

NEW HIRE TRANSMITTAL SHEET TO HUMAN RESOURCES

Section 1: Employee Information

Last Name (Family Name):	First Name (Given Name):	Middle Initial (if any):
Start Date (First Day Worked):	Dispatched to work as a:	
Card Level is: _____ (A, B, C, D card) and should be classified as a: Check one: ☐ Casual Deckhand (D card) Apprentice? Yes ☐ No ☐ ☐ Casual Deckhand (C card or above) ☐ Casual Terminal Agent ☐ Casual Vessel Master (Mate) NOTE: ICMA forms MUST BE FILLED OUT on HIRE DATE		

Section 2: New Hire Paperwork: Review each signed document in the new hire packet and check the space provided below if listed item has been completed.

Completed by New Hire & checked by Supervisor:

- () Ferry Division Emergency Information
- () Employment Disclosure Form
- () Current Year's Federal Tax W-4 Form
- () Current Year's State Tax CA DE-4 Form
- () USCIS Form I9 Section 1 (*Note: If the supervisor will assist in filling out this portion, he/she needs to fill out the Preparer and/or Translator Certification in Section 1*)
- () Election forms for Electronic/Paper Paystub & Electronic/Paper W2
- () Employee Pull Notice
- () Employee Equal Employment Opportunity Survey
- () Drug/Alcohol Booklet – Original of Page 3 with employee signature
- () Acknowledgment receipt of HR Guide Section 2, "Harassment Free Workplace Policy"
- () Acknowledgment receipt of District Policy Regarding Vessel Concessions
- () Employee Alert System Subscription Form
- () Direct Deposit Set-Up Process Information
- () Acknowledgment Receipt of Workplace Violence Prevention Policy
- () ICMA Enrollment Form (only applicable for Casual Vessel Master/Mate)

Completed and/or Copied by Supervisor:

- () I-9 Employment Eligibility Verification – USCIS Form I9 Section 2 (**Attached copies of I9 documents used for verification**)
- () GGBHTD Safety Orientation for New Employees (*Note: Supervisor reviews the form with the new hire; employee and supervisor sign the form after the orientation*)
- () Social Security Card (**Copy attached**)
- () Drug Test Card –USCG (**Copy attached**)
- () Merchant Mariner's Certificate (MMC/MMD) Verified; # _____ Expires _____ (**Copy attached**)
- () TWIC ~For Ferry files only. **DO NOT SEND TWIC TO HR. (Copy attached)**

Supervisor's Signature

Date

Office use only
EEID

FERRY DIVISION

EMPLOYEE	Name		
	Home Address		Apt.
	City	State	Zip
	Day Phone	Cell Phone	
	Social Security #	DL#	
	Date of Birth	Job Dispatched for	
	Have you worked here before?	Card Level: D C B A	
IN CASE OF EMERGENCY PLEASE CONTACT	Name		
	Relationship		
	Home Address		Apt.
	City	State	Zip
	Day Phone	Cell Phone	
ALTERNATIVE CONTACT	Name		
	Relationship		
	Home Address		Apt.
	City	State	Zip
	Day Phone	Cell Phone	
FAMILY DOCTOR	Doctor's Name		Phone
SIGNATURE		Date	

**GOLDEN GATE BRIDGE, HIGHWAY
AND TRANSPORTATION DISTRICT**



EMPLOYMENT DISCLOSURE FORM

Name of Dispatch/Employee: _____

Position Dispatched/Applied for: _____

Date: _____

To comply with the District's Human Resources Guide Policies, candidates (external/internal) applying for dispatch or regular positions in the District must disclose any family relationship with employees.

The District's Human Resources Guide policy on Employment of Family Members, states in part that, *"the District will not appoint an employee to a position in the same department, division or facility, under the direct supervision of another employee when his/her relationship with that employee has the potential for creating favoritism or the perception of favoritism. A "relative" is defined as an individual who is related by blood, marriage or adoption including the following relationships: spouse or domestic partner, child, stepchild, parent, stepparent, grandparent, grandchild, brother, sister, half-brother, half-sister, stepbrother, stepsister, aunt, uncle, niece, nephew, cousin, parent-in-law, daughter-in-law, son-in-law, brother-in-law and sister-in-law. The relatives of a domestic partner would be considered the same as those cited above."*

Based on this policy, please provide enough detail below to permit Human Resources representatives to determine whether there are any relationships that might give rise to a real or perceived perception of favoritism and therefore possibly prohibit your eligibility for this position.

Do you presently have any relatives employed with the Golden Gate Bridge District?

☐ **No** ☐ **Yes - If "Yes", please provide the name, position title and relationship.**

I acknowledge that the information that I have disclosed is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from consideration or immediate dismissal from employment with the Golden Gate Bridge, Highway and Transportation District.

Signature: _____

Date: _____

Date Reviewed by HR:

Approved/Denied

Employee's Withholding Certificate

OMB No. 1545-0074

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.****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: $\left\{ \begin{array}{l} \bullet \$30,000 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$22,500 \text{ if you're head of household} \\ \bullet \$15,000 \text{ if you're single or married filing separately} \end{array} \right\}$ **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	Filing Status
City State ZIP Code	☐ 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 \(DE 44\)](http://edd.ca.gov/pdf_pub_ctr/de44.pdf) (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](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm) (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, visit the [Franchise Tax Board \(FTB\)](http://ftb.ca.gov) (ftb.ca.gov).

If you need information on your last *California Resident Income Tax Return* (FTB Form 540), visit the [FTB](http://ftb.ca.gov) (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 \(CCR\)](http://govt.westlaw.com/calregs/Search/Index) (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](http://leginfo.ca.gov/faces/codes.xhtml) (leginfo.ca.gov/faces/codes.xhtml) and section 19176 of the [Revenue and Taxation Code](http://leginfo.ca.gov/faces/codes.xhtml) (leginfo.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

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

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

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



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		☐ 1. A citizen of the United States					
		☐ 2. A noncitizen national of the United States (See Instructions.)					
		☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C	
Document Title 1						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 2 (if any)		Additional Information				
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 3 (if any)						
Issuing Authority		☐ Check here if you used an alternative procedure authorized by DHS to examine documents.				
Document Number (if any)						
Expiration Date (if any)						
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):	
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	LIST C	
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization	
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document	
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)	
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.	
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
11. Clinic, doctor, or hospital record				
12. Day-care or nursery school record				
Acceptable Receipts				
May be presented in lieu of a document listed above for a temporary period.				
For receipt validity dates, see the M-274.				
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.	

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name (Family Name) from Section 1 .	First Name (Given Name) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.



DIRECT DEPOSIT PROCESS

Dear New Hire:

All new hires can now set-up their direct deposit information via our enhanced Employee Online. To access employee online, your completed new hire packet must be submitted to the Human Resources for registration to the system.

Note that you will need your bank information such as your bank name, account number and routing number to set-up your direct deposit information online.

Please coordinate with the HR Front Office if you need assistance in setting up your direct deposit by contacting 415.257.4535/4525 or emailing at hrcoordinators@goldengate.org.

Thank you.

Sincerely,

Human Resources Department



OPT-IN

ELECTRONIC PAY STUB / PAPER STUB ELECTION FORM

Authorization Form

The Golden Gate Bridge, Highway and Transportation District ("The District") offers employees the option of receiving their paystub electronically through the web-based system, [Employee Online](https://hr.goldengate.org/resources/employee-online) at <https://hr.goldengate.org/resources/employee-online>. [Employee Online](https://hr.goldengate.org/resources/employee-online) is a secure online access to view, save, and print electronic versions of your paystubs as well as manage your direct deposit. This link also provides video instructions on how to access and use your Employee Online account.

In line with this, please make one (1) selection from the options below on how you would like to receive your District paystub:

☐ **Electronic:** I hereby authorize the District to provide my paystub electronically through the web-based system, Employee Online. I understand that I will need to log into my Employee Online account to receive an electronic copy of my paystub.

☐ **Paper:** I hereby notify the District that I wish to receive my paystub in a paper form. I understand that the form will be distributed through interoffice mail.

Employee Name: _____
Employee ID: _____
Date: _____
Employee Signature: _____

This authorization shall remain in effect until a signed written notice changing the above selection is received by the District's Payroll Department either via email at payroll@goldengate.org or interoffice mail at GGBHTD Payroll Department, 1011 Andersen Drive, San Rafael, CA 94901.



OPT-IN

ELECTRONIC W2 / PAPER W2 ELECTION FORM

Authorization Form

The Golden Gate Bridge, Highway and Transportation District ("The District") offers employees the option of receiving their W2 electronically through the web-based system, [Employee Online](https://hr.goldengate.org/resources/employee-online) at <https://hr.goldengate.org/resources/employee-online>. [Employee Online](https://hr.goldengate.org/resources/employee-online) is a secure online access to view, save, and print electronic versions of your annual W2. This link also provides a video instruction on how to access and use your Employee Online account.

In line with this, please make one (1) selection from the options below on how you would like to receive your annual W2:

☐ **Electronic:** I elect to receive my annual W2 electronically only as it is the quickest, safest, and most convenient method to receive this document. I understand that I will need to log into my Employee Online account to receive an electronic copy of my W2.

☐ **Paper:** I elect to receive a paper copy of my annual W2 form via mail to the address I have on file as well as be able to access it through Employee Online. I understand that I am responsible for and agree to notify the District of any changes in my address.

Employee Name: _____
Employee ID: _____
Date: _____
Employee Signature: _____

This authorization shall remain in effect until a signed written notice changing your above selection is received by the District's Payroll Department either via email at payroll@goldengate.org or interoffice mail at GGBHTD Payroll Department, 1011 Andersen Drive, San Rafael, CA 94901.



EMPLOYEE PULL NOTICE PROGRAM
AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

Date: _____

Employee's Full Name: _____
(As it appears on your California Driver's License)

Driver's License No: _____ Class/Type: _____

Date of Birth: _____
(Month/Day/Year)

Expiration Date: _____
(Month/Day/Year)

Position Title: _____

I hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available my driving record to my employer. I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program.

I understand that enrollment in the EPN program is in an effort to promote driver safety and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

Signature

Return completed form to the Human Resources Department.



Equal Employment Opportunity Survey

The Golden Gate Bridge, Highway and Transportation District (“District”) has a strong commitment to the community we serve and our employees. As an equal employment opportunity employer we strive to have a workforce that reflects the community we serve. No person is unlawfully excluded from employment opportunities based on race, color, religion, religious creed, national origin, ancestry, citizenship, physical and mental disability, medical condition, genetic information, marital status, sex (including pregnancy, childbirth and related medical conditions) gender, gender identity, gender expression, age, sexual orientation, veteran and/or military status, protected medical leaves, domestic violence victim status, political affiliation and any other status protected by status or federal law.

Why are you being asked to complete this form?

As a recipient of federal funding, the Federal Transit Administration (FTA) requires the District to periodically produce statistical analysis of our applicant records. This survey ensures full compliance with our policy on Affirmative Action and non-discrimination. Completion of this survey is voluntary. However, we hope that you will complete the survey as doing so will help in implementing our affirmative action program and goals. If you choose not to answer any of the items, you will not be subject to adverse effects. However, we urge you to answer each one and assure you that this information is confidential and will not become a part of your applicant/employee file. If you do not voluntarily self-identify gender or race/ethnicity, identification will be made by visual or other judgmental factors.

Voluntary Self-Identification of Veteran Status

In addition, the FTA requires the District to gather statistical data on Veteran Status and to take affirmative action to employ and advance in employment protected Veterans. If you belong to any of the following categories of veterans, please indicate by checking the box below:

☐ Protected Veteran No Self Identification ☐ Not Protected Veteran ☐ Protected Veteran

Protected Veteran means:

- A. A person who served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge;
- B. A person who was discharged or released from active duty because of a service-connected disability;
- C. A person who, as a member of a reserve component under an order to active duty pursuant to section 12301(a),(d), or (g), 12302 or 12304 of Title 10, served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge; or
- D. A person who was discharged or released from active duty by reason of a sole survivorship discharge.

Are you a Veteran?

