

Associated Students Board of Finance
Humboldt State University
Meeting on Monday, September 11, 2017
Nelson Hall East, Room 120
3:00 p.m.
Agenda #1

- I. Call to Order
- II. Roll Call
- III. Approval of Agenda #1 on Monday, September 11, 2017 – **Action Item**
- IV. Chair's Report
- V. Public Comments (As per the Gloria Romero Open Meeting Act of 2000 authorized by Section 89306.)

Every Board of Finance agenda for regular meetings shall provide an opportunity for members of the public to directly address the Board of Finance on any item affecting higher education at the campus or statewide level, provided that no action shall be taken on any item not appearing on the agenda. However, the Board of Finance may briefly respond to statements made or questions posed by a person exercising his or her public testimony rights, may ask a question for clarification, make a brief announcement, or make a brief report on his or her own activities. The Board of Finance may also provide a reference to resources for factual information, request staff to report back to the body at a subsequent meeting concerning any matter, or request that a matter of business be placed on a future agenda.

Persons recognized by the Chair should first identify themselves by name. Time limits will be established by the Chair depending on the number of people wishing to speak and the length of the Agenda. Public comments regarding items on the agenda will be taken prior to each agenda item.
- VI. New Business
 - A. Board of Finance Orientation – Discussion Item
The Board of Finance will receive an orientation that will cover Board of Finance procedures including the A.S. Fiscal Code, the 2017-18 Budget, the discretionary fund process, and the A.S. Fiscal Code 20.01, “Reserve Policy, Fund Designation and Procedure for Expenditure.”
 - B. A. S. Board of Finance 2017-18 Standing Rules and Meeting Dates – **Action Item**
These are the rules by which the Board of Finance agrees to operate their meetings. Also included is the proposed 2017-18 meeting schedule.
 - C. Reserve Policy, Fund Designation and Procedure for Expenditure – **Action Item**
The Board of Finance are required to annually review and approve the “Reserve Policy, Fund Designation and Procedure for Expenditure.”
 - D. Request from the Earth Week Planning Committee for \$75 – **Action Item**
The Earth Week Planning Committee requests \$75 for prizes from the 2017 Earth Week raffle.

- E. CCAT Community Garden Transfer of Funds for \$8188.39 – Discussion Item
CCAT has requested a transfer of funds to continue funding the community garden. CCAT was approved of the funds in 16-17 academic year, but were unable to spend the full amount.

VII. Announcements

VIII. Adjournment

The AS Fiscal Code works in support of the AS Constitution, providing additional direction to the AS Board of Directors and Staff for the day-to-day governance and operation of the organization.

ASSOCIATED STUDENTS OF HUMBOLDT STATE UNIVERSITY FISCAL CODE

FISCAL CODE INDEX

SECTION 1)	Board of Finance
SECTION 2)	Student Body Fees
SECTION 3)	Budgetary Process - Policy & Procedures
SECTION 4)	Budget Process - Board of Finance
SECTION 5)	Budget Process and Approval - Associated Students Board of Directors
SECTION 6)	Budget Process - Budget Language
SECTION 7)	Responsibilities of the Budget Administrator
SECTION 8)	Anticipated Revenue
SECTION 9)	Finances
SECTION 10)	Excess Revenue
SECTION 11)	A.S. Board of Directors Special Project Expense Funds
SECTION 12)	A.S. Clubs & Organizations Travel Account
SECTION 13)	Sport Clubs
SECTION 14)	Approval of A.S. Expenditures
SECTION 15)	Trust (Club) Fund Accounts
SECTION 16)	Acceptance of Donations
SECTION 17)	Educational Business Activities
SECTION 18)	Fixed Assets Policy Reference
SECTION 19)	Travel Policy Reference
SECTION 20)	Reserve Policy, Fund Designation and Procedure for Expenditure Reference
SECTION 21)	General Investment Policy Reference
SECTION 22)	Social Responsibility Policy Reference
SECTION 23)	Public Relations Expenditure Policy Reference
SECTION 24)	Hospitality Expense Policy Reference
SECTION 25)	Purchasing Policy Reference

**ASSOCIATED STUDENTS OF HUMBOLDT STATE UNIVERSITY
FISCAL CODE**

Section 1 Board of Finance

- 1.01 Purpose - The purpose of this Board shall be to preserve and protect the financial stability of the Associated Students of Humboldt State University. The Board shall endeavor to assure the fiscal integrity of A.S. and, at all times, insure that members of the Associated Students derive the maximum benefit from A.S. funds. (12/11)
- 1.02 Jurisdiction - The Board shall have the authority to recommend budgets for, and supervise the income and expenditures of, all fees and monies of the A.S. The Board shall also have the power to determine and supervise financial policy and review the annual audit subject to approval of the A.S. Board of Directors. Upon all matters, the Board shall consider itself to be advisory to the A.S. Board of Directors. (12/11)
- 1.03 Membership - The Board of Finance shall consist of the Administrative Vice President, who shall act as the presiding officer; the President of the Association; a student at-large of the Association, appointed by the President; and two student members of the A.S. Board of Directors, appointed by the Legislative Vice President; and the Executive Director of the Association shall be the advisor. (12/11)
- 1.04 In the event of the absence of the Vice President of Administrative Affairs, the A.S. President shall serve as Board Chairperson. (12/11)
- 1.05 Meetings - A quorum shall consist of a simple majority of the filled voting seats. The Board shall hold regular meetings and shall announce the times and places of those meetings at the beginning of each semester. Special meetings may be called as they are appropriate to the needs of the Association. (12/11)
- 1.06 A majority vote of the A.S. Board of Directors shall be required for approval of all allocations of Associated Students funds. (12/11)
- 1.07 A.S. Board of Directors shall be notified of all actions of the Board of Finance during the Administrative Vice President's report. (12/11)

Section 2**Student Body Fees**

- 2.01 As per Education Code Section 89302 and Title 5 Section 42403 of the California Code of Regulations establishing custodial responsibilities, Humboldt State University (University) will collect the approved student body association fee as part of the normal registration payment for all regular and summer terms. (12/11)
- 2.02 The University will deposit student body association fees in the CSU Trust Fund, Associated Student Body Trust. (12/11)
- 2.03 The University will reimburse the Associated Students for expenditures that comply with the terms/conditions/purposes set forth in Education Code Section 89302 and Title 5 Section 42659. (12/11)
- 2.04 Student Body fees for students shall be fifty-nine dollars for the Fall semester and fifty-eight dollars for the Spring semester. (5/15)

Section 3**Budgetary Process - Policy & Procedures**

- 3.01 Purpose - To outline preparatory steps and timeline for the development of the annual Associated Students budget. (12/11)
- 3.02 Budget request forms shall be sent to all areas in the previous year's budget. (12/11)
- 3.03 A projected A.S. fee income shall be established at the start of the budgetary process. (12/11)
- 3.04 The Board of Finance shall establish a budget timeline and inform areas submitting budget requests of the deadlines. (12/11)

Section 4**Budget Process - Board of Finance**

- 4.01 The Board of Finance shall review all the budget requests. (12/11)
- 4.02 The Board of Finance shall hold public hearings of programs identified by the Board of Finance. The director or sponsor shall be notified of the date, time and place of said hearing. Program liaisons shall participate in the hearings for their specific program areas. (12/11)
- 4.03 The Board of Finance shall submit a recommended budget to

the A.S. Board of Directors at least four weeks prior to the last regularly scheduled A.S. Board of Directors meeting of the Spring semester. (12/11)

- 4.04 Each program that submitted a budget request is sent a copy of the Board of Finance's recommendation and informed that they may make an appeal to the A.S. Board of Directors. (12/11)

Section 5 Budget Process and Approval-AS Board of Directors

- 5.01 AS Board of Directors shall interview programs that submit an appeal, or programs that are requested to appear by at least a majority the members of the A.S. Board of Directors. (12/11)

- 5.02 No additions or deletions are to be made until appeal interviews are completed. (12/11)

- 5.03 If the A.S. Board of Directors is considering altering the Board of Finance recommendation, the program must be contacted and given the opportunity for a hearing before the A.S. Board of Directors. (12/11)

- 5.04 Budget Adjustments - Review the budget recommendations from Board of Finance and make all adjustments. (12/11)

- 5.05 A majority vote of the A.S. Board of Directors shall be required to approve and recommend a balanced A.S. budget to the University President. (12/11)

- 5.06 The A.S. Budget shall be submitted to the University President for review and approval, per Executive Order 369. (12/11)

- 5.07 Following approval by the University President, each program that submitted a budget request shall be informed of the amount of funding received and the appropriate budget language. (12/11)

- 5.08 Major program changes which significantly alter the final budget require the approval of the A.S. Board of Directors and the University President. (12/11)

Section 6 Budget Process - Budget Language

- 6.01 The intent of A.S. Board of Directors regarding program expenditures should be specified in the Budget Language. (12/11)

- 6.02 Budget language shall be prepared by the Board of Finance for approval by the A.S. Board of Directors. (12/11)
- 6.03 Expenditures of Associated Students funds within line-item of programs as allocated by the A.S. Board of Directors will be strictly adhered to. All transfers of funds between line-items must be requested in writing and approved by the Board of Finance. (12/11)
- Section 7**
7.01 **Responsibilities of the Budget Administrator**
The Budget Administrator is defined as the individual directly responsible for the management of an Associated Students' budgeted area. (12/11)
- 7.02 The Budget Administrator shall:
a. Approve all expenditures of the program's funds;
b. Insure that expenditures do not exceed the amount budgeted and the budget language is adhered to; and
c. Submit a budget request for the following fiscal year. (12/11)
- Section 8**
8.01 **Anticipated Revenue**
Programs whose budget, in part or whole, depend on program-generated revenue, in addition to A.S. subsidy, may not expend more than the amount of A.S. subsidy allocated and the realizable revenue. "Realizable Revenue" is defined as safe, predictable, realizable revenue in the judgment of the Executive Director. (12/11)
- Section 9**
9.01 **Finances**
The Board shall review and recommend approval of the annual comparison of budget to actual program budget details. (12/11)
- 9.02 Any program budget over-expenditure or failure to make anticipated revenue shall be reported to the Board of Finance as soon as possible. Upon recommendation of the Board of Finance to the A.S. Board of Directors, the penalty for the deficit expenditure shall be no greater than a fine equal to the over expenditure from the organization's following year's budget. The fine collected shall revert to the current year A.S. Unallocated. (12/11)
- Section 10**
10.01 **Excess Revenue**
Requests for spending excess revenue must occur in the same fiscal year in which the excess revenue is generated, unless the

A.S. Board of Directors establishes a trust account for the purpose of retaining said funds for future use. Requests for expenditures of the funds in the trust account greater than \$200 must be evaluated and approved by the Board of Finance to assure the continued financial solvency of the program. Requests for less than \$200 must be approved by the Administrative Vice President and the Executive Director. (12/11)

Section 11

11.01

A.S. Board of Directors Special Project Expense Funds

Special Projects (a line-item of the A.S. Government budget) of the A.S. Board of Directors that will incur a cumulative cost of greater than \$500 in expenditures must be submitted to the Board of Finance for advance approval. (12/11)

Section 12

12.01

A.S. Clubs and Organizations Travel Account

Purpose - Travel funds shall be made available through the A.S. budget process to recognized clubs and A.S. organizations. These funds shall be administered by the Office of Clubs and Activities. (12/11)

12.02

The Club Coordinating Board of Directors (CCC) shall review the travel fund requests and award monies for distribution based on the following guidelines and criteria.

Guidelines:

- a. Travelers must be student members of the recognized club or organization they represent;
- b. Students must be regularly matriculated, currently enrolled to receive AS funds. Non-students will not be funded;
- c. Receipts from all expenditures must be turned in before reimbursement will be given; and
- d. Assistance will be considered only in the areas of conference fees/activity dues, transportation, and lodging. Meals (or per diem) will not be funded. (12/11)

Criteria used in reviewing travel requests:

- a. Number of students participating;
- b. Indirect benefits to the students and to the university community;
- c. Success of efforts in obtaining funding from other sources;
- d. Planned efforts to share the experiences or knowledge gained from the trip with others upon returning; and
- e. If the club has received funding in the past and the extent to which funds were utilized. (12/11)

Section 13 Sport Clubs

- 13.01 Purpose - Sport Club funds shall be made available through the A.S. budget process to recognized Sport Clubs. These funds shall be administered by the Recreational Sports Office. (12/11)
- 13.02 Students must be regularly matriculated, currently enrolled to receive AS funds. Non-students will not be funded. (12/11)
- 13.03 Recognized clubs whose primary purpose is to promote and compete in athletic competition will be eligible for A.S. funding through Sport Club Board of Directors travel monies only. (12/11)

Section 14 Approval of A.S. Expenditures

- 14.01 All expenditures of A.S. funds must be approved by the Administrative Vice President, the Executive Director, and the designated budget administrator(s). (12/11)
- 14.02 Should the designated budget administrator be unavailable, the Executive Director may approve budget expenditures. (12/11)
- 14.03 When the Administrative Vice President is unavailable, the Executive Director may approve budget expenditures. (12/11)
- 14.04 The A.S. will forward appropriate claim schedule(s) with supporting documentation to the University for review, approval and reimbursement for expenditures. (12/11)

Section 15 Trust (Club) Fund Accounts

- 15.01 HSU recognized clubs and organizations may establish an account with the Associated Students. This service includes receiving and disbursing monies according to guidelines outlined in the "Procedures for Associated Students Club Accounts." (12/11)
- 15.02 These accounts will be provided at no charge to the club. Interest is not accrued to these accounts; interest earned is used to offset administrative overhead. (12/11)
- 15.03 An Inactive Club Account will be established to deposit unclaimed funds from inactive clubs. Upon dissolution of the club account, the net assets shall be transferred to the Inactive Club Account within the A.S. to be used for purposes as the Executive Director may direct. (12/11)

- Section 16**
16.01 **Acceptance of Donations**
When considering the acceptance of a donation such as cash, equipment, real property or other items, the Associated Students will follow applicable campus policy and criteria. Items will only be used for purposes consistent with the CSU. The Associated Students will also review if there is sufficient working capital or reserves available to cover future expenditures associated with the donation. (12/11)
- Section 17**
17.01 **Educational Business Activities**
Education-Related Activities: The primary mission of the Associated Students is to further the educational, social and cultural interests of Humboldt students, as well as ensuring the protection of student's rights and interests. (12/11)
- 17.02 In carrying out these aspects of the mission, it is often necessary to charge a fee for providing goods and services, which enhance, promote or support the functions in order to meet the needs of the students, faculty, staff, and members of the public who participate in such events. (12/11)
- 17.03 Educational business activities shall be established and carried on only when they are pursuant to, and in accordance with, the missions and goals of Humboldt State University and the Associated Students. (12/11)
- 17.04 Each educational business activity shall meet the following conditions:
- a. The activity is deemed to be an integral part in the fulfillment of the institution's educational mission, public service, campus support functions, and other educational and support activities, without regard to profit.
 - b. The activity is needed to provide an integral good or service at a reasonable price on reasonable terms, and at a convenient location and time.
 - c. The activity is carried out for the primary benefit of the campus community, but with sensitivity to the total community. (12/11)
- 17.05 The Associated Students will comply with applicable laws and regulations pertaining to unrelated activities; educational business activities not falling within the guidelines established above may be unrelated business income activities. (12/11)

Section 18 18.01	Fixed Assets Policy Reference The Associated Students Fixed Assets Policy provides capitalization guidelines for fixed assets purchased by the Associated Students to ensure adequate internal control. (12/11)
Section 19 19.01	Travel Policy Reference The Associated Students Travel Policy provides guidelines for travel on Associated Students business. (12/11)
Section 20 20.01	Reserves Policy, Fund Designation and Procedure for Expenditure Reference The Associated Students Reserve Policy, Fund Designation, and Procedures for Expenditure provides guidelines for basis of the annual review of the A.S. fiscal viability, and to provide the Board of Directors and Executive Director sufficient funds to address contingencies, emergencies and budgetary impact and at the same time to have adequate working capital to maintain programs, services, facilities, finance non-routine replacement, meet the needs of future growth, and other priorities that the A.S. Board of Directors may have that falls within the Mission of the Associated Students. (12/11)
Section 21 21.01	General Investment Policy Reference The Associated Students General Investment Policy provides general guidance relative to the delegation of authority and responsibility and the policies needed. (12/11)
Section 22 22.01	Social Responsibility Policy Reference The Associated Students Social Responsibility Policy provides recognition that the A.S. may purchase merchandise from corporations and the policies of such corporations may have an impact on the societies of the countries in which they do business. (12/11)
22.02	The Associated Students shall make a good faith effort to invest in and/or purchase from companies that do not discriminate on the basis of race, religion, color, creed, sex or sexual orientation, or which engage in business activities with governments that discriminate. In addition, the Associated Students shall make a concerted effort to purchase only from companies whose merchandise originates from facilities with a commitment to the highest standards of business ethics, regard for human rights, and are environmentally responsible. It shall be the A.S. Board of Directors' responsibility to review individual issues and take action as a Board of Directors on a case-by-case basis as these

issues arise. (12/11)

