place?

2. Are there substantial physical barriers between a potential attacker and the workplace?

3. Do employees work alone or in isolation?

4. Do employees exchange money with the public?

5. Can the worker see persons approaching the entrance?

6. Is there control of the initial contact with persons entering the workplace?

7. Are there remotely activated locks on entrance doors?

8. What means of emergency communications are available to employees?

9. Do employees have more than one escape route in the event of an incident?

10. Have employees been trained in emergency response and have drills been held?

11. Are local law enforcement authorities familiar with the physical layout of the workplace and response policy?

12. Is the parking lot well lit and does it have unobstructed views?

13. Who has keys to entrances and other locked spaces?

14. Is the work area a high crime area?

15. Are employees working late at night or early in the morning?

D. Assessments will also include a review of previous reports and incidents.

IX. HAZARD CORRECTION

A. Any hazard identified during scheduled inspections will be reported to the Department Head and the Risk Manager. The Risk Manager will prioritize first by severity and second by date of assessment or report, with appropriate action taken as soon as possible.

X. TRAINING

A. Training will be ongoing for all County employees. The following training may be available:

1. Policy Training
2. Workplace Violence Awareness
3. Emergency Response Drills
4. Bomb Threats - prepared questions to ask when a threat is received
5. On-Site Customized Evacuation Plan
6. Diffusion Techniques
7. Forms of Hostility
8. Hostage Survival
9. Self Defense

XI. DOCUMENTATION

A. Record keeping is an important part of an effective Workplace Violence Prevention Policy. The following types of records will be kept:

1. Log-in sheet of training sessions
2. Inspection and assessment reports
3. Safety meetings and communication
4. Trindel Incident Hazard Reports
5. Incident investigation reports
6. Police reports

B. A record of all workplace violence incidents will be maintained in a confidential file in the Risk Manager's office.

C. Any employee injury that requires more than first aid, is a lost-time injury, requires modified duty, or causes loss of consciousness, is a Workers' Comp injury. In the event of such an injury, all Workers' Comp forms must be completed and the injury will be recorded on an OSHA 200 log available through the Risk Manager. If applicable, doctors' reports and supervisors' reports will be kept for each recorded incident.

HISTORY
First Adopted: 4/18/00
Amended:

D. Incidents of abuse, verbal attack, or aggressive behavior, which may be threatening to the employee, but not resulting in injury, will be recorded. The County Safety Committee will evaluate these records on a regular basis.

E. Records of training program contents, and the sign-in sheets of all attendees will be maintained by the Safety Analyst.

XII. DISTRIBUTION

A. This policy, and any revision thereof, shall be distributed to all County Officers and employees.

(End)

HISTORY
First Adopted: 4/18/00
Amended:

DEFINITION OF INCIDENTS

- **ASSAULT**: The intentional use of physical injury, (impairment of physical condition or substantial pain) to another person, with or without a weapon or dangerous instrument.

- **CRIMINAL MISCHIEF**: Intentional or reckless damaging of the property of another person without permission.

- **DISORDERLY CONDUCT**: Intentionally causing public inconvenience, annoyance or alarm or recklessly creating a risk thereof by fighting (without injury) or in violent numinous or threatening behavior of making unreasonable noise, shouting abuse, misbehaving, disturbing an assembly or meeting or persons or creating hazardous conditions by an act which serves no legitimate purpose.

- **HARASSMENT**: Intentionally striking, shoving or kicking another of subjecting another person to physical contact, or threatening to do the same (without physical injury). ALSO, using abusive or obscene language or following a person in about a public place, or engaging in a course of conduct which alarms or seriously annoys another person.

- **LARCENY**: Wrongful taking, depriving or withholding property from another (no force involved). Victim may or may not be present.

- **MENACING**: Intentionally places or attempts to pace another person in fear of imminent serious physical injury.

- **RECKLESS ENDANGERMENT**: Subjecting individual to danger by recklessly engaging in conduct which creates substantial risk of serious physical injury.

- **ROBBERY**: Forcible stealing of another's property by use of threat of immediate physical force. (Victim is present and aware of theft).

- **SEX OFFENSE**:

  - Public Lewdness: Exposure of sexual organs to others.
  - Sexual Abuse: Subjecting another to sexual conduct without consent.
  - Sodomy: A deviant sexual act committed as in rape.
  - Rape: Sexual intercourse without consent.