☐ Yes, I'm a Disabled Veteran

☐ Yes, I'm a Veteran

☐ I don't wish to answer

Voluntary Self-Identification of Disability

The FTA also requires the District to measure the effectiveness of its outreach, recruitment and retention efforts for persons with disabilities and provide statistical data. To help us measure how well we are doing, we invite applicants to tell us whether you have a disability or have ever had a disability. All self-identification information is confidential and kept separate from the employment application materials and personnel records and complies with the FTA's privacy protocols.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

-Blindness	- Autism	- Bipolar disorder	- Post-traumatic stress disorder
- Deafness	- Cerebral palsy	- Major Depression	- Impairments require use of a wheelchair
- Cancer	- HIV/AIDS	- Multiple sclerosis (MS)	- Intellectual disability
- Diabetes	-Schizophrenia	- Missing limbs or partially missing limbs	- Epilepsy

Are you an individual with a disability?

☐ Yes ☐ No

Reasonable Accommodation

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. The District will make reasonable efforts to accommodate applicants with disabilities to complete the employment application and in any job-related examination process or in performing essential job duties. Please advise the Human Resources Department of any special needs in advance of interviews, examinations or other selection processes by emailing us at 415-257-4535.

Race and Gender Categories

Gender: ☐ Male ☐ Female

Ethnic Category:

- | | | |
|---|--|---|
| ☐ Asian (Non Hispanic or Latino) | ☐ Black or African American | ☐ Hispanic or Latino |
| ☐ American Indian/Alaskan Native | ☐ Native Hawaiian/Other Pac Isl | ☐ Two or More Races |
| ☐ White (Non Hispanic or Latino) | ☐ DECLINE TO STATE | |

CONFIRMATION OF RECEIPT OF HARASSMENT FREE WORKPLACE POLICY

I _____ acknowledge that I have received, read and understand the District's *Harassment Free Workplace Policy* provided to me as part of my New Hire Packet. I understand that this policy is excerpted from the *Human Resources Guide*. I understand that I may ask any questions about it and that I will not be retaliated against in any way for reporting harassment or discrimination or participating in an investigation. I understand that I am expected to be knowledgeable about District policies and that I can access the *Human Resources Guide* and applicable *Memorandums of Understanding* on the Employee Intranet.

Signature

Date



Safety Orientation for New Employees

Instructions for Supervisors

New employees, and employees new to your department, must receive a safety orientation on their first day. You can begin the orientation by having them review the applicable "Safety Programs, Practices, Procedures, Plans" in the EH&S section on the Employee Intranet.

Every operating unit department will have specific hazards unique to their area. Please review specific hazards and safety procedures with new employees.

After you and the employee have completed the orientation, please fill out the information below, and have the employee sign. Return both pages to the Human Resources Department within 5 days of the employee's date of hire or transfer.

Certification

Employee Name: _____

Job Title: _____ Department: _____

I have reviewed with my supervisor all of the information reflected on the New Employee Safety Orientation. I understand all of the safety rules and agree to abide by them. I understand that violating safety rules can subject me to disciplinary action.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____



WORKPLACE VIOLENCE PREVENTION POLICY

Employee Acknowledgement Form

I hereby acknowledge that I received the training material on the Workplace Violence Prevention Policy.

I understand that as an employee, it is my responsibility to abide by the District's plan and policy, in accordance with the provided material.

If I have questions about the information presented or the District's policy and procedures, I understand that it is my responsibility to seek clarification from the Risk Management and Safety Department.

Employee Name: _____

Employee Signature: _____

Date: _____

NEW EMPLOYEE SAFETY ORIENTATION

The employee (name) _____ has been:

- ☐ Informed that the elements of the District's Injury and Illness Prevention Program (IIPP) are in the HR Guide.
- ☐ Informed that the elements of the District's Emergency Preparedness are found at hr.goldengate.org.
- ☐ Terminal agents informed of the location in the employee's work area and Deckhands are advised to review with Lead Deckhand on vessel of:
 - o Emergency Exits
 - o Fire Extinguishers
 - o First Aid Kits
 - o Emergency Shower and Eye Wash Station (if applicable)
 - o Fire Alarm pull (vessel only)
 - o Evacuation Assembly Area
- ☐ Informed of the procedures for reporting emergencies and emergency phone numbers.
- ☐ Informed of procedures for reporting hazardous conditions.
- ☐ Informed of security and procedures for reporting suspicious persons.
- ☐ Told to immediately report all injuries to his/her supervisor.
- ☐ Trained during IBU class and on safe methods for performing the specific job the employee was assigned, including any hazards associated with that job, such as proper lifting, use of hand tools, spill clean-up, fall protection and confined spaces.
- ☐ Informed of and trained on chemical hazards according to the Cal/OSHA Hazard Communication training requirements, including what a Safety Data Sheet is, how to read a chemical label, what precautions to take (if applicable, advised to discuss with Lead Deckhand or training TA).
- ☐ Informed about other potential hazards and how to protect themselves and where to obtain personal protective equipment (if applicable, advised to discuss with Lead Deckhand or training TA).
- ☐ Told to wear seatbelts at all times while in District vehicles.

Notes / follow up needed:

***** WHEN COMPLETE. PLEASE RETURN THIS FORM TO HUMAN RESOURCES *****

Memo: To All Ferry Employees (Regular and Casual)
Re: District Policy Regarding Vessel Concessions

Employees are welcome to one beverage per shift. Beverage choices are limited to soda, coffee or tea. Refills are permissible provided the same cup is used. Employees wishing to purchase any other non-alcoholic beverage or food item may do so at half the published price. These beverage and food items must be paid for at the time of purchase.

For security and other reasons, employees are not allowed in the bar area at any time. Employees must wait until the Concessionaire is available to fill their drink/food requests.

Please also be respectful of the Concessionaire's time. Hanging out at the bar, talking and/or otherwise engaging the Concessionaire during his/her work time interferes with Concession operations.

Employees should be working at the direction of the Lead Deckhand or Vessel Master at all times.

Thank you for your adherence to this policy.

Employee Signature

Date

Print Name:

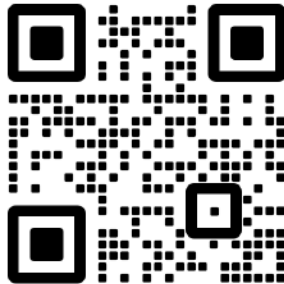


DISTRICT EMPLOYEE ALERT SYSTEM

The Employee Alert System is an opt-in employee-only alert system that allows us to immediately notify employees of an emergency via personal email and/or text messages. It is only used in the event of an emergency or urgent situation or when critical human resources information needs to be disseminated.

We encourage employees who have the ability to receive text message or email to consider subscribing. Employees are responsible for any text charges. To subscribe, please use the qr code below to enter your contact information, or visit <https://public.govdelivery.com/accounts/CAGOLDEN/signup/31310>.

If you have questions or need assistance, please call 415-257-4513 or email mgoodwin@goldengate.org



Start your journey: Join your plan



Join your plan using your computer, tablet, or mobile device. To enroll, or view your plan's features and investment options, scan the QR code or visit:

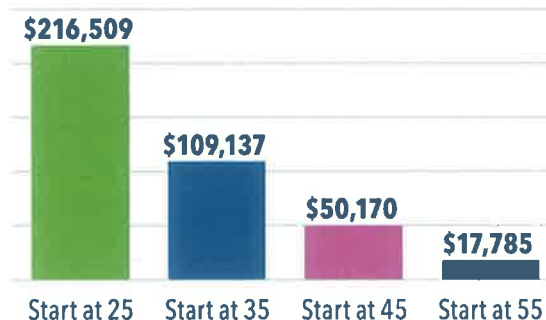
www.icmarc.org/goldengate457

All you need to get started is your plan number: **303915**

How much could my account be worth at age 65?*

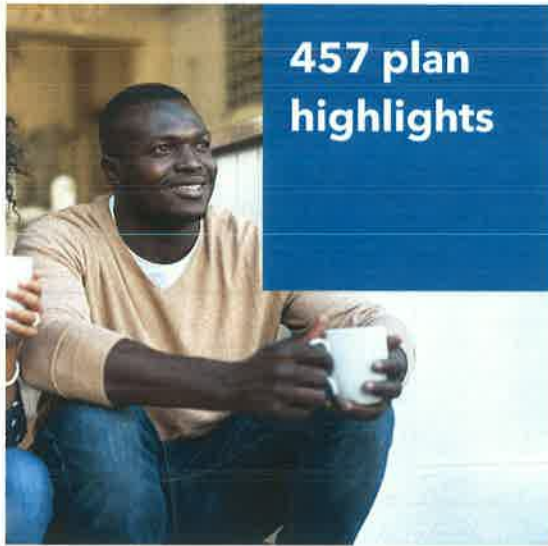
Saving now can help alleviate the pressure to catch up later. Starting early can give you an advantage due to compounding, in which your investments produce earnings from previous earnings.

* For illustrative purposes only. Assumes \$50 bi-weekly contributions and an effective annual return of 6%, compounded bi-weekly.



Questions? Get personalized help from your MissionSquare Retirement Plans Specialist. See next page for contact information.

While a pension and/or Social Security may go a long way, they may not be enough. Saving to a 457 plan will supplement your retirement income and help you build a secure financial future.



- Set your own savings goals
- Control your investments
- Choose your beneficiaries
- Get tax benefits
- Access to your MissionSquare representative for personalized help

By joining your 457 Plan, you've taken an important first step on your retirement journey. For more information, visit:

www.icmarc.org/457

For assistance with your Plan and your overall retirement goals, contact your MissionSquare representative.



Kim Hammond

Retirement Plans Specialist

202-759-7067

khammond@missionsq.org

Start your journey.

Visit www.icmarc.org/goldengate457 to join your plan today.



HUMAN RESOURCES GUIDE

Golden Gate Bridge Highway and Transportation District

The Golden Gate Bridge, Highway and Transportation District recognizes that our employees and customers come from many diverse backgrounds. We respect these backgrounds. We are committed to achieving a workforce that reflects the rich diversity of our region and ensuring that our employees and customers are treated fairly and free from intolerance and discrimination.



WELCOME ABOARD!

Thank you for choosing the Golden Gate Bridge, Highway and Transportation District as your employer. You are now a valued member of the District.

You have joined an exceptional group of individuals who believe and support our mission, vision, values and goals. We expect your contribution to be creative, productive, positive and genuine. We hope you will feel that the District is a wonderful place to call your work "Home."

As General Manager, I look forward to your opinions and ideas. I encourage you to make suggestions at any time.

We hope that you find the *Human Resources Guide* a useful tool during your employment. Thank you for choosing the Golden Gate Bridge, Highway and Transportation District.

Sincerely,

Denis J. Mulligan

General Manager

Golden Gate Bridge

P.O. Box 9000
Presidio Station
San Francisco, CA
94129-0601

Golden Gate Transit & Administration

1011 Andersen Drive
San Rafael, CA 94901

Golden Gate Ferry

101 E. Sir Francis Drake Blvd.
Larkspur, CA 94939

www.goldengate.org

Public Transit since 1969

HUMAN RESOURCES GUIDE INTRODUCTION

This *Human Resources Guide* contains guidance on general personnel policies, procedures, and rules, and is published by *The Golden Gate Bridge, Highway and Transportation District* for use by supervisors, managers and employees.

This *Human Resources Guide* will acquaint you with the District's policies, work rules and benefits and is intended to be a reference for answering job-related questions for non-represented employees. The *Human Resources Guide* is not intended to be a contract (express or implied), nor is it intended to create any legally enforceable obligations on the part of the District or its employees.

The *Human Resources Guide* does not outline specific provisions of the Memoranda of Understanding, which apply to the various represented employee groups at the District. When issues concerning represented employees arise, employees should review the applicable Memorandum of Understanding and speak with the appropriate union representative.

Employees must abide by these policies. The consequence of violating District policy

may result in discipline, up to and including termination of District employment.

Therefore, it is essential that you read and understand this *Human Resources Guide*. If you have questions, contact your supervisor or the Human Resources Department for clarification.

District policies are subject to change from time-to-time. The District may revise, rescind or add to any policy, practice or benefit described in the *Human Resources Guide*. Employees should always check the Employee Intranet for the most current version of this Guide. The policy information is presented by subject matter and can be searched electronically online. There may be occasions for which the Guide will not effectively address a personnel situation. If so, you should consult with your supervisor or the Human Resources Department.

EMPLOYEE ACKNOWLEDGEMENT

It is the individual responsibility of each District employee to read and understand the policies contained in the ***Human Resources Guide***. Employees must abide by District policies, practices, and regulations currently in effect or that may be put into effect during the employment relationship. The District may change, rescind or add to any policies, benefits or practices described in the *Human Resources Guide*. The *Human Resources Guide* is not intended to cover every situation that may arise during employment.