Section 23

23.01

Public Relations Policy Reference

Title 5, 42502(I), requires governing bodies of auxiliary approve expenditures for public relations or other purposes that serve to augment State subsidies for campus operations. This policy is detailed in Policy #206. (12/11)

Section 24

24.01

Hospitality Expense Policy Reference

This policy serves to define hospitality expenses in compliance with CSU Executive Order #761. This policy is detailed in Policy #207. (12/11)

Section 25

25.01

Purchasing Policy Reference

This policy is to provide program directors with regulations regarding Associated Students purchases. This policy is detailed in Policy #208. (12/11)

ASSOCIATED STUDENTS

HUMBOLDT STATE UNIVERSITY



**2017-2018 Budget
Policies and Procedures**

Table of Contents

ASSOCIATED STUDENTS of HUMBOLDT STATE UNIVERSITY MISSION STATEMENT	1
A.S. EXECUTIVE OFFICERS AND STAFF CONTACT INFORMATION.....	2
SUMMARY OF 2017-18 BUDGET CHANGES.....	5
A.S. of HUMBOLDT STATE UNIVERSITY 2017-2018 APPROVED BUDGET	7
A.S. of HUMBOLDT STATE UNIVERSITY 2017-2018 BUDGET LANGUAGE	8
APPROVED BUDGET WITH PROGRAM AND LINE-ITEM DETAILS.....	13
BUDGET POLICIES AND PROCEDURES	27
BUDGETED AREAS.....	27
A.S. FUNDED PROGRAM CATEGORIES	27
CATEGORY 1: A.S. Government.....	27
CATEGORY 2: A.S. Programs	27
CATEGORY 3: A.S. Sponsored H.S.U. Departments	28
CATEGORY 4: A.S. Committees.....	28
CATEGORY 5: I.R.A. Funded Programs.....	28
EXPENDITURES	29
GENERAL GUIDELINES.....	29
SALES OR 'USE' TAX.....	29
EQUIPMENT PURCHASE	29
PROCARD	30
PROCARD POLICY VIOLATION	30
PAYMENT REQUEST	31
PAYMENT REQUEST REQUIREMENTS.....	31
REIMBURSEMENT REQUIREMENTS	32
ACCEPTABLE DOCUMENTATION	32
UNACCEPTABLE DOCUMENTATION.....	33
PURCHASE ORDER REQUESTS	34
A.S. FUND DEPOSITS	35
DEPOSIT FORMS	35
DEPOSIT INSTRUCTIONS	35
ACCEPTANCE OF DONATIONS	35
ACQUIRING ADDITIONAL FUNDS.....	35
A.S. FUND REQUESTS	36
PAYROLL.....	36
STUDENT EMPLOYEES	37
REQUIREMENTS FOR STUDENT EMPLOYEES.....	37
BEFORE YOU CAN BEGIN WORKING.....	37
CHANGE IN EMPLOYMENT INFORMATION	37
PICKING UP YOUR PAY WARRANT	38
DIRECT DEPOSIT.....	38
WORK STUDY STUDENTS	38
TRAVEL	38
A.S. AND H.S.U. DOCUMENT AND FORM LINKS.....	40

ASSOCIATED STUDENTS of HUMBOLDT STATE UNIVERSITY MISSION STATEMENT

The Associated Students of Humboldt State University is a recognized non-profit corporation and an auxiliary of Humboldt State University. The specific purpose of this corporation is to provide a means for responsible and effective participation in the governance of the campus; provide an official voice through which students' opinions may be expressed; foster awareness of these opinions both on and off campus; assist in the protection of the rights and interests of the individual student and the student body; provide services and programs as deemed necessary by the corporation to meet the needs of the student and campus community; and to stimulate the educational, social, physical, and cultural well-being of the University community.

The Associated Students' services and programs shall be established for the purpose of providing essential activities closely related to, but not normally included as a part of the institutional educational program.

A.S. EXECUTIVE OFFICERS AND STAFF CONTACT INFORMATION

Associated Students Board Executive Officers

Name	Title	Phone Number	Email 'Email'@humboldt.edu
Joey Mularky	President	(707) 826- 5414	jtm417



Kassandra Rice	Administrative V.P.	(707) 826- 5412	kar914
----------------	---------------------	--------------------	---



Dana Carrillo	Student Affairs V.P.	(707) 826- 5412	dlc576
---------------	----------------------	--------------------	---



Desteny Gutierrez

Environmental
Sustainability Officer

(707) 826-
4221

[dg1677](#)



Jonathan Pena
Centes

A.S. Presents

(707) 826-
4221

[jap1175](#)



Social Justice and
Equity Officer

Vacant

(707) 826-
4221

Legislative V.P.




Vacant

(707) 826-
4221

External Affairs
Representative

Vacant

(707) 826-
4221

Name	Title	Phone Number	Email 'Email'@humboldt.edu
Jenessa Lund	Executive Director	(707) 826-5410	Jenessa.Lund
			
Patric Esh	Board Coordinator	(707) 826-4221	Patric.Esh
			
Suzan Diricco	Office Coordinator	(707) 826-3771	Suzan.Diricco
	Office Hours: Monday, Tuesday, & Friday 9-11am Wednesday & Thursday 2-4pm		

SUMMARY OF 2017-18 BUDGET CHANGES

The 2017-18 year will come with a lot of positive changes. It is important to review the manual for all the modifications, but we also acknowledge there are numerous changes within the budget language, policies, and procedures. Some of the changes are due to the A.S. Board of Directors (Formally known as the A.S. Council) requiring changes, the transfer of business services to H.S.U. Financial Services, and general upkeep within the A.S. Business Office.

For your convenience, we have provided the following list of major changes in the manual. The list is not inclusive of all the changes, so it would be in your best interest to review the manual. Thank you for your patience and dedication.

- Budgeted Areas
 - OBI reports will be available to each program to compare against their program ledgers.
 - Quarterly audits will be implemented to ensure transparency and accountability of A.S. funds.
- A.S. Funded Program Categories
 - A new method of understanding how A.S. is funding and supporting A.S. funded programs
- Expenditures
 - Sales or 'Use' Tax
 - H.S.U. Accounts Payable will be providing services for managing taxes.
 - Equipment Purchases
 - Defines new equipment criteria.
- Payment Requests
 - "Payment Request" Form is replacing "Check Request" Form.
 - Payment Request Requirements
 - "Payee Data Record STD 204" replaced the "W-9" Form.
 - Changes with submitting receipts with the Payment Request.
 - Changes with submitting an invoice.
- A.S. Fund Deposits
 - The process to submit a deposit has changed.
 - "Return of ASB Funds" and "ASB Funds – Misc. Revenue" Forms have replaced the "A.S. Deposit Slip".
 - Deposits are submitted to the H.S.U. Cashier's Office.
- Acquiring Additional Funds
 - "A.S. Discretionary Fund" Account replaced the "Unallocated Fund" Account.
 - "A.S. Discretionary Fund Request Form" has replaced the "A.S. Unallocated Request Form".
 - Instructions to process the A.S. Funding Request Form has changed.
- Payroll
 - The "PR-19 Student Assistant Time Voucher" has replaced the "A.S. Hourly Employee Timesheet".

- The “PR-19 Student Assistant Time Voucher” instructions and submission process has changed.
 - “Pay Warrant” has replaced the term “Paycheck”.
- Student Hourly Wages
 - Pre-employment forms and process have changed.
 - Change in employment information process and instructions have changed.
- Direct Deposit
 - Direct deposit process and forms have changed
 - “STD 699” has replaced the “A.S. Direct Deposit Enrollment Authorization” form.
- Travel
 - “A.S. Student Travel Verification” form is replacing the “A.S. of H.S.U. Request for Authorization to Travel” form.
 - “Request for Authorization to Travel (Domestic Travel)” form is a required form.

A.S. of HUMBOLDT STATE UNIVERSITY 2017-2018

APPROVED BUDGET

#	PROGRAM NAME	Approved 2016-17	Request 2017-2018	Approved 2017-18
1	A.S. EXTERNAL AFFAIRS	19,830	19,830	19,830
2	A.S. GENERAL OPERATIONS	214,000	321,057	321,057
3	A. S. GOVERNMENT	129,975	82,119	82,119
4	A.S. PRESENTS*	126,425	126,425	131,425
5	A.S. PROGRAMMING GRANTS*	58,000	58,000	63,000
6	CAMPUS CENTER APPROPRIATE TECH. (CCAT)	55,670	90,150	79,641
7	CHILDREN'S CENTER	45,130	60,000	60,000
8	CLUB AND PROGRAM SUPPORT	39,370	53,360	48,360
9	DROP-IN RECREATION	32,040	31,970	31,970
10	ERIC ROFES QUEER RESOURCE CENTER	15,710	17,400	17,150
11	HUMBOLDT INTERNATIONAL FILM FESTIVAL	10,500	10,500	6,435
12	LEARNING CENTER TUTORIAL PROGRAM	23,315	23,315	23,315
13	MARCHING LUMBERJACKS	5,800	5,800	4,000
14	MULTICULTURAL CENTER (MCC)*	41,540	45,247	65,247
15	OH SNAP! CAMPUS FOOD PROGRAM	13,535	15,000	15,000
16	SPORTS CLUBS	30,775	34,500	33,000
17	STUDENT ACCESS GALLERY	11,125	11,810	11,810
18	WASTE REDUCTION RESOURCE AWARE (WRRAP)	35,490	51,075	42,885
19	WOMEN'S RESOURCE CENTER	27,845	29,984	29,984
20	YOUTH EDUCATIONAL SERVICES (YES)	66,005	68,436	68,436
21	A.S. INSURANCE	8,500	0	0
22	GRADUATE PLEDGE ALLIANCE	0	0	0
23	STUDENT ENGAGEMENT AND LEADERSHIP	5,000	0	0
24	COMPUTER EQUIPMENT REPLACEMENT	3,500	0	0
25	A.S. CAMPUS COMMUNITY SERVICE SCHOLARSHIP	0	0	0
26	UNALLOCATED	13,420	0	0
TOTAL BUDGET		\$1,032,500	\$1,155,978	\$1,154,664
TOTAL REVENUE - FEES		\$1,032,500	\$920,000	\$920,000
TOTAL REVENUE - RESERVE ALLOCATION				\$234,664
FEE REVENUE OVER REQUESTS			(\$235,978)	

2017-18 Enrollment Forecast (Provided by H.S.U. Budget Office)

Headcount	Fall 2017	Spring 2018	17-18 Total
	8199	7680	7940
Revenue Budget	\$479,000	\$441,000	\$920,000
Allocation from General Operations Reserves			\$145,984
Allocation from Capital Purchase Reserves			\$3,500
Allocation from Facilities/Special Projects Reserves			\$25,000
Allocation from Reserves: Discretionary*			\$30,000
Allocation from Reserves: IRA Administrative Fees			\$30,180
Total			\$1,154,664
A.S. Fee Per Student	\$59	\$58	\$117
Actual Fee Revenue with 1% Discount Factor	\$58.42	\$57.42	\$115.84

A.S. of HUMBOLDT STATE UNIVERSITY 2017-2018 BUDGET LANGUAGE

(Applies to all programs receiving A.S. funds)

1. Approved Uses of Student Body Organization Funds. The principle underlying the expenditure of student body organization funds collected through mandatory fees is that such expenditures shall be made in programs that reflect the broadest variety of student interests and that are open to all students who wish to participate. Student body organization funds obtained from mandatory fees may be expended for the programs approved by the Board of Trustees as per Title 5, Section 42500, 42659.
2. All A.S. funded programs are responsible for reading and following the budget and budget language.
3. Failure to comply with budget language stipulations may result in funds being frozen, or other disciplinary action, pending A.S. Board of Finance action.
4. If the A.S. Board of Finance encounters a program that chooses not to comply with the policy outlined in this document, the A.S. Administrative Vice President will request that the program's budget administrator attend a meeting to discuss how the program can come into compliance. If the program continues not to comply with the policy, the A.S. Board of Finance reserves the right to take those instances of noncompliance into account during formulation of the program's annual budget.
5. A.S. funds cannot be used to purchase alcohol.
6. **TRAVEL.** As per CSU Policy related to Student Travel (Executive Order No. 1041), all students are required to sign a "Release of Liability" statement prior to participating in a CSU-affiliated program which requires air and/or ground transportation. Please see the TRAVEL section in Policies and Procedures for a detailed outline of travel policies and forms.
7. **PRIVATE VEHICLES.** Anyone traveling on behalf of an Associated Students program must have a completed "Request for Authorization to Travel (Domestic travel)" (See Page 81) Please see the TRAVEL section in Policies and Procedures for a detailed outline of travel policies and forms.
8. Any promotional materials, print, email, listserv—printed or sent out, needs the A.S. funded logo (See page 46) to be *clearly* represented and *prominently* displayed. This includes programs and events funded by the A.S. Event Funding Committee. Promotional materials shall also include the name of the sponsoring club and/or A.S. Program. As a Hispanic-

Serving institution, when feasible, promotional materials should be in both English and Spanish. The funded logo can be found here:
https://associatedstudents.humboldt.edu/sites/default/files/fundedbyaslogo_black_v4.pdf)

Violations will be reviewed by the A.S. Administrative Vice President, which may result in a fine not to exceed \$50. A fine in excess of \$50, or other disciplinary action, will be reviewed and approved by the A.S. Board of Finance.

9. Any budgeted media area must include, without alterations, the following disclaimer:
The [Name of Publication] is the official newsletter of the [Name of Program] which is funded by the Associated Students of Humboldt State University. The views and content of the [Name of Publication] are not censored or reviewed by the Associated Students. All correspondence regarding this publication should be addressed to:

*[Name of Program] [Name of Publication] Editor
Humboldt State University
Arcata, CA 95521
or call
(707) 826-[Phone number of Program]*

All responses from readers or letters to the editor of the [Name of Publication] will be published, unedited, if requested. Copies of all correspondence should also be sent in writing to:

*Associated Students
Humboldt State University
Arcata, CA 95521*

10. To assure that A.S. program publications are effective in reaching the student population in a timely manner, publication guidelines have been developed.

A.S. publications must be available and distributed by the following deadlines or A.S. funds cannot be utilized for payment.

Fall 2017 Semester publication(s): No later than Monday, December 4, 2017

Spring 2018 Semester publications(s): No later than Monday, April 30, 2018

(A possible five day grace period is available with advance approval from the A.S. Administrative Vice President and A.S. Executive Director.)

11. Expenditure of A.S. funds within line-items of programs as allocated by the A.S. Board of Directors will be strictly adhered to. If necessary, a transfer of funds between line-items may be requested using the "Line-Item Transfer Request Form" (see page 71). A transfer request over \$500 between line-items must be approved by the A.S. Administrative Vice President and A.S. Executive Director.

12. **DIRECTORS**—paid hourly: For director positions, annual amounts are as follow. These are per year amounts, payable half each semester. The same person cannot receive payment for more than one director position within each program without prior approval of the A.S. Board of Finance.

- a. Program Director \$2,550 (\$1,275 per semester)

A Program Director is generally the student who has overall administrative responsibility for a program. A Program Director usually works 8-9 hours a week during the academic year.

- b. Co-Director \$1,950 (\$975 per semester)

Co-Directors generally share the oversight of a program based on a description of duties. A Co-Director generally works 6-7 hours a week during the academic year.

- c. Assistant Director \$1,350 (\$675 per semester)

Assistant Directors support the Director and/or the Co-Director with the program's administration. An Assistant Director generally works 4-5 hours a week during the academic year.

These are annual amounts, payable half each semester unless otherwise approved by the A.S. Executive Director.

13. **NON-COMPENSATORY STIPEND CRITERIA.** Stipends shall be awarded as per Government Code, Section 6.

14. **CLUB AND A.S. PROGRAM ACTIVITY GRANTS/CULTURAL PROGRAMMING GRANTS/SPECIAL PROJECTS AND SPECIAL PROJECTS-IN HOUSE FUNDS STIPULATIONS:**

- a. Club and A.S. Program grants up to \$2,200 are available for on-campus events (1 Harpst Street) that will benefit the entire campus community.
- b. Cultural Programming Grants (CPG) up to \$3,000 are available for on-campus events (1 Harpst Street) that will benefit the entire campus community. Cultural Programming Grants provides funding for on-campus events that promote social justice, educate and raise awareness of cultural diversity, equity, cultural celebrations and traditions.
- c. Free Admission— Admission to programs receiving Club and A.S. Program, Cultural Programming, Special Projects, and Special Projects-In House Grants shall be free.
- d. Club and A.S. Program Activity Grants shall be administered by the Clubs Office; Cultural Programming Grants shall be administered by the Multicultural Center (MCC).
- e. The Programming Grants annual budget amounts shall be divided equally per semester. If funds for an event are committed in a previous semester, the allocation shall be deducted from the semester in which the event occurs.