COLUSA COUNTY DRIVING POLICY

SUMMARY OF CONTENTS

I. PURPOSE

The purpose of this policy is to define the responsibilities and rules for the use of County vehicles and equipment, and privately owned vehicles used for County business. This policy applies to County officers, employees, and other authorized individuals as specified in this policy. This policy supersedes all previous County vehicle policies and resolutions of the Colusa County Board of Supervisors related to these topics.

An exception to this policy shall be made for the Sheriff's Department as a result of its unique law enforcement function. The Sheriff's Department will develop and enforce its own written policy, a current copy of which shall be on file with the Risk Manager. This policy shall guide vehicle utilization of employees of the Sheriff's Department and other County employees engaged in law enforcement activities that are under the direction of the Sheriff.

II. DEFINITIONS

A. **Authorized County Driver** - Employees whose job description and/or assigned duties require the operation of a motor vehicle

B. **Code of Safe Practices** - List of safe workplace practices.

C. **County Employees** – Persons who have completed all prerequisites to County employment. This includes all Elected Officials, Department Heads, Employees, and persons on volunteer status. This also includes the University of California Employees/COOP Extension.

D. **County Vehicles** - Vehicles owned by the county and driven in the performance of, or necessary to, or in the course of, the duties of County employment.

E. **Defensive Driving** - Driving to prevent an accident in spite of the incorrect action of others and adverse driving conditions.

F. **DSR** – Department Safety Representative.

G. **Privately Owned Vehicle (POV)** – Vehicles owned by the employee and driven in the performance of, or necessary to, or in the course of, the duties of County employment.

H. **Safety Restraints** - Includes seat belts, shoulder harnesses, and child restraints.

I. **Special Equipment** - Hi-lifts, high rangers, graders, mowers, cranes, or any unit which has special devices added for specific kinds of work.

J. **Vehicle Incident** – Any occurrence involving a motor vehicle occurring in a place of employment or in connection with any employment, resulting in, or having the potential for injury, illness, or property damage in excess of $500.00.

III. RESPONSIBILITIES

A. BOARD OF SUPERVISORS:

The elected board of supervisors assigns the responsibility for the implementation of and compliance with this policy to the County Risk Manager.

B. RISK MANAGER:

1. Ensure that department heads, supervisors and employees fully implement and comply with this policy.

2. Ensure Department of Motor Vehicle license and medical certificate checks (for classes of licenses requiring such certification) be made regularly on safety sensitive employees who drive a vehicle on county business.

C. SAFETY OFFICER:

1. Provide support to county departments in the implementation of this policy.

2. Monitor all aspects of this policy and provide periodic status reports to the Risk Manager and/or County Board of Supervisors as requested.

3. Provide support to Department Safety Representatives in implementation of this policy.

4. Upon written request, may grant temporary driving privileges, to newly hired employees, prior to the Four Hour Defensive Driving Course being offered for the first time after the date of hire.

5. Will maintain records to assist the Department Heads in compliance with this policy and shall notify each department of their non-compliance employees before each Defensive Driving Course.

D. DEPARTMENT HEADS:

1. Shall inform all employees of this policy standard and ensure employees acknowledge the reading of same by signing an "Acknowledgment of County Driving Policy" which shall be retained in the employee's personnel file.

2. Ensure that their supervisors and employees fully implement and comply with this policy.

3. Ensure the completion of the Incident/Hazard form resulting from a Vehicle Involved Incident.

4. Shall check with the Human Resources Director to ensure job descriptions for classifications requiring a drivers' license state that employees must continue to meet the established driving standards and that it is a condition of employment for that position.

5. Shall ensure driving standards are enforced consistently and fairly among all employees working in classifications where driving is required.

6. Are responsible for verifying that employees who drive on County business have a valid driver's license and that the license is the appropriate license for the vehicle(s) they are operating.

7. Are responsible for verifying that employees who drive their POV on County business have auto insurance. A copy of the insurance certificate will be filed with the County Clerk Recorder annually.

8. Shall ensure that all county vehicles have a county insurance card in the glove compartment. When departments procure a new vehicle, they will call Risk Management to get an insurance card for said vehicle.