The *Human Resources Guide*, and any updates or forms mentioned herein, may be accessed by navigating to the Employee Intranet or employees may obtain a copy by contacting the Human Resources Department. Nothing in the *Human Resources Guide* creates or is intended to create, a promise of continued employment. Employees should consult the Human Resources Department with any questions not answered in the *Human Resources Guide* and for clarification of the policies.

DISTRICT VALUES

INTEGRITY	We keep the commitments we make to our co-workers and customers. We are honest in what we say and do.
COMPETENCE	We apply the skills and knowledge we have learned in training and from our experiences. We ask for help or retraining when we are not successful.
FLEXIBILITY	We recognize that being able to adapt as our environment changes helps us grow personally and professionally. We recognize the need to be flexible as an organization and develop new ways of doing business in order to respond to new challenges and new technologies.
ACCOUNTABILITY	When mistakes are made (and they will be), we take personal responsibility for fixing the problems. We learn from our mistakes. We accept praise and feedback for the work we do. We understand our roles and the level of authority we have. We are responsible for our own actions, feelings and behaviors. We have the power to change only ourselves, not others.
RECOGNITION	We thank others for his or her help. We let others know they have done a good job. We privately and politely advise others in a constructive way if they have done something wrong.
DIVERSITY	We recognize that our co-workers and customers come from many different backgrounds. We respect these backgrounds that make our organization richer and more vibrant.
RESPECT	We recognize all jobs are important to the organization and treat everyone respectfully, no matter what job he/she holds. We hear others out completely without interrupting. We do not judge others' views (at least not verbally or in writing). We treat others politely and in a way that does not embarrass them. We agree to disagree.
COLLABORATION	We seek employees participation in problem solving and do not let old habits and practices get in the way of working together. We recognize that a team effort in decision-making and problem-solving will achieve better solutions.
PRIDE	We do the very best job we can to achieve self-satisfaction and a sense of accomplishment. We consider ourselves to be professionals in our jobs and strive to be professional in our behaviors.
RESPONSIVENESS	We answer people's questions as promptly and honestly as we can. We strive to meet our co-workers' and customers' needs and requests.

SECTION 2

Equal Employment Opportunity



ANTI-DISCRIMINATION IN EMPLOYMENT

The District provides equal employment opportunity for all qualified persons in accordance with state and federal laws prohibiting discrimination based on race, religious creed, color, national origin, ancestry, disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, military and veteran status or any other basis protected by federal, state or local law.

Employment decisions involving recruiting, selection, promotions, terminations, transfers, layoffs, compensation, training, benefits and other terms and conditions of employment are made in a nondiscriminatory manner.

Employment decisions are based on individual qualifications and other non-discriminatory business reasons. Retaliation against any employee or applicant for bringing a complaint of discrimination is prohibited. This policy also prohibits retaliation against a person who participates in any manner in an investigation or resolution of a complaint of discrimination. The District also

prohibits retaliation against employees who report violations under Title I of the Affordable Care Act. Retaliation includes threats, intimidation, reprisals and other adverse employment-related actions.

The District is an affirmative action/equal employment opportunity employer. This means the District takes affirmative steps to ensure equal employment opportunity for minorities, women and persons with disabilities. The District also complies with the Americans with Disabilities Act (ADA) requiring reasonable accommodation for applicants and employees, as needed. The District also ensures that its newly constructed facilities comply with the ADA.

Responsibility for the implementation of the Equal Employment Opportunity policies and Affirmative Action plan (EEO Programs) rests with the District's EEO Compliance Programs Office. However, all Deputy General Managers (DGMs), directors, department managers, administrators and supervisors are responsible for carrying out the EEO Programs within his or her respective department(s). The Board of Directors expects the General Manager and each DGM, director, manager, supervisor, administrator and employee to ensure compliance with the EEO Programs Office.

» DISCRIMINATION COMPLAINTS

All employees, represented and non-represented, may consult with District management or the EEO Compliance Programs Office concerning any issue or incident which the employee believes may involve discrimination on the basis of any protected category. District representatives will endeavor to respect a complaining employee's desire for confidentiality but must be free to act when facts suggest a violation of policy has occurred. When an employee believes this policy has been violated, the employee should submit a formal written complaint and consult directly with the EEO Compliance Programs Office at 415-257-4537 or the Human Resources Department at 415-257-4521 as soon as practicable after the incident. Employees must cooperate in investigations and answer all questions truthfully and to the best of his or her knowledge.

» RESOLUTION PROCEDURES

The resolution of discrimination complaints will be conducted in accordance with either of the following procedures:

Informal Procedure for Resolution

The EEO Compliance Programs Office or Human Resources Department, or his or her designee, may explore informal resolution of a discrimination complaint at the lowest level and, when necessary, conduct a fact-finding investigation concerning any complaint which the employee believes may involve issues of discrimination

OR

Formal Procedure for Resolution

Employees are encouraged to submit formal complaints in writing to the EEO Compliance Programs Office. The written complaint should include the complainant's name, division, department, position, basis of the discriminatory complaint and the names and positions of individuals involved in the complaint, including witnesses.

(See Complaint Reporting Form)

Following receipt of a complaint, a District representative will meet with the employee to review the discrimination allegation(s) to ensure that the information is accurately stated and understood. During this interview, the basis of the complaint and supporting evidence should be fully communicated. Such an investigation may include interviews with all parties named by the complainant as wholly or partially responsible for the alleged discriminatory acts as well as any witnesses. Investigations may also include the review and analysis of relevant personnel records and employee statistics. If appropriate, courses of action for an expedient resolution of the complaint will be developed by the District representative.

If the District representative determines that there are no issues of discrimination involving one or more of the protected categories, he or she will inform the employee, the manager and the department Deputy General Manager. If the District representative determines that there has been a violation of this policy, he or she will present a written determination supporting the validity of the complaint to the General Manager with a recommendation for corrective action. The General Manager shall review the record and issue a final determination which may include discipline up to termination.

Last Revision: 01.2015

DISABILITY AND REASONABLE ACCOMMODATION

The District provides equal employment access to all qualified applicants and employees. The District complies with the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973 and the California Fair Employment and Housing Act (FEHA). Reasonable accommodation is provided to qualified individuals who are disabled or become disabled and need assistance to be considered for a job or to perform the essential functions of his or her job, unless to do so would impose an undue hardship. The District's Disability Management Committee (DMC) is responsible for ensuring compliance with these laws.

» APPLICANTS REQUESTING AN ACCOMMODATION

The District will include a statement on all applications indicating the availability of reasonable accommodation in the recruitment process with instructions to applicants on the method for requesting reasonable accommodation. When a qualified disabled applicant requests an accommodation, the Human Resources Department will confer with the applicant on the accommodation request. If additional medical clarification is needed, the applicant must provide appropriate documentation.

» EMPLOYEES REQUESTING AN ACCOMMODATION OR MANAGERS RECOGNIZING A POTENTIAL NEED FOR AN ACCOMMODATION

An employee may request an accommodation. A manager may also inquire as to the recognized need for an accommodation when an employee with a known disability experiences job performance issues or appears to pose a direct threat to the health or safety of the individual, other workers or the

public. A request for an accommodation is a statement that an employee needs a work-related modification due to a disability. A request may be made orally or in writing by the employee to a manager, Equal Employment Opportunity Compliance Programs Office (EEO), Human Resources Department (HR) or the Environmental, Health and Safety Department (EHS). Once EEO, HR or EHS becomes aware of the need for an accommodation, a representative will notify the DMC. The DMC will coordinate the interactive process with EEO (for non-work-related disabilities) and/or EHS (for work-related disabilities). Participants in the interactive process should include the employee, the employee's manager and appropriate District representatives as well as documentation regarding work restrictions from an appropriate medical provider.

Generally, unless the need for accommodation is obvious, documentation from an appropriate medical provider is required to identify: (1) the physical or mental limitations imposed by the disability or medical condition; and (2) for each limitation, the expected duration and whether it is permanent or temporary. If the need for accommodation is due to a work-related injury and is temporary, the District will consider whether light duty is appropriate. If the need for accommodation is permanent, a permanent accommodation will be discussed and considered.

THE INTERACTIVE PROCESS

The interactive process is an ongoing dialogue between the employee and appropriate District representatives used to determine possible options for reasonably accommodating an employee's disability.

Two-way communication between the DMC and the employee is essential. During the interactive process the DMC considers information related to the essential functions of the job, functional limitations, possible accommodations, the reasonableness of possible accommodations, and the implementation of a reasonable accommodation.

The employee has an affirmative obligation to engage in the interactive process in a meaningful manner.

The interactive process may include the following steps:

- 1** The DMC will review the request for accommodation and conduct an analysis of the job requirements and identify essential and non-essential job functions;
- 2** The DMC will coordinate and facilitate the interactive process;
- 3** The employee and his or her medical provider must provide documented work restrictions. A current job description will be provided to the medical provider for his or her use to determine the functional capabilities and as a basis for recommending potential accommodations. If the report of the medical provider is inadequate, incomplete or conflicts with other information obtained, the DMC may ask the employee to obtain further information from the medical provider or may refer the employee to a physician of the District's choice, at the District's expense;
- 4** In consultation with the employee, the DMC shall explore whether there are potential accommodations that would effectively enable the employee to perform the essential functions of the job;
- 5** The District will determine and implement the most appropriate accommodation, if any. The District is not required to provide the accommodation preferred by the employee or his or her medical provider. The District has the ultimate discretion to choose the accommodation. Once the accommodation is implemented, the employee and manager should become familiar with any modifications or changes in the employee's roles and responsibilities so that the accommodation plan may be fully realized;
- 6** The DMC will work with the manager to review the effectiveness of the accommodation as necessary. Changes in circumstances, whether in the employee's condition or workplace factors, may warrant an accommodation re-evaluation;
- 7** The interactive process is an ongoing obligation. If a provided accommodation is no longer effective, the District and the employee may engage further in the interactive process to identify possible alternatives.

Last Revision 01.2015

HARASSMENT FREE WORKPLACE

The District is committed to creating and maintaining a workplace free from all types of inappropriate conduct and discriminatory harassment. Every employee has a right to be treated with dignity and respect and further has a responsibility to treat others the same way. Certain behavior is prohibited by District policy and by law. This policy defines discriminatory harassment and sets forth procedural guidelines for the resolution of complaints. The District will take whatever action is necessary to prevent, correct, and if appropriate, discipline behavior that violates this policy.

Every department has an obligation to assure that the work environment is free from offensive and potentially harassing behavior. Prompt, appropriate action may help to avoid or minimize the occurrence of inappropriate behavior. Managers who observe or otherwise become aware of potential harassment have a duty to assist and counsel employees in an effort to remedy such behavior and prevent its recurrence; and, to report potential unlawful harassment to the EEO Compliance Programs Office.

Employees are expected to be knowledgeable about District policies. Ignorance of policy is not a defense. Individuals may be held personally liable for conduct rising to the level of unlawful harassment which can include monetary damages resulting from legal proceedings.

The District will not routinely inquire about relationships between employees that appear voluntary in nature. If such voluntary relationships result in behavior that is reasonably found to be offensive by others, such behavior may violate this policy.

» EMPLOYEE ACTION

Some individuals are not aware that his or her behavior may be offensive or potentially harassing. Oftentimes simply advising someone of the offensive nature of his or her behavior can resolve the problem. Whenever possible, employees should inform the other person that his or her behavior is unwelcome, offensive, in poor taste or highly inappropriate. If this does not resolve the concern or if an employee is uncomfortable, threatened, or

has difficulty expressing his or her concern, he or she should seek informal assistance from any supervisor, manager, the Human Resources Department or the EEO Compliance Programs Manager.

Any complaint which cannot be satisfactorily resolved through a discussion between the parties should be referred to the EEO Compliance Programs Manager. The EEO Compliance Programs Manager shall investigate complaints. When an employee is aware of the potential harassment of others, that employee is not only encouraged but obligated to immediately report the incident to any supervisor, manager, the Human Resources Department, a Deputy General Manager or the EEO Compliance Programs Manager, depending on which individual the employee is most comfortable contacting.

Employees are required to cooperate in investigations. This means coming forward with evidence both favorable and unfavorable to a person accused of inappropriate or harassing conduct; and, fully and truthfully making a written statement and/or verbally answering questions when required to do so during the course of an investigation. Refusal to cooperate, failure to be truthful and/or knowingly providing false or misleading information may result in disciplinary action.