- f. Allocation of the grants shall be made by the A.S. Event Funding Committee as described in the A.S. Committee Handbook.
 - g. No more than \$2,200 may be allocated to any one organization per semester unless funding is also received from a CPG grant. If event funding includes an allocation from the Cultural Programming Grant, no more than \$3,000 may be allocated to any one organization per semester.
 - h. No more than \$3,000 can be given to a single event, regardless of the number of groups applying for the funds.
 - i. Promotional materials for events funded by the grants must include the prominent display of the A.S. logo (See page 46) and the name of the sponsoring club or A.S. program. Violations will be reviewed by the A.S. Administrative Vice President, which may result in a fine not to exceed \$50. A fine in excess of \$50 will be reviewed by the A.S. Board of Finance. As a Hispanic-Serving institution, when feasible, promotional materials should be in both English and Spanish. Find the A.S. funded logo here:
https://associatedstudents.humboldt.edu/sites/default/files/fundedbyaslogo_black_v4.pdf
 - j. Publicity for events shall be reviewed by the Clubs Office or the Multicultural Center Office in advance of posting—depending on the source of funds.
 - k. Voting members on the A. S. Event Funding Committee shall include: A.S. Administrative Vice President (Chair); A.S. Student Affairs Vice President; two (2) students recommended by the MCC and appointed by the A.S. President; and one (1) student recommended by the Clubs Office and appointed by the A.S. President. The appointments are dependent on the A.S. Board of Directors final approval.
 - l. Non-voting advisors to the committee shall be the MCC Coordinator and the Club Coordinator.
 - m. At least three (3) student committee members must be present at a meeting to conduct business.
 - n. In the event the A.S. Board of Directors has not had the opportunity to approve members of the A.S. Event Funding Committee, or the funding committee has not been formed, exceptions can be made to expend funds. Requests shall be reviewed by the A.S. President (or the A.S. Administrative Vice President if A.S. President is not available). The need for this exception is most likely to occur at the beginning of the fall semester prior to when the committee has had time to meet.
 - o. Food Purchase Stipulations: Note Item #15 in the Budget Language below.
15. Food purchases must be an integral part of the program, not the sole purpose of the program/event (i.e. a dinner).

16. Retreat funds may be used for lodging, transportation, room rental, group activity, and/or food expenditures.
17. Environmentally and Socially Responsible Purchases – A.S. is committed to making environmentally and socially responsible purchases with A.S. funds. Program Budget Administrators will explore environmentally and socially responsible purchase options, and when feasible, choose the environmentally and socially responsible option.
18. Associated Students funded programs may not expend A.S. funds to endorse an A.S. elections candidate (including coalitions) or engage in an activity that is beneficial or detrimental to any candidate. Use of A.S. funds for these purposes is prohibited.
19. Associated Students funded organizations are prohibited from endorsing candidates, coalitions, or recalls during an election.
20. Associated Students funds shall not be used to support or oppose any candidate for public office, whether partisan or not, or to support or oppose any issue before the voters of this state or any subdivision thereof. This shall not apply to expressions published in the student press, as per Title V, Section 42403C.

APPROVED BUDGET WITH PROGRAM AND LINE-ITEM DETAILS

1. A.S. External Affairs

Fund	Dept	Program
AS100	D40004	P5104

A.S. SUBSIDY \$19,830

Account	Account Description	Amount	Class	Notes
604090	OTHER COMMUNICATIONS	\$282		
660003	SUPPLIES AND SERVICES	\$300		
660986	STIPENDS-STUDENTS	\$2,248		See #1 below
606001	TRAVEL IN STATE	\$9,500	C9002 - CSSA Meetings	See #2 below
606001	TRAVEL IN STATE	\$6,500	C9003 - CHESS	See #3 below
606001	TRAVEL IN STATE	\$1,000	C9004 - Lobby Corps	See #4 below
	Total Expenditures	\$19,830		

- 1 Stipend shall be awarded as follows: One (1) representative at \$2,248. Stipends shall be awarded as per Government Code, Section 6 (Non-Compensatory Stipend Criteria). Due to oversight during the transitions this year, this stipend amount exceeded what was in the approved budget (totaling \$2,248 – over by \$93). Approval to move \$93 from Other Communications to Stipends was received by A.S. Administrative V.P.
- 2 Travel includes funds for representative to travel to eleven (11) CSSA meetings. Costs associated with new board member to attend the transition meeting in June shall be paid from this Travel - CSSA account.
- 3 Additional travel funding has been provided for students to attend the CHESS Conference. Remaining funds shall be used to provide activities that meet and carry out CSSA's mission and goals as outlined in the budget request. Expenditure of these funds shall be approved by the A.S. President.
- 4 Lobby Corps funding shall be used for travel and expenses to send students to the California State Capitol to lobby on behalf of the students of H.S.U. and H.S.U. Associated Students when legislature is in session.

2. A.S. General Operations

Fund	Dept
AS100	D40004

A.S. SUBSIDY \$284,057

Revenue	Amount
A.S. Subsidy	\$284,057
Miscellaneous	\$3,000
Interest Income	\$4,000
IRA Administrative Fee	\$30,000
Total Revenue	\$321,057

Account	Account Description	Amount	Notes
601201	MANAGEMENT + SUPERVISORY	\$70,369	Includes Payroll Taxes
601300	SUPPORT STAFF	\$47,808	Includes Payroll Taxes
603810	BENEFITS-OTHER	\$53,060	See #1 below
604090	OTHER COMMUNICATIONS	\$1,000	
606001	TRAVEL IN STATE	\$5,000	See #2 below
613001	CONTRACTUAL SERVICES	\$115,220	H.S.U. Business Services Fee
613800	AUDIT/ACCOUNTING	\$8,000	Annual Auxiliary Audit
660003	SUPPLIES AND SERVICES	\$9,500	
660010	INSURANCE PREMIUMS	\$8,500	
660804	WORK REQUESTS	\$1,500	Facilities Maintenance
660807	MEMBERSHIPS	\$1,100	Professional Organization Dues
	Total Expenditures	\$321,057	

- 1 This line item includes A.S. contributions toward dental, health and vision benefits for full-time, salaried A.S. Employees (per Resolutions 2015-16-5 & 2015-16-6). Per Resolutions 2015-16-12 and 2015-16-7, A.S. plans to offer an Employer Retirement Contribution as well as a Life Insurance Contribution (these two benefits have not been set up yet for eligible A.S. employees, but are earmarked in this budget in the event they are established during 2017-2018).
- 2 Travel funds cover expenses related to A.S. Staff attendance at CSUnity and Auxiliary Organizations Association (AOA) trainings.

3. A.S. Government

Fund	Dept	Program
AS100	D40004	P5102

A.S. SUBSIDY \$82,119

Account	Account Description	Amount	Class	Notes
601303	STUDENT ASSISTANT	\$12,000		A.S. Office Assistants
603810	BENEFITS-OTHER	\$744		Monthly Payroll Taxes
604090	OTHER COMMUNICATIONS	\$1,750		
606001	TRAVEL IN STATE	\$6,200		
660003	SUPPLIES AND SERVICES	\$3,750		
660017	ADVERTISING & PROMO PUBLICATION	\$5,000		
660986	STIPENDS-STUDENTS	\$35,975		See #1 below
660986	STIPENDS-STUDENTS	\$6,500	C0500 - ELECTIONS - Marketing	
660009	TRAINING AND PROF DEVELOPMENT	\$5,000	C0501 - RETREAT	A.S. Orientation, Retreat, Trainings
660003	SUPPLIES AND SERVICES	\$4,200	C9001 - A.S. Projects by Board Position	See #2 below
660805	HOSPITALITY EXPENSE	\$1,000	C9015 - Study Lounge	See #3 below
	Total Expenditures	\$82,119		

- 1 Stipends shall be awarded as follows: President, \$7117; Legislative V.P., Administrative V.P., Student Affairs V.P., Social justice & Equity Officer and Environmental Sustainability Officer \$2,248 each; Elections Commissioner, \$1,124 (Spring semester only); and A.S. Board Members, \$1,873 each. Stipends shall be awarded as per Government Code, Section 6 (Non-Compensatory Stipend Criteria). Due to oversight during the transitions this year, these amounts exceed what was in the approved budget (totaling \$40,831 – over by \$4,856). If all positions are filled both semesters, the A.S. Board will need to vote to modify the allocation. Approval to increase Student Stipends (per A.S. Government Code Section 6) was received by A.S. Administrative V.P.
- 2 A.S. Projects by Board Position are divided as follows: President, \$250, Student Affairs V.P. \$200, and Legislative V.P., \$150. A sum of \$1200 has been allocated (per Resolution 2016-17-11) for the three college mixers (\$200/college/semester). \$150 has been allocated for the remaining A.S. Representatives' Special Projects (\$50 each for one Graduate Representative and two At-Large Representatives). In addition, \$3,000 has been allocated to provide support for special A.S. Government sponsored events as determined by the A.S. President in consultation with A.S. Executive Committee. Due to oversight during the transitions this year, these amounts exceed what was in the approved budget (totaling \$4,950 – over by \$650). If all positions are filled both semesters, the Board will need to vote to modify the allocation. Approval to modify A.S. Projects by Board Position amounts (per Resolution 2016-17-11) was received by A.S. Administrative V.P.
- 3 Study lounge funds have been allocated for at least two study lounges to be coordinated by the A.S. Student Affairs Vice President.

4. A.S. Presents

Fund	Dept	Program
AS100	D40004	P5134
TV134	D40004	P5134

A.S. SUBSIDY **\$131,425**
PROJECTED GATE REVENUE **\$85,000**

Account	Account Description	Amount P5134	Amount TV134	Class	Notes
601893	STUDENT WAGE REIMBURSEMENT	\$41,520			See #1 below
613001	CONTRACTUAL SERVICES	\$20,000			See #2 below
660003	SUPPLIES AND SERVICES	\$14,907	\$20,000		See #6 below
660810	GUEST LECTURER/SPEAKER	\$25,000	\$57,750	C9021 - Artist Fees	See #6 below
660810	GUEST LECTURER/SPEAKER	\$22,750	\$7250	C9019 - Lecture Series	See #4 & #6 below
660810	GUEST LECTURER/SPEAKER	\$5,000		C9020 - Empowerment Series	See #5 below
660986	STIPENDS-STUDENTS	\$2,248			See #3 below
	Total Expenditures	\$131,425	\$85,000		

- 1 The Student Wage Reimbursement is a reimbursement of hourly University Center (UC) Student Employees who help produce A.S. Presents events.
- 2 These Contractual Services shall go toward the administration of the A.S. Presents per the agreement with the University Center.
- 3 Student Stipend shall be awarded as follows: one A.S. Presents Representative \$2,248. Stipends shall be awarded as per A.S. Government Code, Section 6 (Non-Compensatory Stipend Criteria). Due to oversight during the transitions this year, this stipend amount exceeded what was in the approved budget (totaling \$2,248 – over by \$93). Approval to move \$93 from Supplies & Services to Stipends was received by A.S. Administrative V.P.
- 4 Lecture Series: \$30,000 shall be earmarked for Lecture Series events.
- 5 Empowerment Series: \$5,000 shall be earmarked for training and events that develop effective student activists. In developing the series, A.S. Presents will collaborate with faculty, administration, campus organizations, community organizations and other advocates. These funds will come from the AS200 Discretionary Fund.
- 6 Portions of the Artist Fees, Lecture Series, and Supplies & Services budgets are dependent on revenue generated from gate fees. As earned, gate fees will be deposited into the A.S. Presents Trust account (TV134) where it will be available once the P5134 equivalent budgets are expended.

5. A.S. Programming Grants

Fund	Dept	Program
AS100	D40020	P5122
AS100	D40032	P5122

A.S. SUBSIDY **\$30,000**
A.S. SUBSIDY **\$33,000**

Account	Account Description	Amount	Class	Notes
660090	EXPENSES-OTHER	\$30,000	C9013 - Special Projects - In House	Club & A.S. Program Activity Grants (Dept = D40020), See #1 & #2 below
660090	EXPENSES-OTHER	\$33,000	C9013 - Special Projects - In House	Cultural Programming Grants (Dept = D40032), See #1 & #2 below
	Total Expenditures	\$63,000		

- 1 See item #14 in the General Budget Language for expenditure details.
- 2 Food Stipulations: See item #15 in the General Budget Language.

6. Campus Center Appropriate Technology (CCAT)

Fund	Dept	Program
AS100	D40004	P5106

A.S. SUBSIDY \$79,641

Account	Account Description	Amount	Class	Notes
601893	STUDENT WAGE REIMBURSEMENT	\$65,100		See #1 Below
603899	BENEFIT REIMBURSEMENT	\$3,781		Payroll Taxes - Summer
660003	SUPPLIES AND SERVICES	\$4,360		See #2 Below
660017	ADVERTISING & PROMO PUBLICATION	\$1,000		See #3 Below
660021	REPAIRS AND MAINTENANCE	\$3,200		See #4 Below
660064	REPR AND MAINT-LANDSCAPE GRNDS	\$1,000		See #5 Below
660802	PUBLICATIONS	\$800		CCAT Newsletters
660805	HOSPITALITY EXPENSE	\$400	C0501 - RETREAT	CCAT Retreat
	Total Expenditures	\$79,641		

- 1 Student Wage Reimbursement to be used toward Co-Director Wages (\$35,640) as outlined in the approved budget, and \$29,460 to be used for the additional fall and spring Student Wage positions. NOTE: The Co-Director wages are fully funded according to the approved budget, where the remaining CCAT positions were not fully funded (\$39,968.50 was requested and \$29,460 was approved).
- 2 Supplies and Services are to include the areas outlined in the approved budget: Utilities (\$500), Telecommunications (\$55/mo.), Office Supplies (\$400), Computer/Hardware/Software (\$500), Library (\$700), Postage (\$300), Photocopying/Printing (\$400), Cleaning (\$300), CSA Share (\$600).
- 3 This line item includes the Special Project described in the approved budget: Workshops & Outreach (\$1000).
- 4 This line item includes the Special Projects described in the approved budget: Maintenance & Engineering (\$3000) and H.S.U. Community Garden Upkeep (\$200).
- 5 This line item includes the Special Project described in the approved budget: Gardens & Grounds Projects (\$1000).

7. Children's Center

Fund	Dept
AS100	D400030

A.S. SUBSIDY \$60,000

Account	Account Description	Amount	Notes
601893	STUDENT WAGE REIMBURSEMENT	\$60,000	See #1 below
		\$60,000	
	Total Expenditures	\$60,000	

- 1 These funds are to be used to employ Student Assistants in the H.S.U. Children's Center.

8. Club & Program Support

Fund	Dept
AS100	D400020

A.S. SUBSIDY \$48,360

Account	Account Description	Amount	Class	Notes
601893	STUDENT WAGE REIMBURSEMENT	\$12,960		See #1 below
606001	TRAVEL IN STATE	\$25,000		See #2 below
660810	GUEST LECTURE/SPEAKER	\$3,000	C9013 - Special Projects - In House	Speaker/Performer Fees, See #4 below
660002	PRINTING	\$500		
660003	SUPPLIES AND SERVICES	\$3,400		
660805	HOSPITALITY EXPENSE	\$500	C9013 - Special Projects - In House	See #4 & #5 below
660003	SUPPLIES AND SERVICES	\$1,000	C9013 - Special Projects - In House	See #4 below
613001	CONTRACTUAL SERVICES	\$2,000	C9014 - Club Movie Rights	
	Total Expenditures	\$48,360		

- 1 Student Wages shall be used to support three of the four Student Programmer wages.
- 2 Travel funds are allocated by the Clubs Coordinating Council. No more than \$1,000 can be allocated to any one club or program per year. Note: This line item does not cover Sports Clubs.
- 3 Special projects-event programming includes \$2,000 for movie licenses as outlined in the budget request. Admission to club events receiving this grant shall be free.
- 4 Special Projects – In House: See item #14 in the General Budget Language.
- 5 Food Stipulations: See item #15 in the General Budget Language.

9. Drop-In Recreation

Fund	Dept	Program
AS100	D40064	R0022
AS100	D20064	R0022

A.S. SUBSIDY \$3,535

A.S. SUBSIDY \$28,435

Account	Account Description	Amount	Program	Notes
601893	STUDENT WAGE REIMBURSEMENT	\$3,535	Student Assistant - Gym	See #1 below
601893	STUDENT WAGE REIMBURSEMENT	\$28,435	Student Assistant - Pool	See #2 below
	Total Expenditures	\$31,970		

- 1 Student Wages shall be used for Gym Supervisors to supervise drop-in activities in Forbes Complex gymnasiums and fields during basketball, volleyball and soccer drop-in sessions. These funds are managed by the Recreational Sports Office (Dept = D40064).
- 2 Student Wages shall be use for Drop-In Lifeguards (\$14,217.50) and Drop-In Pool Supervisors (\$14,217.50). These funds are managed by the Kinesiology and Recreation Administration Department (Dept = D20064).