9. Shall ensure that all new employees, including permanent and part time, who drive on County business, successfully complete the County sponsored Four Hour Defensive Driving Course within 30 days of hire.

10. Shall ensure that all employees, whether permanent or part time who drive on County business, successfully complete the County sponsored Two Hour Defensive Driving Refresher Course every two years following completion of the four hour course.

11. Shall provide the County Safety Officer with a listing of all County Employees, both permanent and part-time, who will drive on County business, whether they use a County car or a POV.

E. SUPERVISORS:

1. Will ensure that before the initial use of any vehicle each day, the driver will walk around and inspect the vehicle. The inspection should include:

a. Mirrors

b. Steering

c. Horn

d. Overall cleanliness

e. Brakes

f. Fluid levels to include fuel.

g. Lights and reflectors (if driving at night)

h. Emergency equipment

i. Tires

2. Ensure employees do not operate a County vehicle that appears unsafe. Supervisor will ensure that appropriate action is taken to correct any problems found while conducting the walk-around of the vehicle.

F. EMPLOYEES:

1. Employees shall comply with all provisions of this policy.

2. Employees shall operate all motor vehicles in accordance with state laws.

3. A valid driver's license, appropriate for the vehicle operated, must be in the possession of the operator any time a County vehicle is operated.

4. If an employee's license is suspended for any reason, he or she must inform her/his supervisor immediately.

5. Employees will not engage in unsafe practices, including failure to use and to ensure that all passengers use all available safety restraints in the vehicle being operated. This requirement does not apply to motorcycles or to disabled individuals who cannot wear safety belts. Any defective safety belt shall be immediately reported to the employee's immediate supervisor.

6. Safety Restraints shall be worn by all occupants in the vehicle at all times when the vehicle is in motion. If children are being transported, they must be in the proper child restraint.

7. Vehicles are to be maintained in a safe operating condition. Unsafe vehicles are not to be driven. The employee is responsible for inspecting the vehicle prior to driving off the parking lot and for reporting any hazards to her/his supervisor immediately.

8. All employees who drive on county business shall be re-certified in the Defensive Driving Course offered by the Safety Officer every two years.

9. All new employees who require driving in the course of their employment are required to attend a Four Hour Defensive Driving Course offered by the Safety Officer within 30 days of hire.

10. Shall drive responsibly, anticipate emergency situations and make every effort to avoid accidents in the performance of their duties.

G. DEPARTMENT SAFETY REPRESENTATIVES (DSR):

1. Provide support within their department in the implementation of this policy.

2. Monitor all aspects of this policy within their department.

IV. DRIVING RULES AND REGULATIONS

A. Only county employees may drive county vehicles. Employees may not loan or lease a County vehicle to any non-county entity.

B. All drivers of county owned vehicles or those using their own vehicles pursuant to county business will comply with all applicable laws of the State of California.

C. County vehicles are to be used for official business only.

D. No employee, under any conditions, shall operate a vehicle or combination of vehicles if under the influence of illegal drugs and/or alcohol. If the employee is taking over the counter medication, said employee will ensure medication does not impact their ability to drive a vehicle in a safe manner.

E. Smoking is prohibited in all county vehicles including special equipment vehicles.

F. County vehicles will not be parked in "No Parking" zones except in an emergency situation.

G. No county vehicle of any type will be left unattended with the ignition key left in the ignition.

H. When leaving a vehicle, set the parking brake and lock the doors.

I. No vehicle will be in motion day or night with only its parking lights on.

J. If it is necessary to use your windshield wipers, you will also ensure that your head lights are on.

K. During periods of limited visibility, headlights will be turned on.

L. The driver will ensure that windows, headlights, tail lights and wipers are clean and in operating order at all times.

M. If a vehicle does not have a tailgate but is loaded, the driver of the vehicle will ensure that the load is secure and that overhangs are properly flagged in accordance with state law.

N. Backing of vehicles when the driver does not have a clear view of the entire area behind the vehicle will be done with the assistance of a spotter. If a second person is in the vehicle he will get out and guide the vehicle using appropriate hand and voice signals. If the driver is alone he will get out of the vehicle and inspect the area behind before backing and then back with extreme caution.