» RESOLUTION PROCEDURES

Informal Procedure for Resolution:

The supervisor, manager, Human Resources Director or the EEO Compliance Programs Manager or a designee may explore informal resolution of complaints of inappropriate conduct or discriminatory harassment at the lowest level and, when necessary, assist and counsel employees and/or conduct a fact-finding investigation concerning any complaint which the employee believes may involve issues of inappropriate behavior.

OR

Formal Procedure for Resolution:

If the informal resolution procedure does not successfully resolve the issue, the employee may submit a formal complaint to the EEO Compliance Programs Manager. In addition, if in the opinion of the General Manager, a Deputy General Manager or the EEO Compliance Programs Manager, a formal investigation is warranted, one will be initiated. Employees are encouraged to submit a written complaint that includes the complainant's name, division, department, position, basis of the complaint, and the names and positions of individuals involved in the complaint, including witnesses. **(See EEO Complaint Form)**

As appropriate, a formal investigation may include meeting with the employee to review the allegation(s) to ensure that the information is accurately stated and understood. During this interview, the basis of the complaint and supporting evidence should be fully communicated. Such an investigation may include interviews with all parties named by the complainant as wholly or partially responsible for the conduct as well as any witnesses. Investigations may also include the review and analysis of relevant personnel records and other information. If appropriate, courses of action for an expedient resolution of the complaint will be jointly developed by the EEO Compliance Programs Manager and the complainant.

If the EEO Compliance Programs Manager determines that there are no issues of inappropriate behavior or discriminatory harassment, he or she will notify the complainant of such. The appropriate manager will determine final corrective action. All records and information relating to investigations and any resulting disciplinary action shall be confidential, except to the extent disclosure is required by law, as part of the investigatory or disciplinary process or as otherwise reasonably necessary.

» ADDITIONAL ENFORCEMENT INFORMATION

The Federal Equal Employment Opportunity Commission (EEOC) and the California Department of Fair Employment and Housing (DFEH) also investigate complaints of unlawful harassment in employment. For more information, contact the nearest office of the EEOC at 415-356-5100 (www.EEOC.gov); or, the DFEH at 800-884-1684 (www.DFEH.ca.gov).

» RETALIATION IS PROHIBITED

The District prohibits any form of retaliation against an employee who makes a complaint, raises a concern, provides information or otherwise assists in an investigation or proceeding regarding any conduct that he or she believes to be in violation of the District's policies or applicable laws, rules or regulations. Retaliation may include threats, intimidation, reprisals or adverse employment actions.

» DISCRIMINATORY HARASSMENT

Discriminatory Harassment is inappropriate behavior based on the following protected categories as defined by law: race, religious creed, color, national origin, ancestry, disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation or military or veteran status, or any other basis protected by federal, state or local law.

Examples of discriminatory harassment include:

- **Verbal Harassment**

Epithets, derogatory comments, name-calling, slurs, propositioning, or otherwise offensive words or comments based on an individual's protected category. This includes but is not limited to inappropriate sexually-oriented comments on appearance, including dress or physical features and sexual rumors;

- **Physical Harassment**

Assault, impeding or blocking movement, leering or the physical interference with normal work privacy or movement when directed at an individual based on his or her protected category. This includes touching, pinching, patting, grabbing, brushing up against, stalking or making explicit threats;

- **Visual Harassment**

Derogatory, prejudicial, stereotypical or otherwise offensive posters, photographs, cartoons, gestures, jokes, notes, bulletins, drawings or pictures on the basis of an individual's protected category. This applies to both posted material, or material maintained in or on District equipment or personal property in the workplace;

- **Sexual Harassment**

Any act which is sexual in nature and is made explicitly or implicitly a term or condition of employment, is used as the basis of an employment decision, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment. Sexually harassing conduct need not be motivated by sexual desire.

Employees should contact the EEO Compliance Programs Office (Ext. 4537), the Director of Human Resources (Ext. 4521), or the Deputy General Manager of Administration and Development (Ext. 4580), with questions about inappropriate workplace behavior in violation of this policy. Employees may also refer to the Employee Intranet for questions on these policies or to file an EEO Complaint Form with the EEO Compliance Programs Department.

Last Revision: 01.2015

DRUG AND ALCOHOL-FREE WORKPLACE

The District is committed to providing a workplace free from the adverse effects of illegal drug and alcohol use and prescription drug abuse or misuse. A drug and alcohol-free workplace protects the District's employees and ensures the safety and security of the public.

Under the guidelines of the Drug-Free Workplace Act of 1988 and the California Drug-Free Workplace Act of 1990, all employees are prohibited from unlawfully manufacturing, distributing, dispensing, possessing, storing, or using any controlled substance or alcohol while on the job or on District property. Employees shall have no expectation of privacy. The District may, from time-to-time, and without notice, inspect any and all personal property on District premises. Use of alcohol during work hours, including rest breaks and meal periods where an individual is scheduled to return to duty, is against policy.

» MEDICAL MARIJUANA

The District's Drug and Alcohol-Free Workplace Policy prohibits the use of marijuana, including medical marijuana. A physician recommendation or prescription for medical marijuana does not constitute an exception from or waiver of this policy. A positive drug test result as a result of consuming medical marijuana is a violation of this policy.

» GUIDELINES FOR USE OF PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS

Each employee must report to work fully capable of safely performing his or her job duties, which includes assuming responsibility for his or her own use of prescription drugs and over-the-counter medicines. This policy prohibits the use of medications prescribed by physicians or purchased over the-counter containing drugs or alcohol that may adversely affect an employee's work performance.

The following guidelines will assist employees in ensuring the safe use of medications:

- All prescription and over-the-counter medications have the potential to be dangerous. Use medications cautiously and always in accordance with your physician's directions. This caution does not require any employee to delay or deny any necessary medical treatment;
- Inform your prescribing pharmacist, physician, dentist or other medical professional of your position and explain your job duties; be sure to ask if you will be able to perform your duties safely while on the medications;
- Solicit information from your pharmacist about the medication ingredients, side effects, precautions, drug interactions and effects when combined with other drugs. Even if you have already obtained information from your prescribing physician, your pharmacist may be more knowledgeable and be able to provide additional information and insight;
- Read warning labels and side effects on information summaries provided with prescriptions and over-the-counter medications.

Employees should not report to work while using prescription or over-the-counter medications that adversely affect the employee's work performance.

» DRUG AND ALCOHOL TESTING

Any employee who is reasonably suspected of being intoxicated, impaired or under the influence of alcohol or a prohibited substance or not fit-for-duty, shall be removed from job duties and subjected to reasonable suspicion testing.

An employee violating this policy shall be subject to discipline, up to and including termination, and may be required to satisfactorily participate in a drug or alcohol abuse assistance or rehabilitation program.

Employees are required to notify his or her supervisor and/or the Human Resources Department of any criminal drug conviction no later than five days after such conviction. The District shall report the conviction as may be required by law. Failure to notify the District will result in disciplinary action up to and including termination. Counseling, rehabilitation and employee assistance for employees who have personal problems involving the abuse of drugs and/or alcohol is available through the District's Medical Benefit Plans and the Employee Assistance Program. The District is not responsible for the costs of participation in programs under this policy. Employees are encouraged to use substance abuse benefits as provided under his or her medical coverage.

Additionally, awareness programs are presented to inform employees about the dangers of drug and alcohol abuse in the workplace. Supervisors also receive training in identifying and addressing drug and/or alcohol use.

All employees shall abide by this Drug and Alcohol-Free Workplace Policy as a condition of continued employment. Violations of this policy are cause for discipline up to and including termination.

» PUBLIC SAFETY-SENSITIVE POSITIONS

Public safety positions are positions in which the employee's inability or impaired ability to perform the essential functions will result in a direct threat to others. A direct threat will occur when the essential functions of the position include operating a motorized vehicle, operating dangerous heavy equipment, and/or working on the Bridge roadway, sidewalks or any other area of the Bridge, whether accessible to the public or not, where a mistake by the employee would pose a serious danger to public safety.

A list of public safety positions is provided in the applicable *Substance Abuse Policy Booklet*. Supervisors who might be called on to perform a public safety function are included. The *Substance Abuse Policy Booklet* for public safety employees describes the obligations for employees in those positions and they should become familiar with that booklet.

» DEPARTMENT OF TRANSPORTATION SAFETY-SENSITIVE POSITIONS

Each year *The Golden Gate Bridge, Highway and Transportation District* receives over \$1.5 million in federal grants which assist the District in funding both its Bus and Ferry Division operations and Bridge design and engineering work.

The Department of Transportation, Federal Transit Administration (FTA), regulates these federal grants. In 1993, the FTA established federal regulations whereby the District, along with all other transportation agencies who receive federal funds, must maintain a drug and alcohol testing program for safety-sensitive positions. The District's Drug and Alcohol Testing Program went into effect January 1, 1995, and is in accordance with FTA regulations.

Employees in DOT and (U.S. Coast Guard) Safety-Sensitive Positions should refer to the applicable *Substance Abuse Policy Booklet* for Safety-Sensitive employees.

Last Revision 01.2015

SMOKE-FREE WORKPLACE

The District is committed to providing and maintaining a safe and healthy work environment for all employees. Smoking (including, but not limited to cigarettes, e-cigarettes, pipes, cigars, hookahs and water pipes) and chewing tobacco is prohibited in all enclosed work areas in District buildings, structures and vehicles. This includes the smoking of electronic cigarettes. Smoking and chewing tobacco are also prohibited in any location that is less than 20 feet away from any building entrance, exit, window or ventilation system. Unless otherwise arranged with the employee's manager, employees may not take smoking breaks in addition to his or her approved rest and/or meal periods. Reports of smoking or chewing in the workplace should be brought to the attention of the employee's manager and/or the Human Resources Department.

» EMPLOYEE ASSISTANCE STOP SMOKING PROGRAMS

To facilitate the transition to a smoke-free healthier lifestyle, the District encourages employees to contact his or her medical insurance provider and/or the Employee Assistance Program about the availability of smoking cessation programs.

Last Revision 01.2015

PREVENTING WORKPLACE VIOLENCE

The District is committed to providing a safe and secure work environment that protects employees and the public from threats or acts of violence. The District will not tolerate workplace violence. Any workplace behavior that raises concerns for the safety of another person's life, health, well-being, family or property, whether direct or indirect, constitutes unacceptable conduct and will not be tolerated. This policy establishes guidelines to assist managers and employees in identifying and reporting threats or acts of workplace violence.

The District will investigate complaints and any threats or acts of workplace violence of which the District is made aware. Employees must cooperate in any investigation, assessment or any other activity under this policy, as appropriate. Employees found to have engaged in workplace violence, even one time, will be disciplined, up to and including termination. Employees should bring his or her disputes or differences with co-workers to the attention of his or her manager, the Human Resources Department, or the EEO Compliance Programs Manager, before the situation escalates into workplace violence.

The District may assist in the resolution of employee disputes. The District shall protect, as much as is practicable, the identity of the employee making the report. In order to maintain workplace safety and the integrity of an investigation, suspected employees may be placed on either paid or unpaid administrative leave, pending completion of the investigation.

Retaliation against anyone who makes a good-faith complaint regarding threats or acts of violence is strictly prohibited. Retaliation can include threats, intimidation, reprisals and/or adverse employment actions. Employees who report false or misleading incidents and/or provide false or misleading information in connection with a report of an alleged incident of workplace violence will be subject to disciplinary action.

Workplace Violence includes, but is not limited to the following:

- Intentionally injuring or attempting to injure another person physically;
- Engaging in behavior that creates a reasonable fear of injury in another person (such as direct threats, physical or verbal intimidation, provocation or stalking);
- Harassing behavior that communicates a direct or indirect threat of physical or emotional harm;
- Dangerous or threatening horseplay;
- Using tools, equipment or other devices against an individual in an inappropriate or unauthorized manner;
- Harming, attempting to harm or threatening to harm the property of an individual or the District. This includes, but is not limited to arson, sabotage and vandalism;
- Possessing, brandishing or using a weapon, while on District property or engaging in District business (other than by employees with District issued or authorized weapons who are acting within the scope of his or her employment);
- Making a statement to a third party that evidences a credible or meaningful possibility that the maker of the statement will commit workplace violence;
- Any other act that a reasonable person would perceive as constituting a threat of violence.