10. Eric Rofes Queer Resource Center (ERC)

Fund	Dept	Program
AS100	D40004	P5136

A.S. SUBSIDY \$17,150

Account	Account Description	Amount	Class	Notes
601893	STUDENT WAGE REIMBURSEMENT	\$11,800		See #1 below
603899	BENEFIT REIMBURSEMENT	\$600		Payroll Taxes - Summer
660003	SUPPLIES AND SERVICES	\$1,750		
660090	EXPENSES-OTHER	\$3,000	C9013 - Special Projects - In House	See #2 & #3 below
	Total Expenditures	\$17,150		

- 1 Three Directors (paid hourly) shall be paid as follows: Volunteer & Outreach (\$2,950); Events (\$2,950); and Resource & Publicity (\$2,950). Student Wages shall also be used to fund a Fiscal/Office Manager, \$2,950. These are annual amounts payable half each semester.
- 2 Special Projects: See item #14 in the General Budget Language.
- 3 Food Stipulations: See item #15 in the General Budget Language.

11. Humboldt International Film Festival (HIFF)

Fund	Dept	Program
AS100	D40004	P5112

A.S. SUBSIDY \$6,435

Account	Account Description	Amount	Notes
601893	STUDENT WAGE REIMBURSEMENT	\$6,435	HIFF A.S. support is for Student Assistant Wages only
	Total Expenditures	\$6,435	

12. Learning Center Tutorial Program

Fund	Dept
AS100	D40060

A.S. SUBSIDY \$23,315

Account	Account Description	Amount	Notes
601893	STUDENT WAGE REIMBURSEMENT	\$23,315	See #1 below
	Total Expenditures	\$23,315	

- 1 \$19,115 of Student Wages shall be used for Tutor Wages for Small Group and Appointment-Based Individual Tutoring. An additional \$4,200 has been allocated for Student Wages during mandatory trainings, which shall be used for Tutor Wages while completing CSU/H.S.U. mandated training (\$1,200) as well as Tutor Wages while completing the Learning Center Required Tutor Training (\$3,000).

13. Marching Lumberjacks

Fund	Dept	Program
AS100	D40004	P5116

A.S. SUBSIDY \$4,000

Account	Account Description	Amount	Notes
619810	EQUIPMENT < 5K	\$1,100	See #1 below
660003	SUPPLIES AND SERVICES	\$1,800	
660021	REPAIRS AND MAINTENANCE	\$1,100	
	Total Expenditures	\$4,000	

- 1 Equipment Purchases are handled in a special manner. Please contact the A.S. Business Office when you are ready to purchase equipment. Associated Students equipment may not be removed, relocated, or disassembled without prior approval. Equipment is defined as the following:
- 2 \$300 value or more
- 3 Items which generally last longer than two years
- 4 Any electronic equipment that can store sensitive information, such as a computers, laptops, tablets, networked copiers/printers, etc.

14. Multicultural Center (MCC)

Fund	Dept
AS100	D40032

A.S. SUBSIDY \$65,245

Account	Account Description	Amount	Class	Notes
601893	STUDENT WAGE REIMBURSEMENT	\$29,545		See #1 below
660003	SUPPLIES AND SERVICES	\$3,700		See #2 below
660017	ADVERTISING & PROMO PUBLICATION	\$1,000		See #3 below
606001	TRAVEL IN STATE	\$1,300	C0501 - Retreat	
660003	SUPPLIES AND SERVICES	\$3,000	C9013 - Special Projects - In House	See #6 below
660805	HOSPITALITY EXPENSE	\$700	C9015 - Study Lounge	See #7 below
660802	PUBLICATIONS	\$1,000	C9016 - Cultural Times	See #5 below
660003	SUPPLIES AND SERVICES	\$5,000	C9017 - Social Justice Summit	See #4 below
660003	SUPPLIES AND SERVICES	\$20,000	C9018 - Scholars Without Borders	See #9 below
	Total Expenditures	\$65,245		

- 1 Student Wages shall be used as follows: Two Social Justice Summit Co-Directors (\$1,950 each); five Community Outreach Coordinators (\$1,350 each); one Publications Assistant (\$1,350); and two Graphic Artists (\$1,350). These are annual amounts payable half each semester. The balance of the Student Wages shall be used as outlined in the budget request.
- 2 \$1,200 of Supplies & Services is earmarked for professional cleaning services (2x/year: \$700 for first cleaning, \$500 for spring cleaning).
- 3 Advertising and Promo funds have been provided to advertise MCC programs and events (except as noted below in #4).
- 4 Funds have been provided to support the Social Justice Summit (SJS). The SJS allocation is with the understanding that the Cultural Programming Grants and Advertising & Promo line-items will not be used to support the SJS.
- 5 Publications - Cultural Times amount has been allocated for two issues (one issue per semester) not to exceed \$500 per issue. Publication Stipulations: See items #8, #9 and #10 in the General Budget Language.
- 6 Special Projects - In House can be used for on campus events, programs, and activities that the MCC sponsors and/or co-sponsors with campus clubs and A.S. Programs. In-House fund allocation is with the understanding that Club & A.S. Program Grants nor Cultural Program Grants will not also be used without prior approval of A.S. Event Funding Committee and A.S. Board of Finance. No In-House project shall result in a cumulative cost of more than \$500 without prior approval of the A.S. Board of Finance. See item #14 in the General Budget Language for additional Special Projects guidelines.
- 7 Food Stipulations: See item #15 in the General Budget Language.
- 8 Study lounge funds have been allocated for two study lounges, \$350 per semester. \$20,000 is allocated specifically to support the pilot project: Scholars Without Borders. These one-time funds will come from the Discretionary Fund in AS200.

15. Oh Snap! Campus Food Security Program

Fund	Dept	Program
AS100	D40067	P0398

A.S. SUBSIDY \$15,000

Account	Account Description	Amount	Notes
660830	SUPPLIES-FOOD	\$15,000	See #1 below
	Total Expenditures	\$15,000	

- 1 These funds are to be used to purchase food for the H.S.U. Food Security Program Food Cupboard. Contact the A.S. Executive Director if the program's ProCard spending limits need to be adjusted to accommodate efficient food purchasing.
-

16. Sports Clubs

Fund	Dept	Program
AS100	D40064	P5132

A.S. SUBSIDY \$11,810

Account	Account Description	Amount	Notes
606001	TRAVEL IN STATE	\$17,500	Travel & Lodging Expenses
660009	TRAINING AND PROF DEVELOPMENT	\$7,000	League & Tournament Fees
601899	SALARY REIMBURSEMENT	\$4,000	Athletic Trainer
601893	STUDENT WAGE REIMBURSEMENT	\$4,500	Sport Club Coordinator
	Total Expenditures	\$33,000	

17. Student Access Gallery

Fund	Dept	Program
AS100	D40004	P5118

A.S. SUBSIDY \$11,810

Account	Account Description	Amount	Notes
601893	STUDENT WAGE REIMBURSEMENT	\$9,200	See #1 below
603899	BENEFIT REIMBURSEMENT	\$460	Payroll Taxes – Summer
660003	SUPPLIES AND SERVICES	\$2,050	
660010	INSURANCE PREMIUMS	\$100	
	Total Expenditures	\$11,810	

- 1 Directors (paid hourly) shall be paid as follows: Director, \$2,750; Co-Director Foyer, \$2,100; Assistant-Director Karshner, \$1,450; Co-Director, Student Business Services, \$1,450; Assistant Director-Graphic Designer, \$1,450. These are annual amounts, payable half each semester.

**18. Waste Reduction And
Resource Awareness (WRAPP)**

Fund	Dept	Program
AS100	D40004	P5105

A.S. SUBSIDY \$42,885

Account	Account Description	Amount	Class	Notes
601893	STUDENT WAGE REIMBURSEMENT	\$36,300		See #1 below
603899	BENEFIT REIMBURSEMENT	\$2,225		Payroll Taxes – Summer
604090	OTHER COMMUNICATIONS	\$325		
660003	SUPPLIES AND SERVICES	\$1,545		
660017	ADVERTISING & PROMO PUBLICATION	\$500		
660003	SUPPLIES AND SERVICES	\$1,470	C9005 - Compost	
660003	SUPPLIES AND SERVICES	\$100	C9006 - ROSE	
660003	SUPPLIES AND SERVICES	\$200	C9007 - Take Back the Tap	
660003	SUPPLIES AND SERVICES	\$220	C9008 - Zero Waste	
	Total Expenditures	\$42,885		

1. Student Wage Reimbursement shall be used as outlined in the budget request for Compost, Take Back the Tap, Zero Waste, ROSE, Education and Multimedia staff. These wages shall also be used to fund a Fiscal/Office Manager for \$4,500.

19. Women's Resource Center (WRC)

Fund	Dept	Program
AS100	D40004	P5120

A.S. SUBSIDY \$29,984

Account	Account Description	Amount	Class	Notes
601893	STUDENT WAGE REIMBURSEMENT	\$14,080		See #1 below
603899	BENEFIT REIMBURSEMENT	\$704		Payroll Taxes – Summer
660003	SUPPLIES AND SERVICES	\$2,000		
660017	ADVERTISING & PROMO PUBLITION	\$1,200		Publicity
660802	PUBLICATIONS	\$1,200		Multi-media lending library
660805	HOSPITALITY EXPENSE	\$200	C0500 -ELECTIONS	See #5 below
660802	PUBLICATIONS	\$1,600	C9009- Matrix	See #3 below
660003	SUPPLIES AND SERVICES	\$2,000	C9010 - Take Back the Night	
660003	SUPPLIES AND SERVICES	\$1,500	C9011 - Women's Herstory Month	
660003	SUPPLIES AND SERVICES	\$1,000	C9012 - Kink On Campus	
660003	SUPPLIES AND SERVICES	\$4,500	C9013 - Special Projects - In House	See #2 & #4 below
	Total Expenditures	\$29,984		

- 1 Student Wages (paid hourly) shall be paid as follows: Three Co-Directors at \$2112 each (one Matrix and Publicity Editor; one Volunteer and Outreach Coordinator; and one Sexual Assault and Domestic Violence Education Educator); Three Assistant Directors at \$1408 each (one Environmental Justice Educator; one Anti-Racism Educator; and one Health and Body Politics Educator). In addition, Student Wages shall also be used to fund a Fiscal and Staff Coordinator, \$3,520.
- 2 Special Projects - In House funds may be earmarked for the Women's Resource Center to implement & facilitate educational programs & activities. These events shall be on campus (1 Harpst Street) and open to the entire campus community.
- 3 Program Publications - Matrix amount has been allocated for two issues (one issue per semester) not to exceed \$800 per issue. Note the program publication stipulations per items #8, #9 and #10 in the General Budget Language.
- 4 Special Projects: See item #14 in the General Budget Language.
- 5 Food Stipulations: See item #15 in the General Budget Language.

20. Youth Educational Services (YES)

Fund	Dept
AS100	D40022

A.S. SUBSIDY**\$68,436**

Account	Account Description	Amount	Program	Notes
601893	STUDENT WAGE REIMBURSEMENT	\$34,566		See #1 below
601899	SALARY REIMBURSEMENT	\$25,000		YES Program Operations
606001	TRAVEL IN STATE	\$1,800		Student Director Retreat
660003	SUPPLIES AND SERVICES	\$2,500		
660090	EXPENSES-OTHER	\$610		Housecleaning
660090	EXPENSES-OTHER	\$100	P4501 - YES-GOLDEN YEARS	
660090	EXPENSES-OTHER	\$125	P4502 - YES-ENVIRONMENTAL ED	
660090	EXPENSES-OTHER	\$250	P4503 - YES-ART RECREATION THEATRE	
660090	EXPENSES-OTHER	\$550	P4504 - YES-HAND-IN-HAND	
660090	EXPENSES-OTHER	\$500	P4505 - YES-LEADERSHIP ED ADVENTURE PROGRAM – L.E.A.P.	
660090	EXPENSES-OTHER	\$100	P4508 - YES-STUDY BUDDIES	
660090	EXPENSES-OTHER	\$100	P4510 -YES-NEW GAMES	
660090	EXPENSES-OTHER	\$175	P4511 - YES-HOMELESSNESS NETWORK	
660090	EXPENSES-OTHER	\$120	P4512 - YES-PUENTES	
660090	EXPENSES-OTHER	\$650	P4513 - YES-DIRECTOR TRAINING	
660090	EXPENSES-OTHER	\$200	P4515 - YES-YMP	
660090	EXPENSES-OTHER	\$150	P4516 - YES-JHRP	
660090	EXPENSES-OTHER	\$550	P4517 - YES-STEP UPP	
660090	EXPENSES-OTHER	\$240	P4520 -YES-NORTH COAST MUSIC VENDORS	
660090	EXPENSES-OTHER	\$150	P4521 - YES-BOOSTING ED SUCCESS IN TEENS – B.E.S.T.	
	Total Expenditures	\$68,436		

- 1 Student Wages shall be used, per budget request, for four Program Consultants (\$5740.50 each); one Lead Program Consultant (\$7,524); one Outreach Program Director (\$2,064); and \$2,016 for Work Study wages as outlined in the budget request.

-
- 21. A.S. Insurance:** Now included in the A.S. General Operations
- 22. Graduate Pledge Alliance:** Has been moved to Forever Humboldt – A GPA Committee (chaired by the A.S. Student Affairs V.P.) has been formed.
- 23. Student Engagement & Leadership Support:** Eliminated
- 24. Computer Equipment Replacement:** Not an A.S. Program –Capital Purchases Reserve Funds
- 25. A.S. Campus Community Service Scholarship:** Phase out in process
- 26. Unallocated:** Eliminated – Replaced by Discretionary Fund in AS200

TOTAL BUDGET **\$1,154,664**

TOTAL REVENUE (FEES & RESERVE ALLOCATION) **\$1,154,664**

REVENUES OVER EXPENDITURES **\$0**

A.S. FEE REVENUE ASSUMPTIONS PROVIDED BY THE H.S.U. BUDGET OFFICE:

	Fall 2017	Spring 2018	17-18 Total
Headcount	8199	7680	7940
Revenue Budget	\$479,000	\$441,000	\$920,000
Allocation from General Operations Reserves			\$145,984
Allocation from Capital Purchase Reserves			\$3,500
Allocation from Facilities/Special Projects Reserves			\$25,000
Allocation from Reserves: Discretionary*			\$30,000
Allocation from Reserves: IRA Administrative Fees			\$30,180
<u>Total</u>			<u>\$1,154,664</u>
A.S. Fee Per Student	\$59	\$58	\$117
<i>Actual Fee Revenue with 1% Discount Factor</i>	<i>\$58.42</i>	<i>\$57.42</i>	<i>\$115.84</i>

BUDGET POLICIES AND PROCEDURES

BUDGETED AREAS

The Associated Students of H.S.U. is the campus agency designated with the responsibility for handling financial and accounting transactions for student body fee based programs. That responsibility requires following accounting standards and acceptable business practices that will hold up through an audit of the organization's records. Providing proper documentation for all transactions made through Associated Students is a standard that cannot be compromised.

All groups that receive funds from Associated Students are responsible for maintaining a bookkeeping system. It is your responsibility to verify your records with Oracle Business Intelligence (OBI). If there is a discrepancy, contact the A.S. Business Office as soon as possible. Additionally, there will be quarterly audits of program budgets.

In order to submit payment requests, time sheets, attendance reports, etc., the program budget administrator must have a current year "Signature Authority Form" (See page 84) on file. These forms must be updated annually. If a budget administrator is added or deleted, the "Signature Authority Form" must be updated. "Signature Authority Forms" are available at <https://www.humboldt.edu/forms/node/537>.

A.S. FUNDED PROGRAM CATEGORIES

In order to acknowledge and understand the different programs and departments A.S. funds, the A.S. staff created a list of categories. The purpose was to separate A.S. funded programs and departments by how they are advised and the budgetary process they use. This is to ensure each program and department is receiving sufficient, appropriate support. The following is the list and the definition of each category:

CATEGORY 1: A.S. Government

Activities that support government functioning

- A.S. Board of Directors
- A.S. External Affairs
- A.S. Government
- A.S. General Operations

CATEGORY 2: A.S. Programs

- Campus Center for Appropriate Technology (CCAT)
- Eric Rofes Multicultural Queer Resource Center (ERC)
- Humboldt International Film Festival (HIFF)
- Marching Lumberjacks (MLJ)
- Student Access Gallery (SAG)

- Waste Reduction & Resource Awareness Program (WRRAP)
- Women's Resource Center (WRC)

CATEGORY 3: A.S. Sponsored H.S.U. Departments

- Children's Center
- Club Program support
- Drop In Recreation
- Learning Center Tutorial Program
- MultiCultural Center (MCC)
- Oh Snap! Campus Food Pantry
- Sports Clubs
- Youth Education Services (YES)

CATEGORY 4: A.S. Committees

- A.S. Presents
- A.S. Programming Grants

CATEGORY 5: I.R.A. Funded Programs

- Campus Center for Appropriate Technology (CCAT)
- Children's Center
- Humboldt International Film Festival (HIFF)
- Marching Lumberjacks (MLJ)
- Oh Snap! Campus Food Pantry
- Youth Education Services (YES)

EXPENDITURES

GENERAL GUIDELINES

In compliance with the Chancellor's Office and generally accepted accounting practices, documentation of transactions is required to support all "Payment Requests" (See page 74). The following guidelines are established to clarify this requirement as it applies to A.S.