O. Riding on the sides, tool boxes, running boards, tailgates, on roof, and/or standing or riding in the back of any truck or pick-up is prohibited

P. Posted speed limits will be obeyed.

Q. Drivers will direct their full attention to driving while their vehicle is in motion. Necessary inspections, such as street, trees, signs, etc., will be made only when the vehicle is at a complete stop.

R. Trailers are to be fastened securely to hitches according to prescribed safety standards for the equipment being towed.

S. All items which might be transported either in a truck or trailer, which can move around during transport, will be secured.

T. If your vehicle appears to have an unsafe operating condition, contact your supervisor or department head.

U. Employees must expect reckless, illegal and clumsy behavior on the part of other drivers and be prepared to adjust their driving to prevent accidents.

V. Be especially courteous to pedestrians regardless of whether or not they have the right-of-way. Watch carefully for erratic behavior by children.

W. Learn to recognize the hazards rural roads present.

X. Employees with three at-fault accidents and/or moving violations within the last two years may not be allowed to drive in the course of their employment. In addition, the county may implement disciplinary action up to and including termination of employment if an employee is unable to perform the responsibility of operating a motor vehicle, if the position requires it.

Y. Employees having any of the following within the last three years shall be prohibited from driving in the course of their employment and may be subject to disciplinary action up to and including termination of employment:

1. Driving while under the influence (DUI) offense; or

2. Driving while license is suspended or revoked offense; or

3. Two reckless driving or speed contest violations; or

4. Hit and Run.

5. Homicide, assault or manslaughter arising out of the operation of a vehicle.

V. DRIVING COUNTY VEHICLES ON COUNTY PROPERTY

A. Employees who are required to drive any county vehicle (including forklift, cart, and other types of motor vehicles) within the perimeters of the county property shall also be subject to those minimum eligibility standards indicated above in addition to the following:

1. Employees with three vehicle accidents within three years that involve county vehicles shall be subject to disciplinary action up to and including termination of employment if it is determined by the county that the accidents or damage to the county property or vehicle was preventable.

VI. DRIVING PERSONAL VEHICLES ON COUNTY BUSINESS

A. The operation of a county owned vehicle or a personal vehicle on county business may be a requirement of an employee's work performance. All standards for obtaining and maintaining a California Drivers License, as set forth in the Vehicle Code, are adopted as the standard for operation of all county owned vehicles and for the operation of personal vehicles when operated in the course of county business.

VII. CELL PHONE USE WHILE DRIVING

A. Talking on a cell phone or texting on a cell phone while driving a vehicle on County time is prohibited. Employees and volunteers are expected to pull to the side of the road for such activities.

B. Employees and volunteers will not write, send, or read text-based communication on an electronic wireless communications device, such as a cell phone, while driving a motor vehicle while on county business.

VIII. COMMON CAUSES OF VEHICLE ACCIDENTS

A. Most accidents are caused by the following operator errors:

1. Following too closely: This dangerous habit results in the most serious accidents. Injury to the back and neck, often irreparable, is common in this type of collision. Employees operating a vehicle must be aware of their situation at all times, anticipate potential problems, and provide adequate spacing for other vehicles.

2. Improper lane changes: The lane change is always a hazardous movement. It should only be done with extreme caution and alertness. Traffic laws generally give the vehicle in a traffic lane the right of way over other vehicles. Always use the mirror and look around to verify that the lane is clear.

3. Improper backing: Backing up is generally considered the most dangerous maneuver in vehicle operation. Thorough training is needed on all aspects of backing including backing from a parking space, proper use of mirrors, proper clearance, and general attentiveness.

4. Improper parking: All County vehicles shall be properly parked in legal spaces, except in an emergency situation or when necessary for service or repair work. Vehicles will not to be left running or keys left in the ignition when the vehicle is unattended.

IX. REPORTING OF ACCIDENTS/TICKETS INVOLVING COUNTY VEHICLES

A. Should the operator of a county vehicle be involved in an accident, the appropriate law enforcement agency shall be called to the scene to make a report when the accident results in personal injury or when property damage exceeds $500.00.