» REPORTING SUSPICIOUS ACTIVITIES:

Employees should report all suspicious individuals or activities to a manager or his or her designee as soon as possible. Employees should not place themselves in danger. If employees see or hear a violent commotion, they must immediately call 911 or Bridge Security at 415-923-4594. Bus Operators should contact Dispatch, await instructions and take appropriate protective measures, if necessary. Employees should not attempt to see what is happening or to otherwise engage in the commotion.

Employees contacted directly by the media should refer the media to the General Manager or to the Director of Marketing or the Public Information and Marketing Communications Manager.

» RESPONDING TO EMERGENCIES:

For emergency matters employees should contact local police officials by dialing 911, and may take whatever emergency steps are available and appropriate to ensure protection from immediate harm, such as leaving the area. Employees should then notify his or her manager and/or the Bridge Captain at 415-923-2205. Employees should cooperate fully with law enforcement, security and medical personnel who may respond to emergencies.

» RESPONDING TO NON-EMERGENCIES:

For non-emergency matters employees must report all incidents of alleged workplace violence, both direct and indirect, as soon as possible to a manager. This includes threats by employees as well as threats by members of the public. In making this report, employees should be as specific and as detailed

as possible. Managers who receive a report of non-emergency allegations of workplace violence shall ensure the safety of employees involved and obtain written statements, as appropriate.

» RESTRAINING ORDERS:

An employee who has received a restraining order against an individual due to a potential act of violence, for which the individual would be in violation of the order by coming near the employee at work, shall immediately provide his or her manager with a copy of the signed restraining order. Managers who receive a restraining order from an employee against an individual, who would be in violation of the order by coming near him or her at work, shall immediately provide copies of the order to the Bridge Captain, the applicable Deputy General Manager and the Human Resources Director. The District will determine whether a particular restraining order can be accommodated. District obtained restraining orders will be posted, as appropriate.

Last Revision 01.2015

PLEASE POST

To: All District Employees
From: Denis J. Mulligan, General Manager
Date: January 6, 2025
Subject: WORK RULES AND REGULATIONS



District *Work Rules and Regulations* protect and guide employees regarding areas where improper conduct could harm employees, patrons and/or the District's reputation or result in serious adverse consequences to the District and to employees involved. While it is impossible to anticipate and specify rules for every circumstance which might amount to improper conduct, this memorandum is a reminder to employees of different types of prohibited conduct. **District Values** also guide employees as to expected workplace behaviors.

The following actions are prohibited:

- **Harassment, discrimination or reasonably unwelcome conduct** by any employee or customer in violation of the District's anti-harassment policies defined in the *Human Resources Guide*, in emails, postings, harassment prevention trainings or informational brochures, including engaging in workplace bullying behaviors that are hostile, offensive and unrelated to the District's business interests; this can include hate speech and certain off-duty social media conduct.
- **Storing, possessing, brandishing or using a weapon** (including ammunition) on District property or while engaging in District business (other than by employees with District-issued weapons who are acting within the scope of their employment);
- **Intentional falsification of District information or records;**
- **Dishonesty**, including providing false or misleading responses during investigations or in response to health screening questions or information provided on leave of absence application forms or related documentation/communications;
- **Theft**, including theft of District property, property entrusted to the District, and misuse of public funds;
- **Manufacture, distribution, dispensation, possession or use of any controlled substance or alcohol** while on the job or on District property. "Use" is defined to include evidence of the presence of controlled substances (including marijuana) or alcohol in an employee's system while on the job or on District property, irrespective of when it may have been consumed; including reasonable suspicion that the controlled substance was consumed during work hours.
- **Violation of the Drug Free Workplace Policy or Substance Abuse Policy.**
- **Misuse of the Technology Use Policy.** Violations may include using District computers in any way that is disruptive to the workplace or in violation of policies such as the transmission or possession of data files or e-mail messages that are defamatory, obscene, of a sexual nature or construed as harassment or any other inappropriate use of computers/data;
- **Failure to notify the District of a criminal drug conviction** within five days of conviction;
- **Workplace Violence.** Workplace behavior that raises concerns for the safety of another person's life, health, well-being, family or property, whether direct or indirect, constitutes unacceptable conduct and will not be tolerated. Including, instigating or participating in a physical altercation with any employee, customer, visitor or vendor. Employees must walk away from verbal and physical threats whenever possible rather than engage;
- **Written, verbal or physical threats of violence**, including injuring or attempting to physically injure someone, pretending to or jokingly threatening someone or stalking/following someone;
- **Threats of or actual abuse, misuse or intentional destruction of District, employee, customer, visitor or vendor property;**
- **Neglect of duty**, including intentionally, knowingly or deliberately failing to perform or performing in a grossly negligent manner or repeatedly performing negligently after prior warning, in substantial disregard of the District's interests. This can include, without limitation, sleeping on the job, not being available when working from home, etc.
- **Insubordination**, including failure to participate fully in an investigation; refusing to obey a supervisor's reasonable work order; disrespectful behavior toward a supervisor; or illegal recording of conversations or meetings.
- **Unauthorized removal of District property**, including lost and found items or District equipment;
- **Intentional or repeated disregard of workplace safety rules or practices**, including using a cell phone while operating a revenue service vehicle or while carrying out job duties where safety rules apply;
- **Gambling**, including allowing or participating in betting, controlled games and/or gambling pools;
- **Divulgence of confidential records or information;**
- **Workers' compensation fraud**, including faking an injury, taking more time off than needed, working another job while collecting worker's compensation benefits, attempting to collect benefits from an injury that is not job related;
- **Abuse of leave**, including claiming sick leave for a qualifying reason when such reason does not exist; fraudulent use of family or medical leave; or leave used to travel to or work for a second employer or any other misrepresentation of the reason for requesting sick or medical leave.

The District considers an employee's actions to be an indication of the individual's judgment and competence. Actions constitute an important element in evaluating employees for position assignments and promotions.

If an employee violates District policies, they may be subject to serious disciplinary action, including suspension and termination, depending upon the facts and circumstances of the violation in accordance with District policy and/or applicable Memoranda of Understanding. Employees are responsible to be knowledgeable about District policies. Please review the *Human Resources Guide* and other relevant departmental policies on the Employee Intranet to learn more about District policies. Employees may also ask a supervisor for relevant sections of the *HR Guide* or contact **Susan Spencer, EEO Department at 415/257-4537**.

Thank you for creating and maintaining a comfortable working environment for everyone at the District.

A handwritten signature in blue ink that reads "Denis J. Mulligan".

Denis J. Mulligan, General Manager

Service, Respect, Integrity, Accountability, Teamwork, Recognition, Safety and Inclusion

PLEASE POST

To: All District Employees
From: Denis J. Mulligan, General Manager
Date: January 6, 2025
Subject: **HARASSMENT-FREE WORKPLACE POLICY**



The District is committed to maintaining a harassment-free workplace. Employees have a right to be treated with civility and respect and a responsibility to demonstrate **District Values** in their interactions with others. Harassment is a form of employment discrimination that violates law and District policy.

Harassment is unwelcome conduct directed at another employee, customer or vendor on a one-time or continuous basis that has the purpose or effect of unreasonably interfering with an individual's work performance or creating an offensive, intimidating or hostile work environment based on the following characteristics: *sex (including pregnancy, childbirth, breastfeeding or related medical conditions), race (including hairstyles associated with race), religion (including religious dress and grooming practices), color, gender (including gender identity and gender expression), national origin or ancestry, physical or mental disability, medical condition, genetic information, marital status, registered domestic partner status, age, sexual orientation, military and veteran status, retaliation or any other basis protected by federal, state or local law, ordinance or regulation.*

Prohibited harassment includes, but is not limited to, the following unwelcome behavior:

- **Verbal Harassment:** Epithets, derogatory comments, name-calling, slurs, propositioning or otherwise offensive words or comments based on a person's characteristics. This includes, without limitation, inappropriate sexually-oriented comments on appearance, dress or physical features and sexual rumors;
- **Physical Harassment:** Assault, impeding movement, leering or physical interference with normal work privacy or movement including touching, pinching, patting, grabbing, brushing up against, stalking or making explicit threats;
- **Visual Harassment:** Displays of derogatory, prejudicial, stereotypical and/or sexually-oriented videos, posters, photographs, cartoons, drawings or lewd gestures. This applies to posted material or material maintained in or on District equipment or personal property in the workplace or in a home office setting. This also includes offensive material displayed via electronic media such as Email, Text, Teams, Zoom and any other platform used;
- **Sexual Harassment:** Any act which is sexual in nature that is made explicitly or implicitly a term or condition of employment, used as the basis of an employment decision, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment. Sexual harassment can happen regardless of the individual's gender, gender identity or gender expression. It need not be motivated by a sexual reason. Sexual harassment may be subtle or direct and may involve individuals of the same or opposite sex; and,
- **Workplace Bullying:** Conduct, with malice that a reasonable person would find hostile, offensive and unrelated to the District's legitimate business interests. Abusive conduct may include repeated infliction of verbal abuse such as derogatory remarks, insults or epithets; verbal or physical conduct that a reasonable person would find threatening, intimidating or humiliating such as spying, stalking or recording/filming someone without permission; yelling, using profanity, spreading rumors or gossip, teasing or belittling; social bullying such as excluding/isolating someone; or, the gratuitous sabotage or undermining of a person's work or reputation such as creating unrealistic workload demands, sending malicious emails or publicly shaming via mass email; or falsely accusing someone of errors not made. A single act is not abusive conduct unless especially severe and egregious.
- **Cyber Harassment:** Cyber harassment includes any form of harassment carried out through electronic means, such as emails, messages, or social media.
- **Hate incidents:** Actions or behaviors motivated by hate such as name-calling, insults, displaying or distributing hate material on District property.

The District encourages employees to tell an offender to stop unwelcome behavior. Employees should report harassing and bullying behaviors at an early stage to prevent escalation. Employees may report the behavior to their manager or to **Susan Spencer, EEO Department (Ext. 4537) or to Kellee Hopper, DGM Administration and Development (Ext. 4580)**. Timely reporting allows the District to address the matter quickly. An employee may report harassment even though they are not the subject of the behavior. The District considers the perspective of the recipient as to whether the behavior is unwelcome, offensive or hostile when determining whether policy violations exist. Employees are expected to conduct themselves in a manner that aligns with **District Values** thereby ensuring a comfortable work environment for everyone.

Employees must cooperate fully in investigations. This means coming forward with evidence both favorable and unfavorable to a person accused of inappropriate conduct; and, truthfully making a written statement and/or verbally answering questions when required to do so during an investigation. **Refusal to cooperate, failure to be truthful or knowingly providing false or misleading information may result in discipline.** The District takes a strong disciplinary approach to inappropriate workplace conduct. Violations may result in immediate termination of employment.

The District prohibits retaliation against individuals who, in good faith, assert their rights to oppose prohibited conduct or participate in any proceedings, including filing charges or complaints of discrimination or harassment, participating in employment discrimination proceedings (such as an investigation or lawsuit), or otherwise engaging in protected activities. This protection does not apply to an employee who knowingly makes a false report. Retaliation may include threats, intimidation or other adverse employment actions. Individuals may be personally liable for unlawful harassment.

Employees are responsible to be knowledgeable about District policies. Employees should review the **Human Resources Guide** on the Employee Intranet to learn more about what constitutes harassment. Employees may also ask a supervisor for relevant sections of the **HR Guide** or contact **Susan Spencer, EEO Department at 415/257-4537**.

Thank you for creating and maintaining a comfortable working environment for everyone at the District.

A handwritten signature in blue ink that reads "Denis J. Mulligan".

Denis J. Mulligan, General Manager

PLEASE POST



To: All District Employees
From: Denis J. Mulligan, General Manager
Date: January 6, 2025
Subject: **CONFLICT OF INTEREST INCLUDING NON-FRATERNIZATION**

The District requires employees to maintain high standards of ethical conduct in carrying out the duties of their jobs, including certain financial interests, personal relationships, and political contributions.

This policy summarizes conflict of interest laws and rules to assist employees in determining whether a conflict of interest exists that could damage the District's reputation or result in serious adverse consequences to the District and to the employee(s) involved. This policy is in addition to the District's Harassment Free Workplace Policy and its Policy Regarding Employment of Family Members, both of which prohibit certain relationships as well. Please refer to those policies for more information.