It is important that you read and understand the budget language for your program. All requests for expenditures must adhere to your program's approved A.S. Budget Language. Expenditure of A.S. funds requires that there are sufficient funds in your account, and that the Payment Request is properly completed. Checks will not be available as scheduled if the Payment Requests are not properly completed. The A.S. Business Office will attempt to notify you of any errors. Checks will be available any time after Tuesday or Thursday after 3pm. The process may take a few days to complete.

If you have any questions regarding expenditures, do not hesitate to call the A.S. Business Office at (707) 826-3771.

SALES OR 'USE' TAX

Per California state law, purchases made from out-of-state retailers are subject to 'use' tax and must be reported. The use tax rate for Arcata is 8.5% (and varies by county) of the purchase price including handling charges. This differs from California sales tax which is 7.25%. Anything purchased from a State that does not have sales tax must include this 8.5% use tax. While the H.S.U. Accounts Payable office will calculate this tax, deduct it from your A.S. account, and remit it to the state, it is important that you deduct this tax in your program ledgers.

EQUIPMENT PURCHASE

Equipment Purchases are handled in a special manner. Please call the A.S. Business Office if you are contemplating a purchase of equipment. Associated Students equipment may not be removed, relocated, or disassembled without prior approval. If you are considering any equipment changes, please call the A.S. Business Office at x3771 for instructions.

Equipment is defined as the following:

- \$300 value or more
- Items which generally last longer than two years
- Any electronic equipment that can store sensitive information; Such as computers, laptops, tablets, networked copiers/printers, etc.

PROCARD

Procurement Cards (ProCard) are used by some programs to make purchases with A.S. funds. It's each program's responsibility to adhere to stateside and A.S. policies when making purchases.

If you have any questions regarding allowable purchases, please contact the A.S. Business Office at x3771.

ProCards must be reconciled monthly. Email reminders are sent by the H.S.U. Procurement Office.

ProCard purchases will be audited per transaction by Stateside and monthly by the A.S. Business Office.

Please review the procurement card guidelines on the H.S.U. website:
<https://www.humboldt.edu/procurement/node/31>

PROCARD POLICY VIOLATION

Unauthorized transactions on the ProCard may be deemed a violation. In addition to reimbursing the University, a written warning will be issued for a violation. Continual violation of any part of the policy shall result in the revocation of procurement card privileges, and card cancellation.

Violations consist of:

1. Annual Procurement Card Certification not submitted
2. Procurement card reconciliation report not signed-off by an MPP or department chair
3. Procurement card reconciliation report submitted to Accounts Payable past due date
4. Default chartfield not updated electronically in PeopleSoft procurement card adjustment process
5. Prohibited purchase(s) made
6. Proper supporting documentation, itemized receipt, or lost receipt memo not provided for each transaction listed on the monthly reconciliation report
7. Chemicals purchased are not identified as "HAZ" in reference field, and chemical inventory protocol not followed:

1st Violation: Written warning to Cardholder and one week to remedy the issue

2nd Violation: Notification to Cardholder and approving MPP or Dean

3rd Violation: Notification to Cardholder, approving MPP or Dean, and user's V.P. or Provost

Using the procurement card to commit or facilitate an act that is in violation of state or federal law will result in the immediate cancellation of the card. A procurement card may also be suspended or cancelled at the behest of an approving official or after a holder transfers departments or separates from the University.

PAYMENT REQUEST

An example of a "*Payment Request*" is included in the examples section. Forms are available in the following links:

H.S.U. website <https://www.humboldt.edu/forms/node/594>

PAYMENT REQUEST REQUIREMENTS

1. All "Payment Requests" must be submitted with proper receipts or original invoices to the A.S. Business Office in order to be processed (See "Reimbursement Requirements" below if the payment request is to reimburse an individual).
2. If the vendor/payee requires that the invoice be sent with the remittance, be sure to include an additional copy of the invoice so we can retain the original for our records.
3. When paying a vendor, a separate Payment Request is needed for each invoice.
4. **All Payment Requests must include an address for the payee.** Payment Requests without an address will not be processed. Please list an off campus address.
5. **Payee Data Record STD 204** - The Internal Revenue Service requires that payment for certain services (i.e. rent, speeches, graphic services, donations, etc.) to individuals or an unincorporated business be reported on an annual basis. The individuals/businesses which receive payment for services rendered are required to fill out a Payee Data Record STD 204 (See page 72) before their checks can be released. Payee Data Record STD 204 are available online at <http://www.humboldt.edu/forms/node/134>
6. See the *TRAVEL* section for additional details on travel expenditures.
7. Payment Requests must be signed by the Budget Administrator as the "Approved Project Signer" before payment will be issued. The Advisor must sign the "One Up" signature space on the form. The A.S. Executive Director does have the authority to sign on behalf of the Budget Administrator under special circumstances. (i.e. summer, administrator not available, etc.)
8. It is recommended you retain a copy of the Payment Request for your records.
9. Checks may be picked up at the H.S.U. Cashier's Office (SBS Building, 2nd floor) or mailed. Please indicate on Payment Request if the check is to be mailed or picked up. Checks not picked up after two weeks will be mailed to the address given on the Payment Request.

REIMBURSEMENT REQUIREMENTS

1. Requests for payment or a reimbursement to a Program Director and/or Budget Administrator require a "One-Up Signature" for expenditure of any funds. The One-Up Signature is generally the Supervisor/Advisor of the Program Director/Coordinator. (For example, the Department Chair, Dean, or Director.)
2. Requests for reimbursement to an individual must be processed with original supporting documentation attached.
3. The documentation must clearly describe the nature of the expenditure. In other words, non-itemized receipts with just a total of the expense are not allowable documentation.
4. Original supporting documentation must be in the form of an invoice or receipt. Photocopied or faxed invoices/receipts will not be processed for payment by A.S.
5. IMPORTANT NOTE! Please note that there have been changes to the format in which receipts need to be turned in:
 - One receipt amount per line on a payment request.
 - For scanning purposes, receipts must be submitted in a ready-to-scan format. Receipts must be taped in a single layer to a separate sheet(s) of paper. Do not staple receipts or sheet to payment request. Please do not overlap the receipts.
 - Payment Requests to vendors - Only process one invoice per payment request. Example: Three invoices from ACE Hardware require three separate Payment Requests.
 - Personal items and/or other non-reimbursable items may not be listed on the receipts.

ACCEPTABLE DOCUMENTATION

1. Vendor invoices which detail the merchandise purchased or services rendered
2. Signed and dated contracts on business letterhead specifically stating services rendered
3. Detailed receipts which describe purchase or services rendered and reflect amount paid
4. Gasoline receipts which show # of gallons purchased and unit cost - Prepaid gasoline receipts will *not* be accepted because detail is not shown on items purchased.
5. On-line purchases must have a **shipping confirmation** as part of documentation
6. For conference or event registration fees, a memo from the sponsoring organization can be accepted, in lieu of an itemized receipt, if it contains all of the following:
 - a. on letterhead of sponsoring organization

- b. amount of fees received
- c. name and date of event for which the fees were paid
- d. name of person (if applicable) paying the fees
- e. signature, printed name and phone number of person receiving the fees

UNACCEPTABLE DOCUMENTATION

1. Vendor's monthly statement - it only shows a summary of all the invoice numbers. It is not acceptable because (1) it does not provide information on items purchased or services rendered; (2) it is difficult to determine if some or all of the invoices have been previously paid.
2. Canceled checks, copies of canceled checks, personal checks
3. Credit card slips - not acceptable because detail is not shown on items purchased
4. Personal note/memo stating services rendered or items purchased
5. Order forms or purchase orders
6. Any documents that do not clearly reflect amount paid, item purchased or describe services rendered
7. Copies of receipts or copies of invoices - to ensure that original receipt or invoice has not been previously paid
8. Packing Slips
9. Prepaid gasoline receipts – not acceptable because detail is not shown on items purchased

PURCHASE ORDER REQUESTS

"Purchase Orders" (See page 77) are used whenever it is necessary to procure items without prepayment. Purchase Order Forms can be found in the following link:
https://associatedstudents.humboldt.edu/sites/default/files/purchase_order.pdf.

1. Purchase Orders are issued to vendors as assurance that payment will be remitted for items being ordered/purchased. Purchase Orders do not reflect as an expenditure on your account until a "Payment Request" (See Page 74) is submitted for payment. When you receive the invoice, complete a Payment Request, attach the invoice, and send both to the A.S. Business Office. (Remember - Purchase Orders are not acceptable documentation as back up for a Payment Request).
2. Purchase Orders can be emailed to you. Please use this form for your purchase orders (thus eliminating the need for a Stateside "Requisition for a Purchase Order").

Purchase Orders must be completed by the A.S. program and turned in to the A.S. Business Office signed by the appropriate party. The A.S. Business Office will then process the Purchase Order and issue it to the vendor. You may also want to have a blanket Purchase Order (e.g., a Purchase Order issued to the H.S.U. Bookstore not to exceed \$50.00). In this case, you must list the people who will be authorized to charge items.

3. All Purchase Orders must be signed by the Budget Administrator/Advisor and adhere to your program's A.S. Budget Language or it will not be processed.
4. Please allow 24 hours for the A.S. Business Office to process a Purchase Order from the time it is received in the A.S. Office. Exceptions may be made to "rush" a Purchase Order due to unforeseen circumstances; but requests due to emergency situations should not occur on a regular basis.
5. There must be sufficient funds in your account in order for the Purchase Order to be processed.

A.S. FUND DEPOSITS

A.S. uses two different deposit forms. Deposits are to be delivered to the H.S.U. Cashier's Office (SBS, 2nd Floor).

DEPOSIT FORMS

Returning of ASB Funds – This form is used when a program will need to return unused funds from an advance. (See page 83)

https://associatedstudents.humboldt.edu/sites/default/files/humboldt_state_cashier_-_return_of_asb_funds.pdf

ASB Funds - Misc. Revenue – This form is used for income and not used for donations or reimbursements. If you think you need to use this form, please contact the A.S. Business Office x3771. (See page 45)

https://associatedstudents.humboldt.edu/sites/default/files/humboldt_state_cashier_receipting_instructions_-_asb_funds-misc_revenue.pdf

DEPOSIT INSTRUCTIONS

1. The forms must be completed before submitting.
2. The cashier's office only accepts cash or checks.
3. If you do not know the department and program number, contact your Budget Administrator.

ACCEPTANCE OF DONATIONS

When considering the acceptance of a gift such as cash, equipment, real property, or other items, A.S. will follow applicable campus policy and criteria. Items will only be used for purposes consistent with the CSU. Associated Students will also review if there is sufficient working capital or reserves available to cover future expenditures associated with the gift.

"Donation Acknowledgement Forms" (See page 52) are available at the following link:

https://associatedstudents.humboldt.edu/sites/default/files/donation_acknowledgement_form.pdf

ACQUIRING ADDITIONAL FUNDS

On occasion, an A.S. Program may find it necessary to request additional monies to augment their budget. This can be done by requesting additional funds from the A.S. Discretionary Account. Information regarding requesting A.S. Discretionary funds follows (please note some of the policies and procedures have changed):

A.S. FUND REQUESTS

If your program wants to request additional funds, please use the A.S. Program Discretionary Fund Request Form (See Page 47).

1. The forms necessary for A.S. Discretionary Fund requests are available on the A.S. website at:
(https://associatedstudents.humboldt.edu/sites/default/files/as_program_discretionary_fund_request_form.pdf).
2. Each request must be submitted to the A.S. Office by 5 p.m. the Wednesday preceding the next meeting of the A.S. Board of Finance.
3. At a following A.S. Board of Finance meeting, the request will be considered. The A.S. Board of Finance shall review all requests for expenditures. A representative from your program will need to attend this meeting to answer any questions.
4. A simple majority of committee members may approve the proposal for recommendation to the A.S. Board of Directors.
5. Approval by a majority vote of A.S. Board of Directors will be required for final approval.
6. Requests of less than \$300 may be approved by the A.S. Board of Finance. These requests will not require A.S. Board of Directors approval.

PAYROLL

All Student Payroll for A.S. Programs is managed by the H.S.U. Payroll Office. The PR-19 Student Assistant Time Vouchers (See Page 76) must be completed, signed, and submitted to the Payroll Office (Student Business Services Room 345). Make sure the information on the voucher is accurate and completed in full.

The PR-19 Student Assistant Time Vouchers are found here:

<https://www.humboldt.edu/payroll/node/57>

Use the following link for the Student Assistants Payroll Guide:

<http://www.humboldt.edu/payroll/node/53>

Time vouchers must be submitted on time. See the payroll schedule here:

<http://www.humboldt.edu/payroll/node/54>

Contact the H.S.U. Payroll Office with additional questions at (707) 826-3512, visit their website at <http://www.humboldt.edu/payroll/>, or visit their office at Student Business Services Room 345.

STUDENT EMPLOYEES

REQUIREMENTS FOR STUDENT EMPLOYEES

A student must be enrolled in and regularly attending classes totaling at least 6 units if an undergraduate and 4.5 units if a graduate student.

When school is in session, Student Employees may work up to, but not exceed, 20 hours per week.

When school is not in session due to semester academic breaks and summer recess, Student Employees may work up to a maximum of 40 hours per week but shall not be scheduled, nor permitted, to work overtime.

Additional Student Assistant Employment General Guidelines may be found here:

<https://hraps.humboldt.edu/student-assistant-recruitment>.

BEFORE YOU CAN BEGIN WORKING

Before a student can work for any campus department, they must complete a number of forms and procedures with the human resources department prior to working any hours. This is to ensure they are eligible to work as a student at Humboldt State University. If they don't do this first, they may not work any hours. To make sure their pay is in order, please do the following:

- Review the "pre-employment" Forms and Identification Requirements before you submit to the Human Resources Department.

Three forms must be completed and submitted in person to the Human Resources Department (SH 212). They are the Employment Eligibility Verification (I-9) form (with two forms of identification), CSU Form SSA-1945, and the CSU Student Payroll Action Request (SPAR) (See page 87). For more information go to the following Human Resources link:

<https://hraps.humboldt.edu/student-assistant-sign>.

For further information, please review the Student Employment General Guidelines on the H.S.U. Human Resources website: <https://hraps.humboldt.edu/student-onboarding-offboarding>

CHANGE IN EMPLOYMENT INFORMATION

If any changes occur in the status of an employee during employment (i.e. new address, pay raise, job title change, emergency contact info, moving from work study to hourly, etc.) an "Employee Action Request" (See page 61) (<https://www.humboldt.edu/forms/node/39>) needs to be filled out and turned into the Human Resources office (SH 212).

PICKING UP YOUR PAY WARRANT

The State refers to a paycheck as a Pay Warrant. Pay Warrants must be picked up at the Student Financial Services - Cashiers Office in the Student Business Services Building, 2nd floor - you'll need to show ID. Employees may also arrange for direct deposit to their bank accounts, through the Payroll Department.

DIRECT DEPOSIT

To initiate direct deposit, submit a completed STD 699 form to the Payroll Office (see page 51) <http://humboldt.edu/forms/node/43>. The process takes approximately 30 to 45 days before the employee's direct deposit is in effect. See the direct deposit webpage for more information: <http://www.humboldt.edu/payroll/node/55>

For a complete schedule of direct deposit posting dates, see the current Humboldt State University Green and Gold Calendar here: <http://www.humboldt.edu/payroll/node/52>.

WORK STUDY STUDENTS

For programs interested in participating in the work-study program, we encourage you to check on the Work-Study program webpage (<https://www.humboldt.edu/acac/employers/work-study-program>) or contact the Work-Study Coordinator within the Academic and Career Advising Center (707) 826-5455.

TRAVEL

When any A.S. Program is traveling, there is **required paperwork** that needs to be completed and submitted to the A.S. Business Office in a timely manner.

The following are required travel documentation:

- Request for Authorization to Travel (Domestic travel) (See page 81) (<http://www.humboldt.edu/forms/node/316>)
- Student Travel Verification form (https://associatedstudents.humboldt.edu/sites/default/files/student_travel_verification_0.pdf See page 90)
- Release of Liability Form (See page 79) (<https://www.humboldt.edu/forms/node/250>)

If you have questions regarding the process, please contact the A.S. Business Office at (707) 826-3771.

In addition, if your program desires to use specific modes of travel to your destination, the following are documents and forms you will need. Please include them with your required documentation to travel.