B. Employees shall immediately report to her/his department head any vehicle accident or incident. Failure of the employee to report such an occurrence may result in disciplinary action up to and including termination of employment. All damage to county property shall be reported verbally, as soon as possible, to the department head or employee's immediate supervisor and shall be followed by a written report. All information, including witness information, damage incurred, etc., shall be included.

C. Drivers of county-owned vehicles will give the driver's license information to the other party and state that all communications regarding losses, injuries, etc., are to be directed to the Colusa County Risk Manager, 546 Jay Street, Suite 202, Colusa, California.

X. VEHICLE ACCIDENT PROCEDURES

A. The following procedures are to be followed when an accident occurs, whether or not there is property damage or personal injuries:

1. Immediately r**eport the accident** to your supervisor and to Risk Management.

2. A Vehicle Incident Form (attachment 1) and an Incident Hazard Report Form (attachment 2) must be completed and sent to Risk Management as soon as possible.

3. Give the location, make, model, type and color of vehicle, extent of damage, and the license number of the vehicle struck.

4. Place warning triangles and/or traffic cones to protect the scene, if available and able to do so.

5. Make no comments or statement regarding the accident, or vehicle damage except to law enforcement personnel, the employee's supervisor, and to Risk Management.

6. If the employee hits an unoccupied vehicle while driving a County vehicle and the owner cannot be located, the employee should leave a note on the damaged vehicle stating the employee's name along with the County name, address and phone number.

7. The operator of the county vehicle, or the police officer, must obtain the following information from the driver(s), passenger(s), and witnesses:

   a. Name(s), addresses and phone numbers.

   b. Driver license numbers (from drivers)

   c. Vehicle license numbers (if applicable)

   d. Insurance carrier

8. If the accident occurs after hours or during the weekend,

a. Contact your supervisor immediately.

b. If your auto is damaged and needs to be towed, your supervisor will inform you of the following:

(1) Where to tow the vehicle

(2) What credit card to use

c. Attachments 1 and 2 must be submitted to the Supervisor and Risk Management the first workday following the event or when the injured party is able to give a statement of the occurrence.

d. If injuries are involved:

(1) Notify the local paramedics and law enforcement at 911.

(2) Inform the 911-dispatcher that there are injuries and to send an ambulance, if necessary.

(3) If able to do so, render first aid to all injured parties.

(4) Do not move vehicles until directed to do so by law enforcement unless it is necessary to prevent further accident or injuries.

(5) Except for the injured party, do not leave the scene until law enforcement arrives to make a report of the incident and injuries incurred.

(6) If you are injured, make sure you fill out the Workers' Compensation Forms and give them to your supervisor. Your supervisor will send them to Risk Management.

XI. DRIVING UNDER THE INFLUENCE OF ALCOHOL, DRUGS AND MEDICATION

A. Employees shall not operate motor vehicles while under the influence of alcohol, drugs, or medication that may affect driving proficiency.

B. Employees who are on call shall not consume intoxicating beverages or take medications which can affect driving while on call. If a call to return to work is received by an employee who is not on-call and he/she has partaken of alcohol, drugs, or is on medication which affects driving, the employee shall notify her/his supervisor who will contact another employee.

XII. SPECIAL EQUIPMENT

A. Special equipment such as hi-lifts, high rangers, graders, mowers, cranes, or any unit which has special devices added for specific kinds of work, will require formal training and instruction prior to use by a driver.

B. Passengers will ride only in seats designated for passengers. Employees riding in the back of crew trucks will remain seated when the vehicle is in motion.

C. Use of special equipment without training or authorization or the willful violation of any of these rules will result in disciplinary action up to and including termination of employment.

D. Employees are prohibited from using cell phones while operating special equipment.

E. Smoking is prohibited in all county vehicles including special equipment.

XIII. INCIDENT RESPONSE

A. Notify appropriate law enforcement agency.

B. Immediately notify the County Safety Officer.

C. Immediately notify their designated Department Safety Rep.

D. Immediately respond to the incident site.

E. Remain at the scene (unless injured) until the investigation is completed and/or has been released by Law Enforcement or the Vehicle Incident Investigation Team.

F. Do not disturb incident scene (except to prevent further injury or damage or if ordered to do so by law enforcement authorities) until <u>all</u> of the following have been completed:

1. The arrival of the immediate supervisor.

2. In the event the incident takes place out of county and/or in a location not readily accessible by the immediate supervisor, the supervisor will direct the involved authorized county driver to follow direction of law enforcement and then await instructions in a safe and secure location.