The District's goal in maintaining this policy is to preserve the public trust by preventing favoritism, bias or the appearance of impropriety in its decision making. In addition, many District employees have direct contact with members of the public and are entrusted with ensuring the safe and effective operation of the District's services and facilities. The impressions employees create can influence public opinion of the District. As representatives of the District, employees must be careful to conduct themselves before the public in a manner which creates the best possible impression and contributes to and promotes a good reputation for the District. Employees must also be cognizant of the personal and social aspects of their lives that may affect the performance of their duties and responsibilities. This means that employees must adhere to an exceptionally high code of personal ethics.

District employees may not engage in outside activities that are inconsistent, incompatible, in conflict with or contrary to their job duties. A conflict of interest may exist when an employee owes a professional obligation to the District that is or might be compromised by the pursuit of outside interests. Outside interests, such as professional activities, personal financial interests, personal relationships, or the acceptance of gifts from third parties, can create conflicts between the interests of the District and an employee's private interests and may prevent the employee from making decisions that are in the best interest of the District. Even though outside interests may not actually impair an employee from acting in the best interest of the District, it may appear to the public that independence of judgment is compromised and a conflict exists. Further examples of such prohibited activities can be found in Government Code Section 1126.

Therefore, District employees may not participate in or influence any decision in which he or she has a financial interest. If a conflict exists, the District may be able to isolate the employee from the matter. However, if a conflict is ignored or even invited, then disciplinary proceedings may be undertaken. In addition, California law provides for a variety of actions, including voiding contracts, penalties, fines and imprisonment, in the case of intentional violations.

Conflicts of Interest May Arise When:

- The District employee (spouse or dependent child) is an employee, agent, director, trustee, partner, owner, investor, supplier or contractor of a company (for profit or nonprofit) doing business or trying to do business with the District;
- The District employee (spouse or dependent child) owns property which might be affected by a District decision;
- The personal finances of the District employee (spouse or dependent child) will be directly affected by a District decision (excluding the employee's salary);
- A decision made by the District will affect a person or business from which the District employee (spouse or dependent child) has received or been promised income of \$500 or more in the past 12 months;
- A decision made by the District will affect a person or business for which the District employee (spouse or dependent child) is an employee, agent, director, trustee, partner, owner, investor supplier or contractor;
- A District employee engages in a personal relationship with a member of the public who (i) has violated or intended to violate the District's Master Ordinance; (ii) has violated or intended to violate any state or federal law or regulation while on District property; (iii) has been removed from District property; (iv) is prohibited from entering District property by the District and/or by court order; and/or (v) has come to District property with the intent of harming themselves.

Employees who may have one of the above situations apply should discuss it further with their managers who can assist in evaluating the situation.

In the event a District employee has or knows of an existing or potential personal relationship that may violate this policy, the employee must immediately report that relationship to the applicable Deputy General Manager and Deputy General Manager, Administration and Development. The applicable Deputy General Manager and the Deputy General Manager, Administration and Development or their designee(s) will review the circumstances of the relationship to determine if it violates this policy. Employees determined by the District to have violated this policy, including failing to report personal relationships, will be subject to discipline, up to and including immediate termination, depending upon the severity of the circumstances.

Certain Employees are required to attend Ethics training and sign a Statement of Economic Interest (Form 700) in accordance with the District's *Conflict of Interest Code and Receipt of Gifts* policies.

BECAUSE THE DISTRICT IS A PUBLIC AGENCY, CERTAIN ACTIVITIES ARE PROHIBITED.

These examples of prohibited activities are provided as a general guide and do not represent an exhaustive list or cover every situation which may arise:

An Employee Shall Not:

- Accept anything of value totaling more than \$460 in a calendar year from any single source that provides services, supplies, materials, machinery or equipment of the type utilized by the District (see the District's Receipt of Gifts policy);
- Make or participate in any District decision if a conflict of interest exists;
- Engage in any activity, whether for pay or not, which reflects unfavorably on the District;
- Permit improper outside pressure to influence District policies, plans or operations;
- Use District property, equipment, services, or work time for unauthorized personal purposes and/or personal financial gain;
- Divulge confidential records or information.
- Engage in (for any period of time) a personal relationship that is inconsistent, incompatible or in conflict with the employee's job duties, including a personal relationship with a member of the public who (i) has violated or intended to violate the District's Master Ordinance; (ii) has violated or intended to violate any state or federal law or regulation while on District property; (iii) has been removed from District property; (iv) is prohibited from entering District property by the District and/or by court order; and/or (v) has come to District property with the intent of harming themselves.

For purposes of this policy, "personal relationship" means a platonic (non-romantic/sexual) friendship, a romantic and/or sexual relationship, or a business or financial relationship between two or more people. A familial relationship is not considered a personal relationship covered by this policy.

"District property" as used in this policy means property, including the Golden Gate Bridge and facilities and approaches, owned, controlled, or leased by the District.

The District considers an employee's actions under this policy to be an indication of the individual's judgment and competence. Accordingly, those actions constitute an important element in the evaluation of the employee for position assignments and promotion. Insensitivity to or disregard of the principles of this policy will be grounds for appropriate disciplinary action.

This policy is not intended to preclude or dissuade employees from engaging in legally protected activities including discussing wages, benefits, or terms and conditions of employment, forming, joining, or supporting labor unions, bargaining collectively, and/or raising complaints about working conditions.

Employees are responsible to be knowledgeable about District policies. Employees should review the ***Human Resources Guide*** on the Employee Intranet to learn more about District policies. Employees may also ask a supervisor for relevant sections of the ***HR Guide*** or contact ***Susan Spencer, EEO Director at 415/257-4537***. *Thank you for creating and maintaining a comfortable working environment for everyone at the District.*



Denis J. Mulligan, General Manager



RISK MANAGEMENT & SAFETY (RM&S) VIOLENCE IN THE WORKPLACE POLICY

**Brandon Chapman, Security & Emergency
Management Specialist
RM&S DEPARTMENT**

CAL/OSHA HISTORY

The federal OCCUPATIONAL SAFETY AND HEALTH ACT OF 1970 (OSH Act) was passed to prevent workers from being killed or seriously harmed at work. The law requires employers to provide their employees with working conditions that are free of known dangers. The Act created the Occupational Safety and Health Administration (OSHA), which sets and enforces protective workplace safety and health standards. OSHA also provides information, training and assistance to workers and employers. Workers may file a complaint to have OSHA inspect their workplace if they believe that their employer is not following OSHA standards or that there are serious hazards.

In 1973, California established its own comprehensive OSHA program, referred to as Cal/OSHA, that is administered by the California Department of Industrial Relations (DIR).

CA Senate Bill 553

- ▶ According to the Occupational Safety and Health Administration (OSHA), workplace violence is the second leading cause of fatal occupational injuries in the United States, affecting nearly 2 million American workers annually. California's SB 553 addresses workplace violence by requiring employers to implement basic protections to protect employees while at work.
- ▶ SB 553 amended Labor Code section 6401.7 to require employers to develop and implement a workplace violence prevention plan in accordance with newly codified Labor Code section 6401.9, which sets out the requirements for the plan. Starting July 1, 2024, the majority of employers in California must establish, implement, and maintain a...

Workplace Violence Prevention Plan that includes:

- Prohibiting employee retaliation.
- Accepting and responding to reports of workplace violence.
- Employee workplace violence training and communication.
- Emergency response.
- Workplace violence hazard assessments.
- Other requirements, such as maintaining a Violent Incident Log.

WORKPLACE VIOLENCE PREVENTION POLICY

It is the policy of the Golden Gate Bridge, Highway & Transportation District (GGBHTD), and the responsibility of its managers and all of its employees to maintain a workplace free from threats and acts of violence. The GGBHTD will work to provide a safe workplace for employees and for visitors to the workplace. Each employee, and everyone with whom we come into contact in our work, deserves to be treated with courtesy and respect. The Golden Gate Bridge, Highway & Transportation District (GGBHTD) does not tolerate any type of workplace violence committed by or against employees. Employees are prohibited from making threats or engaging in violent activities.

PROHIBITED CONDUCT

The list of behaviors, while not exhaustive, provides examples of conduct that is prohibited:

1. Causing physical injury to another person.
2. Making threatening remarks.
3. Acting out in an aggressive or hostile manner that creates a reasonable fear of injury to another person or subjects another individual to emotional distress.
4. Intentionally damaging employer property or property of another employee.
5. Possessing a weapon while on District property, or while on District business.
6. Committing acts motivated by, or related to, sexual harassment or domestic violence.

REPORTING PROCEDURES

- Any potentially dangerous situations or threats of violence must be reported immediately to your supervisor, Incident Response Coordinator/Team, or the Human Resources Department.
- Reports may be made anonymously and will still be investigated.
- Reports or incidents warranting confidentiality will be handled appropriately and information will be disclosed to others only on a need-to-know basis.
- All parties involved in a situation will be counseled and the results of investigations will be discussed with them.
- The Golden Gate Bridge, Highway & Transportation District (GGBHTD) will take appropriate action at any indication of a potentially hostile or violent situation.

LOG

Employers must maintain a log of all incidents of workplace violence even if the incident did not result in injury. This log must include information on every workplace violence incident, based on employee statements, witness statements, and investigation findings. Incident information must include at least the following:

- Incident date, time, location.
- Workplace violence “Type” (1, 2, 3, and/or 4).
- Detailed description of the incident.
- Classification of who committed the violence.
- The circumstances at the time of the incident.
- Where the incident occurred.
- Specific incident characteristics, such as physical attacks, weapon involvement, threats, sexual assault, animal incidents, or other events.
- What the consequences of the incident were, including any involvement law enforcement.
- What steps were taken to protect employees from further threat or hazards.
- Who completed the log, including their name, job title, and the date completed.

Note: Employers must exclude personal identifying information that would identify any person involved in a violent incident.

RISK REDUCTION MEASURES

- While the Golden Gate Bridge, Highway & Transportation District (GGBHTD) does not expect employees to be skilled at identifying potentially dangerous persons, employees are expected to exercise good judgment and to inform the Incident Response Coordinator/Team or Human Resources Department if any employee, claimant, customer or vendor exhibits behavior which could lead to a potentially dangerous situation.
- Such behavior includes, but is not limited to, the following:
 1. Discussing dangerous weapons and/or bringing such weapons into the workplace.
 2. Displaying overt signs or extreme stress, resentment, hostility, or anger.
 3. Making threatening remarks.
 4. Exhibiting sudden or significant deterioration of performance.
 5. Displaying irrational or inappropriate behavior.
- The Incident Response Coordinator/Team and the Human Resources Department will identify and maintain a list of workplace violence incidents and will design a plan to prepare for possible emergency situations.

DANGEROUS/EMERGENCY SITUATIONS

- Employees who confront or encounter an armed or dangerous person should not attempt to challenge or disarm the individual.
- Employees should remain calm, make constant eye contact and talk to the individual.
- If a supervisor can be safely notified of the need for assistance without endangering the safety of the employee or others, such notice should be given.
- With armed individuals or active shooters, standard procedure is Run, Hide, Fight. (i.e., if you can, run, if you cannot run, hide, and if you cannot hide, as a last resort fight the shooter, preferably in a group, using anything you can find as a weapon.) Trying to talk to the shooter is not recommended.

ENFORCEMENT

- Threats, threatening conduct, or any other acts of aggression or violence in the workplace will not be tolerated.
- Any employee determined to have committed such acts will be subject to disciplinary action, up to and including termination. **Where appropriate, and as required by WVPP guidelines, law enforcement may also be contacted.**
- Non-employees engaged in violent acts on the employer's premises will be reported to the proper authorities and fully prosecuted.

COMMITMENTS AND RESPONSIBILITIES

- Successful implementation of this policy requires the commitment and cooperation of all District Personnel; Management Involvement, and Commitment as follows:
 1. Demonstrate organizational concern for employees' and customers' emotional and physical health and safety.
 2. Oversee Workplace Violence Prevention Plan to ensure that all managers, supervisors, and employees understand their obligations.
 3. Allocate authority and resources to responsible parties in the Incident Response Team.
 4. Provide a comprehensive program of medical care and psychological counseling and debriefing for employees experiencing or witnessing assaults and other violent incidents.
 5. Encourage employees to report violent incidents promptly.