If Renting a Vehicle Through H.S.U. Plant Operations:

- Rental Vehicle Request (<https://www.humboldt.edu/forms/node/303>) (See page 82)
- Be 21 years or older
- Documents you will need:
 - Valid Driver's License
 - Defensive Driver's Card

If Using a Privately Owned Vehicle:

- Authorization to Use Privately Owned Vehicle (STD 261) (<http://www.humboldt.edu/forms/node/199>) (See page 50)
- A legal and safe vehicle
- Documents you will need:
 - Valid Driver's License
 - Defensive Driver's Card
 - Vehicle insurance

If Using a Commercial Airline:

- Keep receipt of plane ticket.
- Keep the boarding pass of each person traveling.

If the A.S. Program does not follow the proper procedures, Humboldt State University will not consider your travel approved and your program may not be reimbursed.

A.S. AND H.S.U. DOCUMENT AND FORM LINKS

Document	Department	Link	Example Page
Anti-Hazing and Initiation Policy	Human Resources	https://associatedstudents.humboldt.edu/sites/default/files/anti-hazing_and_initiation_policy.pdf	42
ASB Funds - Misc. Revenue	Associated Students	https://associatedstudents.humboldt.edu/sites/default/files/humboldt_state_cashier_receipting_instructions_-_asb_funds-misc_revenue.pdf	45
AS Funded Logo	Associated Students	https://associatedstudents.humboldt.edu/sites/default/files/fundedbyaslogo_black_v4.pdf	46
A.S. Program Discretionary Funding Request	Associated Students	https://associatedstudents.humboldt.edu/sites/default/files/as_program_discretionary_fund_request_for_m.pdf	47
Authorization to Use Privately Owned Vehicle	Financial Services	http://www.humboldt.edu/forms/node/199	50
Direct Deposit (STD 699)	Payroll	http://humboldt.edu/forms/node/43	51
Donation Acknowledge	Associated Students	https://associatedstudents.humboldt.edu/sites/default/files/donation_acknowledgement_form.pdf	52
EM:P02-01 Humboldt State University Policy and Procedures for Accommodating Individuals with Disabilities	Payroll	http://www.humboldt.edu/policy/PE_MP02-01Humboldt-State-University-Policy-and-Procedures-Accommodating-Individuals-Disabilities	53
EM:P05-02 H.S.U. Policy Against Sexual Harassment and Sexual Assault	Human Resources	http://www.humboldt.edu/policy/PE_MP05-02H.S.U.-Policy-Against-Sexual-Harrassment-and-Sexual-Assault	55
Employee Action Request (EAR)	Human Resources	https://www.humboldt.edu/forms/node/39	61
Green and Gold Calendar	H.S.U.	http://www.humboldt.edu/payroll/node/52	63
Humboldt State University Nondiscrimination Policy	Human Resources	http://www.humboldt.edu/policy/PU_ML-03-01Humboldt-State-University-Nondiscrimination-Policy	64
Line Item Transfer Request	Associated Students	https://associatedstudents.humboldt.edu/sites/default/files/line_item_transfer_request_form.pdf	71

Document	Department	Link	Example Page
Payee Data Record STD 204	Human Resources	http://www.humboldt.edu/forms/node/134	72
Payment Request	Human Resources	https://www.humboldt.edu/forms/node/594	74
Payroll Schedule	Payroll	http://www.humboldt.edu/payroll/node/54	75
PR-19 Student Assistant Time Vouchers	Payroll	http://www.humboldt.edu/payroll/node/57	76
Purchase Order	Associated Students	https://associatedstudents.humboldt.edu/sites/default/files/purchase_order.pdf	78
Release of Liability	Contracts and Procurement	https://www.humboldt.edu/forms/node/250	79
Request for Authorization to Travel (Domestic Travel)	Financial Services	http://www.humboldt.edu/forms/node/316	81
Rental Vehicle Request	Facilities Management	https://www2.humboldt.edu/forms/node/303	82
Return of ASB Funds	Payroll	https://associatedstudents.humboldt.edu/sites/default/files/humboldt_state_cashier_-_return_of_asb_funds.pdf	83
Signature Authority Form	Contracts and Procurement	https://www.humboldt.edu/forms/node/537	84
Social Responsibility Policy	Associated Students	https://associatedstudents.humboldt.edu/sites/default/files/social_responsibility_policy.pdf	86
Student Payroll Action Request	Human Resources	https://www.humboldt.edu/forms/node/49	87
Student Employment – Salary Ranges	Human Resources	https://www.humboldt.edu/forms/node/47	89
Student Travel Verification	Associated Students	https://associatedstudents.humboldt.edu/sites/default/files/student_travel_verification_0.pdf	90

HUMBOLDT STATE UNIVERSITY ANTI-HAZING AND INITIATION POLICY

Each year universities experience hazing incidents that result in serious physical and/or emotional injury. As members in university student organizations, students may become victims in what are believed to be acceptable initiation traditions and rituals. Humboldt State University is committed to maintaining an environment that is safe, healthy and conducive to learning. We support the educational and character development of students as they transition into university life and continue toward graduation and becoming life-long learners.

DEFINITION OF “HAZING”:

Hazing is a violation of California State University and Humboldt State University policy, as well as State law.

Humboldt State University interprets the term “hazing” broadly, to include not just conduct likely to cause physical harm but also conduct likely to cause personal degradation or disgrace resulting in physical **or mental harm**. Hazing can occur even when the victim voluntarily submits to being hazed. The full definition of hazing is:

[A]ny method of initiation or pre-initiation into a student organization or student body, whether or not the organization or body is officially recognized by an educational institution, which is likely to cause serious bodily injury to any former, current, or prospective student of any school, community college, college, university or other educational institution in this state (Penal Code 245.6), and in addition, any act likely to cause physical harm, personal degradation or disgrace resulting in physical or mental harm, to any former, current, or prospective student of any school, community college, college, university or other educational institution. The term “hazing” does not include customary athletic events or school sanctioned events.

Neither the express or implied consent of a victim of hazing, nor the lack of active participation in a particular hazing incident is a defense. Apathy or acquiescence in the presence of hazing is not a neutral act, and is also a violation of this section.

(Title 5, *California Code of Regulations*, section 41301(b)(8), emphasis added.)

Participation in hazing, actively or passively, will result in both individual and organizational disciplinary action, including possible expulsion from Humboldt State University and the California State University system. Disciplinary action will also be initiated against organizational officers who permit hazing to occur within their own organization.

Examples of prohibited hazing activities include but are not limited to:

- Paddling, shoving, or otherwise striking individuals
- Requiring individuals to consume alcohol or drugs
- Requiring individuals to eat or drink foreign or unusual substances, or requiring the consumption of undue amounts of food
- Having substances thrown at, poured on or otherwise applied to the bodies of individuals
- Morally degrading or humiliating games, or any other activities that make the individual the object of ridicule, including postings on facebook, twitter, other forms of electronic media and social network sites
- Transporting individuals against their will, abandoning individuals at distant locations, conducting a kidnap or engaging in any “road trip” or “ditch” that might in any way endanger or compromise the health, safety, or comfort of any individual
- Activities that require a person to remain in a fixed position for a long period of time
- “Line-ups” involving intense demeaning intimidation or interrogation, such as shouting obscenities or insults
- Assigning activities such as pranks or scavenger hunts that compel a person to deface property, engage in theft, or harass other individuals or organizations
- Requiring individuals to wear or carry unusual, uncomfortable, degrading, or physically burdensome articles or apparel

Any activity or similar activity as described above upon which the initiation or admission into, or affiliation with the organization is directly or indirectly conditioned, or which occurs during a pre-initiation or initiation activity shall be presumed to be “compelled” activity, regardless of the willingness of an individual to participate in such an activity.

Engaging in hazing that is likely to cause serious bodily injury is also a crime, punishable by up to one year in jail and up to a \$5,000 fine. (Penal Code 245.6.) If Humboldt State University determines that hazing has occurred and appears to meet the criminal definition, it may refer the matter to the District Attorney’s office for prosecution, regardless of any disciplinary action that is taken.

PERMISSIBLE INITIATION ACTIVITIES:

Joining an on-campus organization should be a positive experience. Initiation rituals should therefore focus upon the positive aspects of both the organization and the individual. Examples of permissible team and community building include:

- Hosting a dinner for new members
- Completing a community service project
- Sponsoring activities such as hiking, camping, or bowling
- Hosting a fundraiser for a local charity such as a movie night
- Holding a new member recognition night

REPORTING PROCEDURES:

If you wish to report an act of hazing, you should contact University Police, at 707/826-5555, or the Office of Student Rights and Responsibilities, at 707/826-3504 or online at https://publicdocs.maxient.com/reportingform.php?HumboldtStateUniv&layout_id=1

PROHIBITION AGAINST RETALIATION:

“Retaliation” means adverse action taken against a student because he/she has or is believed to have 1) reported or opposed conduct which the student reasonably and in good faith believes is hazing or 2) participated in a hazing investigation/disciplinary proceeding. **Organizations and individuals who retaliate against such student(s) shall be subject to university disciplinary action which may include suspension or permanent expulsion from the Humboldt State University and the California State University system.**

Humboldt State Cashier's Receipting Instruction

AS Funds-Misc. Revenue

Receipt to: _____
(Name or vendor on check)

Please receipt: _____ (total amount) into the following accounts:

(Description of funds)

Item Code	AS Abate:	Reference:	Amount:
	_____	_____	_____

	Account	Fund	Dept.	Program
Chartfield	580090	AS100		

Item Code	AS Abate:	Reference:	Amount:
	_____	_____	_____

	Account	Fund	Dept.	Program
Chartfield	580090	AS100		

Prepared by: _____ Department: _____ Date: _____

Approved: _____

Funded by



Associated Students



A.S. PROGRAM DISCRETIONARY FUND REQUEST FORM
(Hand-written submissions will not be accepted)

Name of A.S. Program: _____

Contact Person: _____

Phone: _____ Email: _____

I. GENERAL NARRATIVE

Complete Description of Project or Item(s) To Be Purchased:

Justification for A.S. Funding (How Will Students Benefit From This Expenditure?)

How Has The Program Explored Environmentally/Socially Responsible Purchase Options?

II. REQUEST FOR DISCRETIONARY FUNDS BUDGET JUSTIFICATIONS

Please provide a detailed description for each expenditure item. Include how you arrived at specific figures and/or how you plan to spend this money.

Line Item 1: _____ **Amount:** _____

Explanation:

Line Item 2: _____ **Amount:** _____

Explanation:

Line Item 3: _____ **Amount:** _____

Explanation:

Line Item 4: _____ **Amount:** _____

Explanation:

Line Item 5: _____ **Amount:** _____

Explanation:

Line Item 6: _____ **Amount:** _____

Explanation:

III. INCOME AND EXPENDITURES

INCOME: List A.S. subsidy requested and other approved sources of income.

<u>Approved Funding Source</u>	<u>Amount:</u>
--------------------------------	----------------

1. Requested A.S. Funds	
2.	
3.	
Total Income:	

INCOME: List potential sources of income.

Potential Funding Source:	Amount:	Outcome:
----------------------------------	----------------	-----------------

1.	_____	_____
2.	_____	_____
3.	_____	_____
Total Income:		_____

Expenditures.

1.		
2.		
3.		
4.		
5.		
6.		
Total Expenditures:		

IV. REVIEWED BY:

Program Advisor Name	Signature	Date
-----------------------------	------------------	-------------

Budget Administrator Name	Signature	Date
----------------------------------	------------------	-------------

**AUTHORIZATION TO USE PRIVATELY OWNED
VEHICLES ON STATE BUSINESS**

STD. 261 (REV. 3-95)

*This approval must be renewed annually.**Supervisor: Retain Original Copy***I. CERTIFICATION**

In accordance with State Policy (S.A.M. 0753 & 0754) approval is requested to use privately owned vehicles to conduct official State business.

I hereby certify that, whenever I drive a privately owned vehicle on State business, I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage). Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
2. Adequate for the work to be performed.
3. Equipped with safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that, while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED

II. APPROVAL

Use of a privately owned vehicle on State business is approved.

APPROVING AUTHORITY SIGNATURE	TITLE	DATE APPROVED
-------------------------------	-------	---------------

III. RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
----------------------	-------------------------------	---------------

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
----------------------	-------------------------------	---------------

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
----------------------	-------------------------------	---------------

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
----------------------	-------------------------------	---------------

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
----------------------	-------------------------------	---------------

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
----------------------	-------------------------------	---------------

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
----------------------	-------------------------------	---------------

DIRECT DEPOSIT

ENROLLMENT AUTHORIZATION

STD. 899 (REV. 12/2011)

COMPLETION INSTRUCTIONS AND PRIVACY NOTICE ARE ON THE REVERSE OF THE EMPLOYEE COPY. PLEASE TYPE OR USE BALL POINT PEN-PRINT CLEARLY.

This authorization remains in full force and effect until the State Controller's Office receives written notification from the employee of its termination, or until the State Controller's Office or appointing authority deems it necessary to terminate the agreement.

SECTION A (To be completed by employee)

1. TYPE OF ENROLLMENT ACTION <input type="checkbox"/> NEW SECTIONS A, B, AND C MUST BE COMPLETED <input type="checkbox"/> CHANGE SECTIONS A, B, AND C MUST BE COMPLETED <input type="checkbox"/> CANCEL SECTIONS A AND D MUST BE COMPLETED		2. SOCIAL SECURITY NUMBER 3. NAME (First Middle Last)
---	--	--

SECTION B (To be completed by employee if NEW or CHANGE box in Section A is checked)

1. TYPE OF ACCOUNT MUST BE CHECKED. IF LEFT BLANK, WILL BE PROCESSED AS CHECKING <input type="checkbox"/> C (Checking) <input type="checkbox"/> S (Savings)	
Verify Routing/Depositor Numbers with Financial Institution	
2. ROUTING NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	3. DEPOSITOR ACCOUNT NUMBER <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
4. FINANCIAL INSTITUTION NAME <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
5. FINANCIAL INSTITUTION ADDRESS (Number and Street) City / State ZIP	

SECTION C (To be completed by employee if NEW or CHANGE box in Section A is checked)

I hereby authorize the State Controller's Office to provide for direct deposit of any salary or wages due me, less any mandatory or authorized withholding or deductions therefrom, in the above designated account.

If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize the State Controller's Office to either:

- (a) Withhold a sum equal to the overpayment from future salary or wages; or
- (b) Recover such overpayment from the above-designated account.

If the State is legally obligated to withhold any part of my wage or salary payment for any reason, or if I no longer meet eligibility requirements for the Direct Deposit program, I understand the State Controller's Office may terminate my enrollment in the program. If any action taken by me results in nonacceptance of a direct deposit by the designated financial institution, I understand that the State assumes no responsibility for processing a supplemental salary or wage payment until the amount of the nonacceptance deposit is returned to the State by the financial institution.

☐ 100% of the net deposit will not be sent to a financial institution outside the jurisdiction of the United States.

SIGNATURE <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	DATE <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
---	--

SECTION D (To be completed by employee if CANCEL box in Section A is checked)

I hereby cancel my Direct Deposit authorization.	SIGNATURE <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
--	---

SECTION E (To be completed by state agency or campus personnel/payroll office only)

1. AGENCY/CAMPUS NAME <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		2. AGENCY CODE <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	3. UNIT <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
4. REMARKS <input type="checkbox"/> CHECK BOX IF SEMI-MONTHLY EMPLOYEE <div style="border: 1px solid black; width: 100%; height: 100px;"></div>		5. AUTHORIZED AGENCY/CAMPUS SIGNATURE I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED AND ACTING OFFICER OF THE HEREIN NAMED AGENCY/CAMPUS AND THAT, BEING SO AUTHORIZED, DO CERTIFY THAT THIS EMPLOYEE IS ELIGIBLE FOR DIRECT DEPOSIT. <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	
FOR SCO ONLY 1. EFFECTIVE DATE MO. DAY YR. <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		TELEPHONE NUMBER <input type="checkbox"/> CHECK IF CALNET <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	DATE RECEIVED IN EMPLOYING OFFICE MO. DAY YR. <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

HUMBOLDT STATE UNIVERSITY
AS PROGRAMS

DONATION ACKNOWLEDGEMENT

AS Program Account # _____

This form should be completed by any AS AS Program receiving a donation. Turn completed form into the Gift Processing Center (SBS 285). A letter (sufficient for donor's tax purpose) will be sent to the organization which made the donation.

DONATED TO: _____
HSU AS PROGRAM NAME

AS PROGRAM PERSON TO CONTACT

PHONE NUMBER

DONATED BY: _____
ORGANIZATION NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

DATE DONATION RECEIVED: _____

DONATION DESCRIPTION: *(include value)* _____

CASH CHECK IN KIND DONATION

DONATION USED FOR: _____

FOR UNIVERSITY ADVANCEMENT USE
ONLY REVIEW FOR ACCEPTANCE OR
REJECTION

University Advancement ☐ Accept ☐ Reject

Signature / Title: _____ Date: _____

Upon acceptance, University Advancement will acknowledge the donor and provide written confirmation for tax purposes.