3. The arrival of the County Safety Officer or designated person.

4. The arrival of the DSR or alternate.

5. The entire scene has been photographed.

6. Involved employees and witnesses have been interviewed

XIV. TRAINING

A. New Employees:

1. Including permanent and part time who drive on County business will successfully complete the County sponsored Four Hour Defensive Driving Course within 30 days of hire.

B. All Other Employees:

1. Including permanent and part time who drive on County business will successfully complete the County sponsored two hour Defensive Driving Refresher Course every two years after completing the four hour course.

XV. RECORDKEEPING

A. Records required by Colusa County will be maintained as follows:

1. The Safety Office will maintain:

   a. A copy of all sign-in sheets

   b. A training spreadsheet with dates of training for all county employees.

POLITICAL ACTIVITIES OF COUNTY EMPLOYEES

POLICY

POLICY NUMBER: 505
DATE ADOPTED: January 5, 1999
PAGE 1 of 1

I. GENERAL

The Board of Supervisors recognizes the right of employees to participate directly or indirectly in the establishment, policy, or administration of the affairs of government. In order to promote efficiency, integrity, and discipline of public service during working hours and on county premises the following policy is established.

II. POLICY

A. Appointed officers and employees of the County are prohibited from engaging in political activities during working hours or on the premises of the county. The term "working hours" does not include vacation, leave time, or standby time, but shall include rest periods and lunch periods while on county premises.

B. The public, all elected and appointed County officials, and all employees of the County are prohibited from the use of County offices, work stations, and/or property for political activities except as permitted by law.

POLICY OF THE COLUSA COUNTY BOARD OF SUPERVISORS
HISTORY
First Adopted: January, 1999
Amended:

COLUSA COUNTY CODE - Chapter 45
Section 45.6 Discipline

45.6.2 Causes for which an employee can be disciplined include:

45.6.2.24 Using for private gain or advantage, County time, facilities, equipment or supplies, his/her badge, uniform, prestige or influence as a County officer or employee

Political Activities of Public Employees - Government Code 3201 - 3209

The Legislature finds that political activities of public employees are of significant statewide concern. The provisions of this chapter shall supersede all provisions on this subject in the general law of this state or any city, county, or city and county charter except as provided in Section 3207.
(Repealed and added by Stats. 1976, Ch. 1422.) GC 3201

This chapter applies to all officers and employees of a state or local agency.
(a) "Local agency" means a county, city, city and county, political subdivision, district other than a school district, or municipal corporation. Officers and employees of a given local agency include officers and employees of any other local agency whose principal duties consist of providing services to the given local agency. (b) "State agency" means every state office, department, division, bureau, board, commission, superior court, court of appeal, the Supreme Court, the California State University, the University of California, and the Legislature. *(Amended by Stats. 1983, Ch. 143, Sec. 175.)* GC 3202

Except as otherwise provided in this chapter, or as necessary to meet requirements of federal law as it pertains to a particular employee or employees, no restriction shall be placed on the political activities of any officer or employee of a state or local agency. *(Repealed and added by Stats. 1976, Ch. 1422.) GC 3203*

No one who holds, or who is seeking election or appointment to, any office or employment in a state or local agency shall, directly or indirectly, use, promise, threaten or attempt to use, any office, authority, or influence, whether then possessed or merely anticipated, to confer upon or secure for any individual person, or to aid or obstruct any individual person in securing, or to prevent any individual person from securing, any position, nomination, confirmation, promotion, or change in compensation or position, within the state or local agency, upon consideration or condition that the vote or political influence or action of such person or another shall be given or used in behalf of, or withheld from, any candidate, officer, or party, or upon any other corrupt condition or consideration. This prohibition shall apply to urging or discouraging the individual employee's action.
(Repealed and added by Stats. 1976, Ch. 1422.) GC 3204