INCIDENT RESPONSE COORDINATOR'S/TEAM'S INVOLVEMENT AND COMMITMENT

- Encourage employees to promptly report incidents and to suggest ways to reduce or eliminate risks.
- Develop and maintain a comprehensive plan for maintaining security in the workplace, including establishing a liaison with law enforcement and others.
- Conduct worksite analysis to determine existing or potential hazards for workplace violence.
- Record, track, monitor, and analyze workplace violence incidents.
- Conduct workplace security analysis.
- Assist with training and educating employees of potential workplace violence incidents.

HUMAN RESOURCE DEPARTMENT'S INVOLVEMENT AND COMMITMENT

- Create policy of zero tolerance for workplace violence, including verbal and nonverbal threats and related actions.
- Ensure that employees who report or experience workplace violence will not experience retaliation of any kind.
- Encourage employees to promptly report incidents and suggest ways to reduce or eliminate risks.
- Conduct and/or provide training and education to employees regarding potential workplace violence incidents.
- Support and implement appropriate recommendations from the Employee Security, Safety and Health Committee lead by the RM&S Department.

EMPLOYEE INVOLVEMENT AND COMMITMENT

- Understand and comply with the Violence in the Workplace Program and any other safety and/or security measures in place by the Company.
- Participate in an employee suggestion procedure covering safety and security concerns.
- Promptly report violent incidents or potential for violence to your manager, supervisor or Incident Response Coordinator/Team (this is mandatory).
- Participate in continuing education program that covers techniques to recognize escalating agitation, assaultive behavior, or criminal intent.

WORKPLACE VIOLENCE MAY CONSIST OF THE FOLLOWING

DISCRIMINATION: An employment decision or practice that intentionally or unintentionally causes an individual or group in a protected class to be treated unequally due to factors unrelated to a job.

BASES FOR DISCRIMINATION:

- Race, Color, Marital Status, Religion, Creed, Sexual Orientation, National Origin, Age, Ancestry, Disability, Medical Condition (cancer, genetic characteristics), HIV/Acquired Immune Deficiency Syndrome (AIDS) (acquired or perceived), Sex (including sexual harassment and gender identity or expression, which includes actual or perceived transgender status), Retaliation for having filed a discrimination complaint or participating in a protected activity.

WORKPLACE VIOLENCE MAY CONSIST OF THE FOLLOWING

PHYSICAL HARASSMENT: A type of harassment that is often related to violence, like physical attacks or threats. In extreme cases, physical harassment is also classified as sexual assault. Some acts like unnecessary touching, negative blackmailing, damaging private property, threats, assaults, etc., also come under physical harassment.

There are several examples of physical harassment, but the main ones are:

1. Touching someone without consent.
2. Attacking physically like hitting, pushing, or kicking.
3. Destroying or damaging someone's personal property.
4. Offensive warnings or threatening behavior.
5. Pressurizing a sexual relationship with a supervisor or manager.
6. Characteristics of pursuing actions.
7. The repetitive instance of neck massage or grabbing someone by the waist or a shoulder is sexual.
8. Direct humiliation of intent to inflict harm.

WORKPLACE VIOLENCE MAY CONSIST OF THE FOLLOWING

VERBAL HARASSMENT: Some sorts of verbal harassment fall into the definition of workplace violence, which is meant to regulate or cause or is capable of causing death or serious bodily injury to oneself or others or property damage. This type of harassment can include:

1. JOKES

- One of the numerous indicators of verbal harassment is disguising a harmful remark as a joke, something many people are unaware of at the time. Many people think that a person who gets offended is overly sensitive and insecure.

2. SLURS

- Racial insults, rude or insulting statements regarding a person's race or color, or the exhibition of racially offensive symbols are all examples of harassment.

3. NAME-CALLING

- Every instance of name-calling is a type of verbal abuse. Even if the names are stated neutral, this is not an appropriate way to treat someone else. Critical, caustic, or ridiculing comments that are designed to put you down are examples.

4. INSULTS

- Insulting based on race, caste, occupation level, or education is yet another effort to demean. The abuser's remarks might be caustic, dismissive, and condescending. It's all to help people feel better about themselves.

5. THREATS

- Outright threats might lead to an increase in verbal abuse. They are designed to terrify people into complying. Hazards can be both personal and professional.

6. ACCUSATIONS

- Accusing people roots from being jealous or envious or simply attempting to cause trouble. Or perhaps they are the perpetrators of such conduct. In any case, it might cause a person to wonder if they are doing something improper.

WORKPLACE VIOLENCE MAY CONSIST OF THE FOLLOWING

SEXUAL HARASSMENT: Unwanted sexual advances or verbal, visual, or physical sexual conduct.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual
3. Such conduct has a purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment

WORKPLACE VIOLENCE MAY CONSIST OF THE FOLLOWING

BULLYING: Repeated mistreatment that harms the health of one or more people in a workplace.

This includes:

1. Humiliating behavior (including offensive jokes)
2. Verbal abuse or epithets
3. Interfering with a victim's work in a manner that is unrelated to an employer's legitimate business interests
4. Cyberbullying

WORKPLACE VIOLENCE MAY CONSIST OF THE FOLLOWING

MISAPPROPRIATION OF PROPERTY:

The taking, misapplication, deprivation, transfer, or attempted transfer to any person not entitled to receive any property, real or personal, or anything of value belonging to or under the legal control of a resident or client without the effective consent of the resident or client or other appropriate legal authority, or the taking of any action contrary to any duty imposed by federal or state law prescribing conduct relating to the custody or disposition of a resident's/client's property.

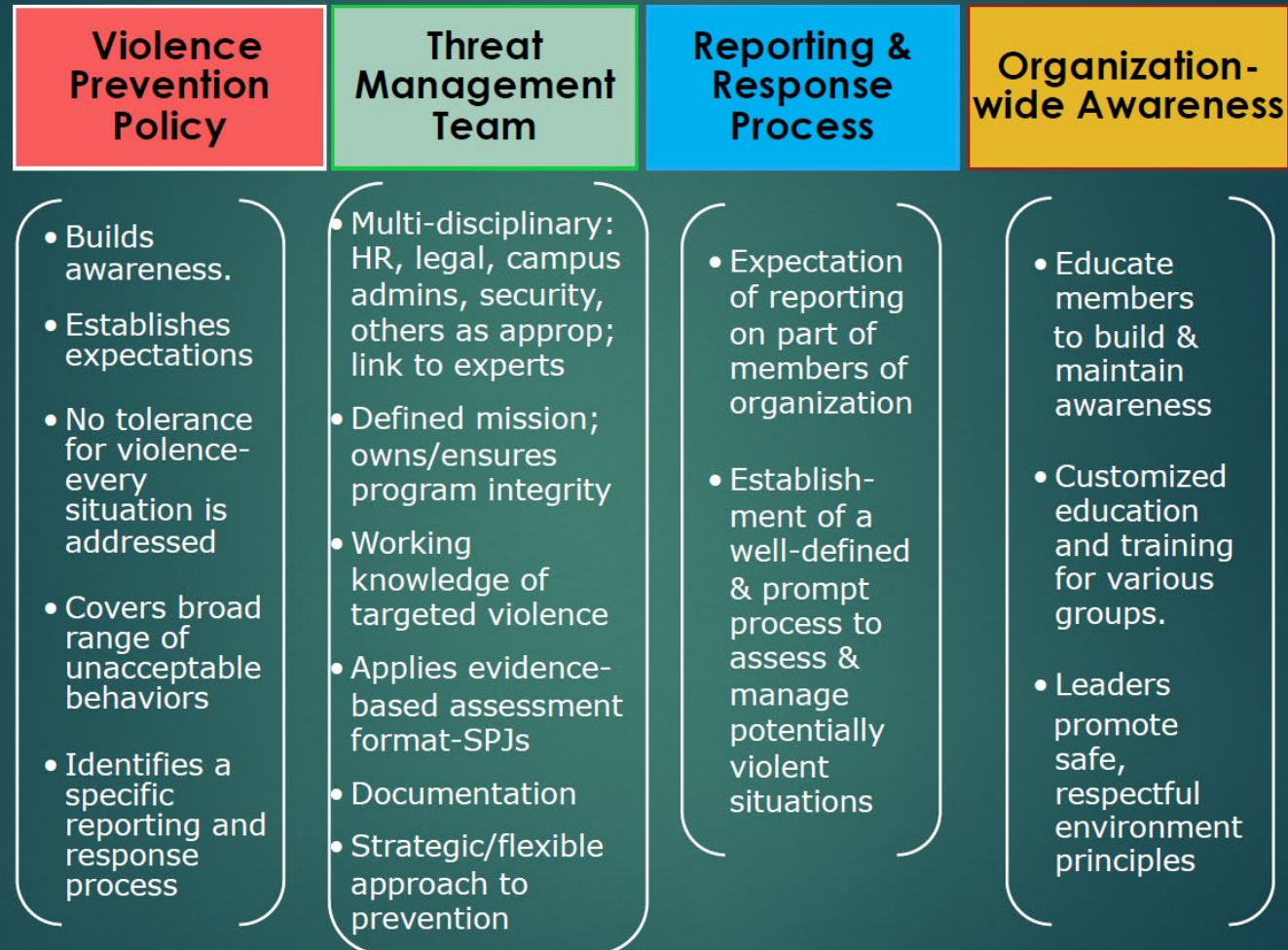
WORKPLACE VIOLENCE MAY CONSIST OF THE FOLLOWING

RETALIATION:

Workplace retaliation is when an employer or company leader takes negative action against an employee who files a formal complaint about workplace discrimination or harassment. The Equal Employment Opportunity Commission (EEOC) considers the act of filing a complaint a “protected activity.” Because it’s protected, this can make it illegal for an employer or other company leader to respond to the complaint in a disciplinary or inappropriate manner.

REVIEW

Best Practice: Elements of Threat Management Programs



GOLDEN GATE BRIDGE, HIGHWAY AND TRANSPORTATION DISTRICT

REGULAR PAY SCHEDULE CYCLE 02

JANUARY 2025 THROUGH DECEMBER 2025

PAY PERIOD	TIME REPORT PERIOD		TIMESHEET SUBMISSION DATE		PAYDAY Friday
	FROM	TO	Non 24/7 Depts	24/7 Depts	
01	23-Dec-24	5-Jan-25	3-Jan-25	6-Jan-25	10-Jan-25
02	6-Jan-25	19-Jan-25	17-Jan-25	20-Jan-25	24-Jan-25
03	20-Jan-25	2-Feb-25	31-Jan-25	3-Feb-25	7-Feb-25
04	3-Feb-25	16-Feb-25	14-Feb-25	17-Feb-25	21-Feb-25
05	17-Feb-25	2-Mar-25	28-Feb-25	3-Mar-25	7-Mar-25
06	3-Mar-25	16-Mar-25	14-Mar-25	17-Mar-25	21-Mar-25
07	17-Mar-25	30-Mar-25	28-Mar-25	31-Mar-25	4-Apr-25
08	31-Mar-25	13-Apr-25	11-Apr-25	14-Apr-25	18-Apr-25
09	14-Apr-25	27-Apr-25	25-Apr-25	28-Apr-25	2-May-25
10	28-Apr-25	11-May-25	9-May-25	12-May-25	16-May-25
11	12-May-25	25-May-25	23-May-25	26-May-25	30-May-25
12	26-May-25	8-Jun-25	6-Jun-25	9-Jun-25	13-Jun-25
13	9-Jun-25	22-Jun-25	20-Jun-25	23-Jun-25	27-Jun-25
14	23-Jun-25	6-Jul-25	4-Jul-25	7-Jul-25	11-Jul-25
15	7-Jul-25	20-Jul-25	18-Jul-25	21-Jul-25	25-Jul-25
16	21-Jul-25	3-Aug-25	1-Aug-25	4-Aug-25	8-Aug-25
17	4-Aug-25	17-Aug-25	15-Aug-25	18-Aug-25	22-Aug-25
18	18-Aug-25	31-Aug-25	29-Aug-25	1-Sep-25	5-Sep-25
19	1-Sep-25	14-Sep-25	12-Sep-25	15-Sep-25	19-Sep-25
20	15-Sep-25	28-Sep-25	26-Sep-25	29-Sep-25	3-Oct-25
21	29-Sep-25	12-Oct-25	10-Oct-25	13-Oct-25	17-Oct-25
22	13-Oct-25	26-Oct-25	24-Oct-25	27-Oct-25	31-Oct-25
23	27-Oct-25	9-Nov-25	7-Nov-25	10-Nov-25	14-Nov-25
24	10-Nov-25	23-Nov-25	21-Nov-25	24-Nov-25	28-Nov-25
25	24-Nov-25	7-Dec-25	5-Dec-25	8-Dec-25	12-Dec-25
26	8-Dec-25	21-Dec-25	19-Dec-25	22-Dec-25	26-Dec-25

Non 24/7 Departments: Cycle 2 work week reflects a Monday through Sunday schedule. Timesheets are due on the Friday morning prior to the end of the payroll reporting period, as most non 24/7 departments work a Monday through Friday workweek. If a holiday falls on the Monday of the payroll processing period, then the Department managers are required to submit the timesheets one day earlier. Thursday submittal dates are **bolded** for easier reference.