EM:P02-01 Humboldt State University Policy and Procedures for Accommodating Individuals with Disabilities

Month/Year Posted: 2002-01

Policy Number: EM:P02-01

Humboldt State University Policy and Procedures for Accommodating Individuals with Disabilities

Supersedes P01-4, P98-05

Policy

It is the policy of Humboldt State University to provide equal access and reasonable accommodation for individuals with disabilities to participate in any program, service, or opportunity provided by the campus, including access to the content and services of World Wide Web pages authored by the University.

Terms

An individual with a disability is any person who has a physical or mental impairment, who has a record of such impairment, or who is regarded as having an impairment that substantially limits one or more major life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working and participating in community activities.

Physical impairment means any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological or musculoskeletal systems, special sense organs, respiratory, cardiovascular, reproductive, digestive, genito-urinary, hemic, lymphatic, skin or endocrine systems.

Mental impairment means any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Reasonable accommodation is any change in the work or educational environment, or the way things are customarily done within that environment, that enables an individual with a disability to have equal access to employment, educational opportunities, electronic information, and other programs or services offered by the University. Accommodations could include:

1. making existing facilities, services and programs accessible for students, employees, and the general public;
2. making Web-based, official University documents and services accessible, including Web pages associated with administration and services, courses of instruction, departmental programs, and University-funded activities and groups;
3. job restructuring, modified work schedules, acquisition or modification of equipment or devices, modification of training materials;

4. relocating classes, developing alternative testing procedures, providing educational auxiliary aides and qualified readers or interpreters for students with disabilities.

Accommodations will be made unless the Director for Diversity and Compliance Programs determines, after consultation with the appropriate administrator and the Director of Physical Services and/or the Director of Information Technology Services, that such accommodation would impose an undue hardship on the University. Undue hardship includes any action that is unduly costly, extensive, substantial, disruptive, or that would fundamentally alter the nature or operation of the University. Funding normally will be the responsibility of the unit, and should be discussed by the appropriate administrator, Vice President, and Director for Diversity and Compliance Programs.

Requests for Accommodation

1. Students:
Requests for accommodations in pursuit of student=s academic programs should be made to the Student Disability Resource Center.
2. Faculty:
Requests for accommodations to perform job functions should be made to the Department Chair. The Department Chair will contact the Faculty Personnel Services Office for assistance in exploring possible accommodations.
3. Staff/Administrators:
Requests for accommodation to perform job functions should be made to the immediate supervisor. The supervisor should contact the Human Resources Office for help in exploring possible accommodations.

Individuals participating in, attending or benefitting from University-sponsored programs and activities:

- Disability accommodation may be available. Request for services should be made to the sponsor of the event. The sponsor will confer with the appropriate office to clarify reasonable accommodations needed and for referral to service provider. Every reasonable effort will be made to accommodate requests.

Publication of Events

All notices or publications of events, including posters, flyers, advertisements, commercials, etc. must contain the language that follows. Event sponsors shall publish a telephone contact number for additional information.

DISABILITY ACCOMMODATION MAY BE AVAILABLE. CONTACT EVENT SPONSOR (826-XXXX).

Complaints

Complaints of discrimination based on disabling status may be filed in the Office for Diversity and Compliance Programs. Established California State University disciplinary, grievance, or other complaint procedures will serve as a mechanism for resolving formal complaints of discrimination.

Distribution: All Faculty and Staff

Source URL (retrieved on 2017-06-26 15:54): <http://www2.humboldt.edu/policy/PEMP02-01Humboldt-State-University-Policy-and-Procedures-Accommodating-Individuals-Disabilities>

EM:P05-02 HSU Policy Against Sexual Harrassment and Sexual Assault

Superseded By:

- EM: P14-03 Sexual Assault, Intimate Partner/Domestic Violence, Dating Violence and Stalking Policy ^[1]

Month/Year Posted: 2005-01

Policy Number: EM:P05-02

HSU Policy Against Sexual Harrassment and Sexual Assault

Rescinded and replaced by CSU Executive Orders 927 and 1074.

Previously superseded P 88-9, P 89-4 and P 96-3

Humboldt State University is committed to maintaining an environment free from sexual harassment and sexual assault. Sexual harassment and sexual assault will not be tolerated by the University. They subvert the mission of the University and threaten the careers, educational experience, and well-being of students, faculty, and staff. Sexual harassment interferes with a student's educational performance or an employee's work and creates an atmosphere of intimidation, low morale and hostility that the University cannot permit. Sexual harassment and sexual assault also can cause long term damage to the life and health of victims.

Any behavior determined to constitute sexual harassment and/or sexual assault will be subject to disciplinary actions by the University and/or criminal and civil sanction by the appropriate courts.

Sexual assault is a form of sexual harassment. As such, those behaviors that meet the conditions of sexual assault may result in applying procedures relevant to sexual harassment as well as sexual assault. For those behaviors that meet the conditions of sexual harassment but do not meet the standards of sexual assault, procedures relevant only to sexual harassment will apply.

There may be conditions when the behavior does not meet the standards of sexual harassment or sexual assault, but is considered unprofessional conduct under the California Education Code, Section 89535 (b) which applies to all state employees, and/or the University's policy on professional responsibility for faculty as found in the HSU Faculty Handbook, Appendix U:

Members of the faculty will not develop sexual relationships with students enrolled in their classes or subject to their supervision. The University will regard such behavior as unprofessional, unacceptable and potentially subject to reprimand or disciplinary procedures contained in the MOU [Memorandum of Understanding].* This is true even when the relationship appears to be consensual, i.e., that both parties have consented, because the voluntary consent of the student is in doubt given the imbalance in a student-faculty relationship. When disparities in authority are present between two individuals, questions about professional responsibility and the mutuality of consent in a personal relationship may well arise.

In such cases, procedures relevant to unprofessional conduct will be applied. Conduct exhibited by students that does not meet the standards of sexual harassment or sexual assault may otherwise constitute inappropriate conduct as defined by Title 5 of the California Code of Regulations §41301 of Article 1.1 and will be responded to accordingly.

I. DEFINITION AND CLASSIFICATION OF SEXUAL HARASSMENT

For purposes of this policy, Humboldt State University defines sexual harassment in accordance with the Equal Employment Opportunity Commission's guidelines as recognized by the Supreme Court in Meritor Savings Bank v. Vinson, 477 U.S. 57 (1986). Sexual harassment is defined as unwelcome conduct of a sexual nature when:

- a. submission to such conduct is made either explicitly or implicitly a term or condition of employment, instruction, or participation in other University programs or activities; OR
- b. submission to or rejection of such conduct by an individual is used as a basis for employment or academic decisions or decisions affecting participation in other University programs or activities affecting such an individual; OR
- c. such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or learning environment.

Sexual harassment in the context of employment is within the provisions of Title VII of the 1964 Civil Rights Act. Sexual harassment in the context of an academic program is within the provisions of Title IX of the Education Amendments.

The following consists of examples of behaviors that may lead to or constitute sexual harassment:

- verbal harassment or abuse
- unwelcome or repeated sexual advances
- remarks about one's actual or perceived gender, gender identity, marital status, sexual orientation or appearance
- persistent remarks about another person's clothing, body or sexual activities
- subtle pressure for sexual activity
- disparaging comments about a group based on their actual or perceived gender
- the use of sexist humor or jokes about sex or gender specific traits
- unnecessary touching, patting, pinching, or brushing against another person's body
- demanding sexual favors accompanied by implied or overt threats concerning one's job, grades, or letters of recommendation
- suggestive or obscene letters, notes and invitations
- physical assault
- impeding or blocking movement
- repeated and unwanted staring, comments or gestures
- display of sexually suggestive objects, pictures, cartoons, or posters (having no artistic/literary value as defined by First Amendment protections)
- repeated non-reciprocated requests for dates or sex
- offering favors of employment benefits such as promotion, favorable performance evaluation, favorable assigned duties or shifts, recommendations, reclassifications, etc., in exchange for sexual favors
- giving employees or students more difficult assignments and/or being more critical of their work based on their gender

In determining whether any of these examples are considered sexual harassment, the context in which the alleged incidents occurred, the nature of the sexual behavior and the totality of the circumstances are all considered. Additionally, for behavior to be considered sexual harassment the behavior must be sufficiently severe and pervasive to alter the conditions of the working or learning environment. Depending on the severity of the behavior, one isolated incident may be considered sexual harassment.

Sexual harassment can involve:

- student and student
- teacher and student
- teacher and teacher
- supervisor and employee
- co-workers who are equal in status
- co-workers when one of the individuals is in a position of professional judgment over another
- A university employee or student and a contractor, consultant, vendor, visitor, or third party who deals with the employee or student in connection with university business or activities

II. DEFINITION AND CLASSIFICATION OF SEXUAL ASSAULT

For purposes of this policy Humboldt State University defines sexual assault in accordance with the definitions found in California Penal Code sections 261 and 243.4 and other appropriate sections:

Sexual assault is any involuntary sexual act in which a person is threatened, coerced or forced to comply against her/his will.

Violations of Humboldt State University's policy against sexual assault include, but are not limited to, the following:

- Rape (sexual assault) is attempted or accomplished sexual intercourse that is perpetrated against the will of the victim or when she/he is unable to give consent (i.e., unconscious, disabled, asleep or under the influence of alcohol or other drugs) and may involve physical violence, coercion, or the threat of harm to the victim;
- Acquaintance Rape is a common form of rape by a non-stranger which could include a friend, acquaintance, family member, neighbor, co-worker or someone the victim has been dating;
- Sexual Battery is any unwanted touching of intimate body parts.

Consent consists of words or conduct indicating a freely given, present agreement to perform a particular sex act with the initiator. Consent can only be given or implied by someone who acts freely, voluntarily and with knowledge of the nature of the act involved.

Consent cannot be given if someone

- Is incapacitated by drugs, including alcohol
- Is coerced into submission
- Is not conscious
- Is physically incapacitated
- Is mentally incapacitated

Consent cannot be inferred from

- Permission for one particular act or for a series of acts
- A prior sexual, romantic or marital relationship
- An existing sexual, romantic or marital relationship

III. SUPPORT SERVICES

Any student or employee who feels that they have been the victim of any form of sexual misconduct may wish to seek confidential counseling or support from, or may report the sexual assault to, the following resources:

On campus student resources (confidential)

- HSU Counseling Center, Health Center, 2nd Floor, 826-3236

On campus student resources (non-confidential)

- University Police Department, Student and Business Services 101 826-3456
- Vice President Student Affairs 826-3361 or email at judicial@humboldt.edu.
- Resident Life Assistants and Living Group Advisors
- Office of Diversity and Compliance Services, Siemens Hall 220 826-4501

Off campus student, faculty and staff resources

- Equal Employment Opportunity Commission (employment discrimination) San Francisco Office 415-625-5600 or 415-625-5610 (TTY). The toll free numbers are 1-800-669-4000 or 1-800-669-6820 (TTY).
- Office of Civil Rights (sexual harassment involving students in an academic setting) San Francisco Office 415-437-8310
- North Coast Rape Crisis Team 707-445-2881 (also can accompany to hospital and other services)
- Arcata Police Department 822-2424

University employee resources (confidential)

- Employee Assistance Program, Human Resources (referral) 826-7358
- North Coast Rape Crisis Team 707-445-2881

IV. PROCEDURES FOR CHARGES OF SEXUAL ASSAULT AND COMPLAINTS OF SEXUAL HARASSMENT

The University has jurisdiction to respond to incident(s) of unwelcome sexual behavior when the incident occurs on campus. When incidents of unwelcome sexual behavior occur off campus, the University has jurisdiction to respond to such incidents only when a professional relationship within the context of the University exists between the two individuals, e.g., professor and student, coach and athlete. The status of the individual (i.e., faculty, staff, student or administrator) alone is not sufficient to create jurisdiction in situations occurring off campus.

The University has authority to take disciplinary action in cases where an act is committed off campus, when the action violates the University's sexual harassment prevention policy. This occurs when the unwelcome sexual conduct is:

- a. a term or condition of employment, instruction, or participation, in other University programs or activities; or
- b. is used as a basis for employment or academic decisions or decisions affecting participation in other University programs or activities affecting the individual; or

c. the conduct has the purpose or effect of unreasonably interfering with the individual's work or academic performance or creates an intimidating, hostile, or offensive working or learning environment.

In order for (c) to be applicable, a business, service or professional relationship must exist between the individuals in the context of Humboldt State University.

In situations where the University does not have authority to take disciplinary action the victim is encouraged to report the incident to appropriate authorities which would allow the individual to proceed with criminal and/or civil action.

A report of sexual harassment/sexual assault is forwarded to the Office of Diversity and Compliance Services and the University Police Department for the purpose of federally mandated statistical reporting. Such reporting includes place, date, time, and type of incident and status of those involved.

A. Criminal Charges for Sexual Assault

Humboldt State University encourages any member of the campus community who believes they have been subject to a sexual assault to immediately report the incident to the police agency of jurisdiction.

If sexual assault occurs on the University campus, the appropriate police agency for reporting the incident is the University Police Department. If a sexual assault is reported to the Department of Public Safety, the investigating officer shall advise the victim/survivor of services available on campus and in the community.

If the assault occurred off-campus, the incident should be reported to the appropriate city or county agency. A victim/survivor has the right under California law to be assisted by an advocate, in making a decision to report as well as in all aspects of a prosecution. Timely reporting to the police is an important factor in a successful investigation and prosecution of sexual assault cases.

A victim is not required to pursue criminal prosecution as a result of reporting a crime to a police agency, although it may be the case that the reporting of sexual assault to the police agency may prevent others from being victims. The police agency will investigate the complaint and initiate any criminal action. The Humboldt County District Attorney's Office will ultimately decide whether to prosecute. Civil charges may be filed by the victim through a privately retained attorney.

B. Internal complaint procedure for sexual harassment, including sexual assault

Complaints of sexual assault or sexual harassment may be made to:

- Students
 - Living Group Advisors (residence halls)
 - Office of the Vice President for Student Affairs, Nelson Hall East 216, 826-3361 or email at judicial@humboldt.edu
 - Office of Diversity and Compliance Services, Siemens Hall 220, 826-4501 or email dcsc@humboldt.edu ^[2]
 - HSU Counseling Center, Health Center, 2nd Floor, 826-3236
 - North Coast Rape Crisis Team 707-445-2881 (also can accompany to hospital and other services)
- Faculty or staff members
 - Human Resources Office, Siemens Hall 211 826-3626
 - Employee Assistance Program, Human Resources (referral) 826-7358

- Office of Diversity and Compliance Services, Siemens Hall 220 826-4501
- North Coast Rape Crisis Team 707-445-2881

If a complaint is made to anyone else, the complainant risks the possibility that it will not come to the attention of the proper college officials and may, therefore, not be acted upon.

Reminder: confidential resources are members of the Counseling Center , the Employee Assistance Program and the North Coast Rape Crisis Team. All other employees cannot guarantee confidentiality.

Complaints of sexual assault or sexual harassment committed by a student, faculty member or staff member against any student, faculty member or staff member will be investigated promptly.

In general, investigations will be done by a designee from the Office of the Vice President for Student Affairs if the respondent is a student, and by a representative of the Office of Diversity and Compliance Services if the respondent is a faculty member or a staff member.

The complainant may file a formal grievance through established California State University disciplinary, grievance or other complaint procedures, including those found in various collective bargaining agreements.

A report of sexual harassment/sexual assault is forwarded to the Office of Diversity and Compliance Services for purposes of federally mandated statistical reporting. Such reporting includes place, date, time, type of incident, and status of those involved.

There may be occasions when an administrator will initiate a formal investigation of sexual harassment allegations even though a member of the campus community has not filed a formal complaint. When administrators become aware of a potential case of sexual harassment and take immediate action, the University's risk of legal liability is decreased. As such, prompt investigation and action for redress will occur when appropriate.

C. External procedures for filing a complaint

- Civil charges against the perpetrator through the civil legal system
- Criminal charges, in cases of sexual assault
- In addition, complaints may be filed through Federal and State agencies (generally, within 180 days following the event) including:
 - Equal Employment Opportunity Commission (employment discrimination) San Francisco Office 415-625-5600 or 415-625-5610 (TTY). The toll free numbers are 1-800-669-4000 or 1-800-669-6820 (TTY).
 - Office of Civil Rights (sexual harassment involving students in an academic setting) San Francisco Office 415-437-8310
 - California State Department of Fair Employment and Housing 1-800-884-1684
<http://www.dfeh.ca.gov/contact/Default.aspx> ^[3]

An applicant for admission or an applicant for employment may file a formal complaint through the above stated federal and state agencies.

Distribution: All faculty and staff

Source URL (retrieved on 2017-06-26 15:53): <http://www2.humboldt.edu/policy/PEMP05-02HSU-Policy-Against-Sexual-Harassment-and-Sexual-Assault>

Links:

[1] <http://www2.humboldt.edu/policy/PEM-P14-03Sexual-Assault-Intimate-PartnerDomestic-Violence-Dating-Violence-and->

Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243). See also retirement beneficiary information on reverse side of employee copy.