(a) An officer or employee of a local agency shall not, directly or indirectly, solicit a political contribution from an officer or employee of that agency, or from a person on an employment list of that agency, with knowledge that the person from whom the contribution is solicited is an officer or employee of that agency.
(b) A candidate for elective office of a local agency shall not, directly or indirectly, solicit a political contribution from an officer or employee of that agency, or from a person on an employment list of that agency, with knowledge that the person from whom the contribution is solicited is an officer or employee of that agency.
(c) This section shall not prohibit an officer or employee of a local agency, or a candidate for elective office in a local agency, from requesting political contributions from officers or employees of that agency if the solicitation is part of a solicitation made to a significant segment of the public which may include officers or employees of that local agency.
(d) Violation of this section is punishable as a misdemeanor. The district attorney shall have all authority to prosecute under this section.
(e) For purposes of this section, the term "contribution" shall have the same meaning as defined in Section 82015. *(Repealed and added by Stats. 1995, Ch. 653, Sec. 2. Effective January 1, 1996.) GC 3205*

No one who holds, or who is seeking election or appointment to, any office shall, directly or indirectly, offer or arrange for any increase in compensation or salary for an employee of a state or local agency in exchange for, or a promise of, a contribution or loan to any committee controlled directly or indirectly by the person who holds, or who is seeking election or appointment to, an office. A violation of this section is punishable by imprisonment in a county jail for a period not exceeding one year, a fine not exceeding five thousand dollars ($5,000), or by both that imprisonment and fine.
(Added by Stats. 1997, Ch. 206, Sec. 1. Effective January 1, 1998.) GC 320505

No officer or employee of a local agency shall participate in political activities of any kind while in uniform. *(Repealed and added by Stats. 1976, Ch. 1422.)GC3206*

Any city, county, or city and county charter or, in the absence of a charter provision, the governing body of any local agency and any agency not subject to Section 19251 by establishing rules and regulations, may prohibit or otherwise restrict the following:
(a) Officers and employees engaging in political activity during working hours.
(b) Political activities on the premises of the local agency. *(Added by Stats. 1976, Ch. 1422.) GC 3207*

Except as provided in Section 19990, the limitations set forth in this chapter shall be the only restrictions on the political activities of state employees. *(Amended by Stats. 1983, Ch. 142, Sec. 25.) GC 3208*

Nothing in this chapter prevents an officer or employee of a state or local agency from soliciting or receiving political funds or contributions to promote the passage or defeat of a ballot measure which would affect the rate of pay, hours of work, retirement, civil service, or other working conditions of officers or employees of such state or local agency, except that a state or local agency may prohibit or limit such activities by its employees during their working hours and may prohibit or limit entry into governmental offices for such purposes during working hours. *(Added by Stats. 1976, Ch. 1422.) GC 3209*

OATH OF OFFICE

For County Officers and County Employees

Govt Code 3100-3109, Govt Code 1360-1369, CA Constitution, Article 20, Sec. 3

County of Colusa
State of California

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.

_____

Subscribed and sworn to before me this

_____ day of _____, _____

_____

_____

Disaster Service Worker

You are a disaster service worker

County and Agency employees are designated under California Government Code Section 3100 (below) as “Disaster Service Workers.” This means any County or Agency employee may be required to return to work for a disaster assignment.

What is a disaster service worker?

Government Code 3100 provides that all public employees are disaster service workers and may be assigned disaster service activities if necessary.

3100

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, man-made, 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.

FAQs

I was never told I was a disaster service worker, shouldn’t I have been given something?

All new hires are notified of their disaster service worker status during the employee’s first day meeting in Human Resources. Information regarding your status as disaster service worker is located on your employee ID badge.

What is my responsibility as a disaster service worker?

- When the County officially declares an emergency, you should first ensure you and your family are safe.
- Follow your department's reporting instructions.
- Be prepared to be assigned to a disaster service assignment.
- Understand assignments may require your disaster service work to be at locations, times and conditions other than your normal work assignment.

Why me?

All County and Agency employees may be utilized for disaster service worker assignments. Departments and County Human Resources prioritize contacting employees who meet the criteria for given assignments first.

What kind of duties might I be asked to perform as a disaster service worker?

In most cases, your department, Emergency Operations Center, or County Human Resources will provide you with a general assignment based on the needs during the declared emergency. Examples of general job category duties you may be asked to perform include: answering telephones, ordering/delivering food or supplies, managing volunteers, staffing a hotline, developing information or communications, food handling, maintenance tasks, running messages, tracking information in the Emergency Operations Center, helping in a warehouse, shelter or food bank, language interpretation, or other tasks as needed.