24/7 Departments: These timesheets affect departments that require staffing on weekends. Timesheets are due on the Monday morning following the end of the payroll reporting period. If a holiday falls on the Monday that timesheets are due, then the timesheets are due Tuesday morning. Tuesday submittal dates are **bolded** for easier reference.

Paydays that fall on a holiday: Certain designated paydays fall on a holiday. During those days, the paychecks will be released on the day before the holiday. Early paydays are **bolded** for easier reference.

Time of Hire Notice

This notice, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this notice applies to all industrial injuries that occur on or after January 1, 2013.

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin or getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your hand, back, or other part of your body from doing the same repeated motion or losing your hearing because of constant loud noise

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.



- **Temporary Disability (TD) benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary Disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent Disability (PD) benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
 - Your doctor's medical reports
 - Your age
 - Your occupation
- **Supplemental Job Displacement Benefits (SJDB):** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
 - You have a permanent disability.
 - Your employer does not offer regular, modified, or alternative work, **within 60 days** after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Return-to-Work Supplemental Program (RTWSP):** For dates of injury after 1/1/2013, you may qualify for additional money from the Division of Workers' compensation program known as the Return-to-Work Supplement Program (RTWSP) if you received the Supplemental Job Displacement Voucher (SJDB). If you have questions or think you qualify, contact the Information & Assistance Unit by calling 1-800-736-7401 or visit website: <https://www.dir.ca.gov/RTWSP/RTWSP.html>
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.



OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site www.edd.ca.gov.

Workers' compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job. If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

Diane Kennedy

Address: Athens Administrators, PO Box 696, Concord, CA 94522

Phone: (925) 826-1243

You may be able to find the name of your employer's workers' compensation insurer at www.caworkcompcoverage.com. If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at www.dir.ca.gov/DLSE as all employees must be covered by law.

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for treatment.



Emergency telephone number: Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a [DWC 1 claim form](#) within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within **one working day** of receiving the **DWC 1 claim form**. If the injury is from repeated exposures, you have **one year** from when you realized your injury was job related to file a claim.

In either case, you may receive up to **\$10,000** in employer-paid medical care until your claim is either accepted or denied. The claims administrator has **up to 90 days** to decide whether to accept or deny your claim. Otherwise, your case is presumed payable. Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have a MPN.

What is a Medical Provider Network (MPN)?

A MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using a MPN. If you have not named a doctor before you get hurt and your employer is using a MPN, you will see a MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.



You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the “predesignation of personal physician” form included with this notice. After you fill in the form, be sure to give it to your employer. If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing before you get hurt. You may use the form included in this notice. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term “chiropractic visit” means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers’ Compensation’s Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn’t work, get help by trying the following:

Contact the Division of Workers’ Compensation (DWC) Information and Assistance (I&A) Unit. All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to [https:// www.dir.ca.gov/dwc/ianda.html](https://www.dir.ca.gov/dwc/ianda.html) or call **1-800-736-7401**.

The nearest I&A Unit is located at:

Address: _____

Phone number: _____



Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at **1-415-538-2120** or go visit their website at www.californiaspecialist.org. You may also get a list of attorneys from your local I&A Unit by calling **1-800-736-7401**.

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off- duty recreational, social or athletic activity that is not part of your work-related duties.

You may also have other rights under the Americans with Disabilities Act (ADA) or the California Fair Employment and Housing Act (FEHA). For additional information, contact California Civil Rights Department (CRD) at 1-800-884-1684 or the Equal Employment Opportunity Commission (EEOC) at 1-800-669-4000.

The information contained in this notice conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation Administrative Director.

Please visit the Division of Workers' Compensation website at: www.dwc.ca.gov or call 1-800-736-7401

Department of Industrial Relations
1515 Clay Street, 17th Floor
Oakland, CA 94612



PREDESIGNATION OF PERSONAL PHYSICIAN

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

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

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

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: GGBHTD (name of employer) If I have a work-related injury or illness, I
choose to be treated by: _____
(name of doctor)(M.D., D.O., or medical group)
_____ (street address, city, state, ZIP)
_____ (telephone number)

Employee Name (please print): _____

Employee's Address: _____

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: _____

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

(name of chiropractor or acupuncturist)

(street address, city, state, zip code)

(Telephone number)

Employee Name (please print): _____

Employee's Address:

Employee's Signature _____ Date: _____

Title 8, California Code of Regulations, section 9783.1.
(Optional DWC Form 9783.1 Effective date July 1, 2014)



Golden Gate Bridge, Highway & Transportation District

For more information contact:
 Karen Buchanan, Claims Administrator
**Workers' Compensation/
 Risk Management and Safety Dept.**
Phone: 415-257-4418 • **FAX** 415-451-4613
Email: kbuchanan@goldengate.org
www.goldengate.org

Rev. 10/26/2018

Workers' Compensation

How to File a Claim

Temporary Disability Leaves of Absence



Workers' Compensation

Workers' Compensation is a state-mandated, no-fault insurance plan designed to provide benefits and assistance to workers who are injured as a result of their employment or who develop job-related illnesses. Benefits provided by the District may include medical costs, temporary disability, permanent disability, job displacement vouchers or death benefits.

Third Party Administrator

The District contracts with a Third Party Administrator (TPA), an insurance company that reviews and adjusts WC claims, pays medical costs and pays benefits to eligible employees, using District funds. The District's TPA for WC claims is:

Athens Administrators
P.O. Box 696
Concord, CA 94522

Once you report your injury an Athens Claims Examiner will be assigned to your claim, and their contact information will be provided at that time.

What do I do if I get hurt on the job?

You must immediately notify your Supervisor or Dispatch (if you're a Bus Operator). The District has a **CarivaCare** nurse triage 24/7 toll-free hotline to call to immediately report any workplace injuries.

CarivaCare CareLine:
1-833-284-3670

Calling CarivaCare

It is very important that you report your injury as soon as possible, no matter how minor. If you're taken to the Emergency Room by ambulance, you must call CarivaCare as soon as you are stabilized, so a claim can be set up.

- Have ready your demographic information, including your department number (Example: 214=Bridge Security; 312=Bus Operators).
- Answer all the questions regarding the injury. Have ready the following information:
 - Date/Time of Injury
 - Injury Location
 - Injured body part
 - How injury happened
 - Pain level 1-10/10
- The Triage Nurse will complete all necessary forms for you.
- The Triage Nurse will triage the injury for either self-care/homecare or refer you for medical treatment at the nearest Occupational Medicine clinic.

Workers’ Compensation Benefits

Medical Care

The District is obligated to pay for all reasonable and necessary medical care to help you recover from your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs to get to medical appointments.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your work injury or illness. The PTP controls your work status and determines when you can return to full duty.

Temporary Disability Benefits (Lost Wages)

These are payments made by Athens Administrators to eligible injured workers if you cannot work while you are recovering from your work injury or illness. Temporary Disability (TD) benefits are based on two-thirds (2/3) of your average weekly wage, are tax-free, and paid on a 7-day week, every two weeks following your first day of lost time.

There is a 3-day waiting period, which is waived if you are off work for more than 14 days, or if you are hospitalized overnight. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. TD stops when you return to work, or when the doctor releases you for modified work, or you reach Permanent & Stationary-(P&S) status. TD will also stop if the District offers you modified work and you decline.

Permanent Disability Benefits

If a doctor says you will always be limited in the work you can do, you may receive additional payments in the form of Permanent Disability (PD). The amount of PD will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

Frequently Asked Questions (FAQs)

I can’t pinpoint the exact date or a specific incident when I got hurt at work, but I’ve been hurting for a while. How can I file a claim?

You may have a Cumulative Trauma (CT) injury from repetitive motion on the job. A Workers’ Comp doctor will have to make that determination. The Date of Injury (DOI) becomes either (1) the date you report the injury to the District, (2) the date a doctor diagnosed the injury as work related, or (3) your last day worked if you can’t work because of the injury.

Can I choose my own doctor?

You have the right to pre-designate your personal physician to treat your work-related injury, but you must do so before you file a WC claim. The doctor must agree to treat WC injuries, and must sign the Pre-Designation of Physician Form DWC 9783 (available from the Claims Administrator or the DWC web site). Otherwise, you must choose a doctor from within the District’s WC Medical Provider Network (MPN).

Do I have to file an application for TD benefits if the doctor takes me off work?

No. The District has 14 days from the date the claim is reported to decide whether to accept, delay or deny the claim. If the claim is accepted outright, Athens Administrators will begin paying TD starting 14 days after your first day of lost time.

What happens if my claim is put on Delay?

You will be notified by mail if your claim is put on Delay if additional investigation is needed. You are not eligible for TD during the 90-day decision period. If you are taken off work and need compensation for lost wages, you should apply for State Disability Insurance (SDI). You can still get all the WC medical treatment you need. At the end of the 90-day decision period, you will be notified by mail if your claim is either accepted or denied.

How do I get paid on WC leave?

Employees who take a continuous Workers’ Compensation leave of absence have the option to coordinate sick/vacation accruals with TD Benefits. Since TD is based on 2/3 of your average weekly wage, coordinating a portion of your paid accruals will provide that additional 1/3.

Employees must fill out the Leave Pay form (or communicate their choice by other means), and select one of the options below:

1. Employee elects to coordinate accruals – **all** sick leave is coordinated, then vacation in excess of 20 days.
2. Employee elects **not** to coordinate accruals – employee will be placed in a **District Unpaid Status which may impact medical benefits eligibility (see next page)**.

Structured Return to Work Program

The District’s goal is to return injured or temporarily disabled employees back to the workplace as soon as is medically appropriate. The District has implemented a Structured Return to Work Program for occupational injuries and illnesses. The intent of the program is to bridge an employee’s return to their regular job with a modified duty Temporary Work Assignment (TWA) to accommodate an employee’s disability during the medical recovery process. Use of TWAs is normally limited to a maximum of 30 calendar days. One extension may be granted up to 60 calendar days, if appropriate. The Claims Administrator coordinates with the employee, supervisor and medical provider to manage the return to work process.

If you are a ‘safety-sensitive’ employee and remained off work over 90 days, you are required to submit to a DOT pre-employment drug test prior to your return to work. You will be notified by the Claims Administrator when you are cleared to return to work.

Medical Leave of Absence (MLOA)

District’s Medical Leave of Absence Policy

Once an employee enters unpaid status, an employee may receive up to 6 months of Medical Leave of Absence (MLOA) in a rolling two-year period. While you are on approved District MLOA, you are responsible for your monthly benefits premium sharing contribution. The District’s third party vendor, Payflex, will bill you separately.

Contact HR Customer Service for more information at (415) 257-4526.

What does ‘District Unpaid Status’ mean?

District Unpaid Status means that an employee is not receiving pay from the District. Employees should be aware that sick and vacation accruals occur only when the employee is in a District paid status of *40 hours or more in a pay period*. Also, the portion of wages provided by Workers’ Compensation TD reduce the number of District paid hours. The District does not report Worker’s Compensation TD, On-the-Job Injury or Roadway Injury pay to CalPERS. Thus, those payments cannot be used to calculate pension compensation. This means that *long-term leaves of absence may reduce CalPERS service credit*.

Employees on a District MLOA will have continuing medical benefits through premium sharing and, once their MLOA expires, they have the right to continue medical benefits through COBRA. This means that your District medical benefits will expire at the end of the six-month MLOA period if you have not yet returned to work.

Any Additional Questions?

For more information contact:
Karen Buchanan, Claims Administrator
**Workers’ Compensation/
Risk Management and Safety Dept.**
Phone: 415-257-4418 **FAX** 415-451-4613
Email: kbuchanan@goldengate.org