How will I know what to do?

When you are assigned a shift you will be given a point of contact for your assignment. When you start your shift (either in person or remotely), you need check in with your point of contact. They will orient you and provide any necessary training, supplies, or equipment, including personal protective equipment if applicable.

Are there any acceptable reasons an employee can decline the disaster service worker assignment?

There may be reasons that prevent an employee from performing disaster service worker, or reporting for specific types of disaster service worker shifts. If you currently, or at any time in the future, feel you are unable to perform disaster service work, you need to notify your supervisor/department management **immediately**. Your supervisor/department management will let you know if your specific situation is acceptable to release you from either some or all types of disaster service work and inform County Human Resources as to your availability/lack of availability. If you are contacted for a disaster

SEXUAL HARASSMENT

FACT SHEET

Civil Rights Department
STATE OF CALIFORNIA

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

THERE ARE TWO TYPES OF SEXUAL HARASSMENT

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

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

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

SEXUAL HARASSMENT INCLUDES MANY FORMS OF OFFENSIVE BEHAVIORS

BEHAVIORS THAT MAY BE SEXUAL HARASSMENT:

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

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

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

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

EMPLOYER RESPONSIBILITY & LIABILITY

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

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

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

SEXUAL HARASSMENT

FACT SHEET

Civil Rights Department
STATE OF CALIFORNIA

CIVIL REMEDIES

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

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

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

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

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

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

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

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

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

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

TO FILE A COMPLAINT

Civil Rights Department
calcivilrights.ca.gov/complaintprocess
Toll Free: 800.884.1684
TTY: 800.700.2320

CRD-185-ENG / September 2022

EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS WHEN HIRED AND TO OTHER WORKERS WHO ASK FOR IT

RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, STALKING, CRIMES THAT CAUSE PHYSICAL INJURY OR MENTAL INJURY, AND CRIMES INVOLVING A THREAT OF PHYSICAL INJURY; AND OF PERSONS WHOSE IMMEDIATE FAMILY MEMBER IS DECEASED AS A DIRECT RESULT OF A CRIME

Your Right to Take Time Off:

- You have the right to take time off from work to obtain relief from a court, including obtaining a restraining order, to protect you and your children's health, safety or welfare.
- If your company has 25 or more workers, you can take time off from work to get medical attention for injuries caused by crime or abuse, receive services from a domestic violence shelter, program, rape crisis center, or victim services organization or agency as a result of the crime or abuse, receive psychological counseling or mental health services related to an experience of crime or abuse, or participate in safety planning and take other actions to increase safety from future crime or abuse.
- You may use accrued paid sick leave or vacation, personal leave, or compensatory time off that is otherwise available for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer beforehand, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, a court order, a document from a licensed medical professional, a victim advocate, a licensed health care provider, or counselor showing that you were undergoing treatment for domestic violence related trauma, or a written statement signed by you, or an individual acting on your behalf, certifying that the absence is for an authorized purpose.

Your Right to Reasonable Accommodation:

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

Your Right to Be Free from Retaliation and Discrimination:

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, stalking, a crime that caused physical injury or mental injury, or a crime involving threat of physical injury; or are someone whose immediate family member is deceased as a direct result of a crime.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: www.dir.ca.gov/dlse/DistrictOffices.htm. If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.

Labor Commissioner's Office Victims of Domestic Violence, Sexual Assault and Stalking Notice 3/2021

COLUSA COUNTY
HUMAN RESOURCES DEPARTMENT

DAR RHODES
Human Resources Director

250 5th Street
Colusa, California 95932
(530) 458-0420
(530) 458-0425 fax

IMPORTANT NOTICES TO ALL COUNTY EMPLOYEES

SUBJECT: FINAL PAYCHECK AT RESIGNATION OR DISCHARGE

Section 220 of the California Labor Code exempts Counties from the requirement of providing a final paycheck immediately, to employees who are discharged, laid off or within 72 hours for those employees who resign. **All such payments will be delayed until the final working day of the month of termination.** If you have questions about this policy , please feel free to contact the Human Resources Department at (530) 458-0420.