STATE OF CALIFORNIA

EMPLOYEE ACTION REQUEST

STD. 686 (REV. 7-99)

A	01 AGENCY	02 UNIT	03 KEYED BY	04 DATE KEYED
---	-----------	---------	-------------	---------------

CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS.

RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE.

USE BALL POINT PEN AND PRINT CLEARLY.

NO CARBON REQUIRED.

B	01 <input type="checkbox"/> New Employee SECTIONS C, E, F, G, H, I	03 <input type="checkbox"/> Withholding Allowance Change SECTIONS C, E, I	04 <input type="checkbox"/> *Address Change	} SECTIONS C, F, I	05 <input type="checkbox"/> Name Change (Attach Substantiation) SECTIONS C, D, I	07 <input type="checkbox"/> Birthdate Correction SECTIONS C, H, I
---	--	---	--	--------------------	---	---

NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

NAME CHANGE

C	01 SOCIAL SECURITY NUMBER	02 EMPLOYEE LAST NAME	03 FIRST NAME AND MIDDLE INITIAL	D	FORMER NAME (Last, First and Middle)
---	---------------------------	-----------------------	----------------------------------	---	--------------------------------------

WITHHOLDING ALLOWANCE CHANGE OR NEW EMPLOYEE

IMPORTANT Before completing Section E, you must read IRS Form W-4 and the applicable state tax form. (For California use Form DE-4.)

E	I. FEDERAL AND STATE ALLOWANCE – For Tax Purposes Only. If no tax should be withheld, complete Part IV or V only.		III. ADDITIONAL DEDUCTIONS – Complete box 06 and/or 07 if you wish additional Federal and/or State tax withheld from your wages. Part I (and Part II, if your State allowance claim differs from your Federal) must be completed. The first deduction will be made from your earnings for the pay period in which this form is processed. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE CANCELLED.	
	01 MARITAL STATUS FOR TAX PURPOSES ONLY (Check One) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED 02 <input type="text"/> TOTAL - Number of allowances you are claiming NOTE: Employers must notify IRS if more than 10 allowances are claimed.		I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below. I understand that if boxes are not completed, current deductions, if any, will be cancelled. 06 \$ <input type="text"/> FEDERAL ADDITIONAL DEDUCTION 07 \$ <input type="text"/> STATE ADDITIONAL DEDUCTION	
	II. SPECIAL TREATMENT OF STATE ALLOWANCES – Complete boxes 03 thru 05 if you wish your State withholding to be different than what you claim for Federal withholding. IF BOXES ARE NOT COMPLETED, CURRENT SPECIAL TREATMENT (IF ANY) WILL BE CANCELLED.		IV. EXEMPTION FROM WITHHOLDING – Check box 08 if you are eligible to claim exemption from withholding. No Federal or State income tax will be withheld from your wages. DO NOT COMPLETE PARTS I, II OR III. (See	
	03 MARITAL STATUS FOR TAX PURPOSES ONLY (Check One) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> HEAD OF HOUSEHOLD 04 <input type="text"/> REGULAR ALLOWANCE(S) Total you are claiming 05 <input type="text"/> ADDITIONAL ALLOWANCE(S) Total you are claiming NOTE: Employers may be required to notify EDD if more than 10 allowances are claimed.		08 <input type="checkbox"/> I claim exemption from withholding because of no tax liability: Last year I did not owe any income tax and had a right to a full refund of ALL income tax withheld, AND this year I do not expect to owe any income tax and expect to have a right to a full refund of ALL income tax withheld. NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year. Employers are required to notify IRS if you earn more than \$200 per week.	
		V. NONTAXABLE WAGES – Check box 09 if wages you will receive are not subject to income tax withholding.		
		09 <input type="checkbox"/> I claim that the wages I will be receiving from the State are either a 1) MINISTER OF A CHURCH in the exercise of his/her ministry, 2) NONIMMIGRANT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on back of third page.):		

ADDRESS CHANGE OR NEW EMPLOYEE *See Back of Third Page

F	01 EMPLOYEE ADDRESS (Street, Rural Route or P.O. Box)	02 CITY	STATE	03 ZIP CODE
04 EMPLOYMENT LIST				
<input type="checkbox"/> Check this box if your address is changing and your name appears on any departmental employment list. (See back of third page.)				

NEW EMPLOYEE THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS.

G	01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:	01 LAST NAME (if different)	03 SEPARATED	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School or Utility, etc.)	05 LAST NAME (if different)	06 SEPARATED
			MO YR			MO YR

NEW EMPLOYEE OR BIRTHDATE CORRECTION

EMPLOYEE SIGNATURE

PERSONNEL OFFICE USE

H	BIRTHDATE	I	I certify that the above information is true and correct and that I have read the IRS Form W-4 and the applicable state form. Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I incurred no tax liability for last year and that I anticipate that I will incur no liability this year.	J	REVIEWER'S SIGNATURE
MO DAY YR		EMPLOYEE SIGNATURE		DATE	
		61		PHONE NO.	

STATE OF CALIFORNIA
EMPLOYEE ACTION REQUEST

STD. 686 (REV. 7-99) (REVERSE, EMPLOYEE COPY)

INFORMATION FOR EMPLOYEES COVERED BY THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)

You are entering into membership in the Public Employees' Retirement System (PERS) which provides you and your fellow State employees with retirement and other benefits. Member contributions, those contributions made by the State of California, and the interest earned on investments provide for service retirement, disability retirement, and death benefits. An information booklet is available from your personnel office. The booklet describes your particular benefit coverage in detail.

BENEFICIARIES FOR DEATH BENEFITS

- 1. STATUTORY BENEFICIARIES** -- If you should die while in employment covered by PERS and you do not name other beneficiaries, death benefits will be paid to your survivors in the following order:
 - a. Your spouse (husband or wife).
 - b. If you have no spouse, your children (share and share alike).
 - c. If you have neither a spouse nor children, your parents (share and share alike).
 - d. If you have none of the above, the benefits will be paid to your estate. If your estate will not be probated, payment will be made to next of kin as provided by law.
- 2. NAMING DIFFERENT BENEFICIARIES** -- If you wish, you may at any time name different beneficiaries or change the order of those listed as statutory. To do so, you must file with PERS, a Beneficiary Designation (State Form STD. 241), obtainable from your personnel office. **DO NOT FILE FORM STD. 241 IF THE STATUTORY BENEFICIARIES LISTED IN ITEM NO. 1 ARE SATISFACTORY.**

Each time you marry, or your marriage is dissolved or annulled, or you acquire a child by birth or adoption, the Public Employees' Retirement Law will automatically revoke any previously named beneficiaries and establish statutory beneficiaries as listed in Item No. 1. If the statutory beneficiaries are not satisfactory, you must file a form STD. 241 to reflect your desired change.

RESTORATION OR PURCHASE OF RETIREMENT SERVICE CREDIT

If you were a former member of the Public Employees' Retirement System (PERS) and withdrew your contributions, you have the right to redeposit those funds as a member of the first-tier retirement plan and restore your previous service; or your previous state service can be restored at no cost if you are a member of the second-tier plan and you have elected to have all past service credited to your account. You may also have the right to receive retirement service credit for state employment in which you were not a PERS member. Additional retirement service credit will in most cases increase your potential retirement benefits. Information on restoration or purchase of retirement service credit may be obtained by writing to the Public Employees' Retirement System, Member Services Division -- 832, P.O. Box 942704, Sacramento, CA 94229-2704.

GENERAL INFORMATION

TAXES

IF YOU ARE EXEMPT FROM EITHER FEDERAL OR STATE WITHHOLDING, but not exempt from both, contact your personnel office for special instructions.

IF YOU WILL RECEIVE NONTAXABLE WAGES, please indicate the reason on your withholding claim in the space provided. The reason must be one of the following:

- a. "Minister of the church in the exercise of his ministry" -- employed by the State of California as a Chaplain.
- b. "Nonimmigrant Alien per Tax Treaty" (indicate on claim: "Exempt per Article _____ of treaty between United States and (Country).") Tax Treaty must cite exemption from both Federal and State personal income tax to qualify for this exemption.
- c. "Deceased Employee Wages"--agency administrative action.

If you have any questions regarding your eligibility under any of the above reasons, you should contact your local Internal Revenue Service Office or the Employment Tax District Office of the Employment Development Department.

EMPLOYEES WITH TWO OR MORE CONCURRENT JOBS WITH THE STATE OF CALIFORNIA. The allowances you claim on this form will be used for tax withholding purposes for all wages paid under the Uniform State Payroll System. The Uniform State Payroll System includes all California State Agencies (except as noted below) and the California State Universities. It does not include the California Agricultural Associations, the University of California or Legislative employees.

IF YOUR NORMAL LOCATION OF EMPLOYMENT IS NOT IN CALIFORNIA and you are a California State employee, you may be eligible to have income tax for another state withheld from your wages under the reciprocity provisions required by G.C. 1170.5. Contact your personnel office for additional information.

EARNED INCOME CREDIT (EIC)

You may be entitled to an income tax refund or credit from the Internal Revenue Service (IRS) if you meet certain eligibility requirements relating to your annual income and family size. You have the option of receiving advance payments of the earned income credit each month or claiming the credit on Form 1040 or 1040A, your annual tax return, and receiving the credit when you file. To find out more information about the credit, contact your personnel/payroll office or IRS at 1-800-829-1040. To request advance EIC payments, you must complete a Form W-5, Earned Income Advance Payment Certificate. The W-5 is available at your local IRS office or can be ordered by calling 1-800-829-3676.

ADDRESS CHANGE

IF YOU HAVE A U.S. SAVINGS BOND DEDUCTION and the address of the registered owner is changing, you must complete a new United States Savings Bonds Purchase/Payroll Deduction Authorization, STD. 242.

IF YOU HAVE OTHER DEDUCTIONS, you must change your address with the deduction company. This form does not affect an address change with deduction companies.

IF YOUR NAME APPEARS ON ANY DEPARTMENTAL EMPLOYMENT LIST (Open, Promotional, Reemployment, etc.), and your address is changing, check Box 04 in Section F. Your department will update the appropriate list(s) with this information.

PRIVACY NOTIFICATION

The Information Practices Act of 1977 (California Civil Code Section 1798.17) and the Federal Privacy Act (5 USC 552a, subd. (e)(3)) require this notice to be provided when collecting personal information from individuals.

The information you are asked to provide on this form is requested by the Office of the State Controller, Personnel/Payroll Services Division. The information will be used by the State Controller's Office for personnel, payroll, retirement and health benefits processing.

Furnishing the information requested on this form is mandatory except for Prior Public Employment (Section G). Furnishing prior public employment information is voluntary. Noncompliance in providing your social security number and name will result in refusal of employment. Failure to furnish other requested information may result in inaccurate determination of credit for State service, payroll calculations, retirement and/or health benefits.

Legal references authorizing the maintenance of this information by the State Controller's Office include: Federal Internal Revenue Code (26 USC Sections 3402(a), 6011, 6051, and 6109) and the regulations thereto; Federal Public Health and Welfare Code (42 USC Section 403); and California

Government Code Sections 12470 through 12479 and 16391 through 16395; California Unemployment Insurance Code Section 13020; delegated authority from the State Personnel Board; and delegated authority from the Trustees of the California State University.

Certain items of information furnished on this form may be transferred to the following governmental or private agencies where authorized by law: State Personnel Board, Department of Personnel Administration, Trustees of the California State University, Employment Development Department, Department of Social Services, Department of Finance, Public Employees' Retirement System, employing State agencies and campuses, Social Security Administration, federal Internal Revenue Service, California State Franchise Tax Board, other state income tax bureaus and other governmental entities when required by state or federal law, organizations for which deductions are authorized by law, and collective bargaining organizations.

Employees have the right to review their own personal information maintained by the State Controller's Office unless access is exempted by law. Contact: Personnel/Payroll Services Division, State Controller's Office, P.O. Box 942850, Sacramento, CA 94250-5878.

HUMBOLDT STATE UNIVERSITY CALENDAR 2017-2018

HOLIDAYS/CAMPUS CLOSURES FOR FY 2017-2018

Independence Day	Tuesday, July 4, 2017	Closed
Labor Day	Monday, September 4, 2017	Closed
Veterans Day	Friday, November 10, 2017	Closed
Thanksgiving Day	Thursday, November 23, 2017	Closed
Day after Thanksgiving*	Friday, November 24, 2017	Closed
Christmas Day	Monday, December 25, 2017	Closed
Admission Day Observed	Tuesday, December 26, 2017	Closed
Columbus Day Observed	Wednesday, December 27, 2017	Closed
Lincoln's Birthday Observed	Thursday, December 28, 2017	Closed
Washington's Birthday Observed	Friday, December 29, 2017	Closed
New Year's Day	Monday, January 1, 2018	Closed
Martin Luther King Jr. Day	Monday, January 15, 2018	Closed
Cesar Chavez Day Observed	Friday, March 30, 2018	Closed
Memorial Day	Monday, May 28, 2018	Closed

KEY

Faculty Academic Workday	■
Faculty Academic Workday (Classes Not in Session)	▲
Campus Closed	■
Payday, 4 P.M., Paper Warrants Only	○
Direct Deposit Payday	◆
Master & Int. Hrly. Attendance, Shift Diff. & Overtime Vouchers Due in Payroll	★
Student, Spec. Cons. & Sub Faculty Vouchers Due in Payroll	#
Student, Int. Hrly. Spec. Cons., Overtime Payday, 8 A.M.	●
Campus closed at the discretion of the President*	■

One Personal Holiday must be used by December 31.

*Campus closed at the discretion of the President. Please see applicable collective bargaining agreements regarding campus closure. While the University's intent is to encourage employees to take the time off, employees may choose to work on unpaid days during closure. For energy savings reasons you may be assigned to alternative work locations and/or assignments.

JULY 2017

SUN	MON	TUES	WED	THU	FRI	SAT
						1
2	# 3	4	★ 5	6	7	8
9	10	11	12	13	● 14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

PAY PERIOD: 7/01-8/01/17 = 22 DAYS

AUGUST 2017

SUN	MON	TUES	WED	THU	FRI	SAT
		①	# 2	★ 3	4	5
6	7	8	9	10	11	12
13	14	● 15	16	▲ 17	▲ 18	▲ 19
20	21	22	23	24	25	26
27	28	29	30	③①		

PAY PERIOD: 8/02-8/31/17 = 22 DAYS

SEPTEMBER 2017

SUN	MON	TUES	WED	THU	FRI	SAT
					# 1	2
3	4	★ 5	6	7	8	9
10	11	12	13	14	● 15	16
17	18	19	20	21	22	23
24	25	26	27	28	②⑨	30

PAY PERIOD: 9/01-9/30/17 = 21 DAYS

OCTOBER 2017

SUN	MON	TUES	WED	THU	FRI	SAT
1	# 2	★ 3	4	5	6	7
8	9	10	11	12	13	14
15	● 16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	③①				

PAY PERIOD: 10/01-10/31/17 = 22 DAYS

NOVEMBER 2017

SUN	MON	TUES	WED	THU	FRI	SAT
			# 1	★ 2	3	4
5	6	7	8	9	10	11
12	13	14	● 15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	③①		

PAY PERIOD: 11/01-11/30/17 = 22 DAYS

DECEMBER 2017

SUN	MON	TUES	WED	THU	FRI	SAT
					# 1	2
3	★ 4	5	6	7	8	9
10	11	12	13	14	● 15	▲ 16
17	▲ 18	▲ 19	▲ 20	21	22	23
24	25	26	27	28	②⑨	30
31						

PAY PERIOD: 12/01-12/31/17 = 21 DAYS

JANUARY 2018

SUN	MON	TUES	WED	THU	FRI	SAT
	1	# 2	★ 3	4	5	6
7	8	9	▲ 10	▲ 11	▲ 12	13
14	15	● 16	17	18	19	20
21	22	23	24	25	26	27
28	29	③①	# 31			

PAY PERIOD: 1/01-1/30/18 = 22 DAYS

FEBRUARY 2018

SUN	MON	TUES	WED	THU	FRI	SAT
				★ 1	2	3
4	5	6	7	8	9	10
11	12	13	14	● 15	16	17
18	19	20	21	22	23	24
25	26	27	③①			

PAY PERIOD: 1/31-2/28/18 = 21 DAYS

MARCH 2018

SUN	MON	TUES	WED	THU	FRI	SAT
				# 1	★ 2	3
4	5	6	7	8	9	10
11	12	13	14	● 15	16	17
18	19	20	21	22	23	24
25	26	27	28	②⑨	30	31

PAY PERIOD: 3/01-3/31/18 = 22 DAYS

APRIL 2018

SUN	MON	TUES	WED	THU	FRI	SAT
1	# 2	★ 3	4	5	6	7
8	9	10	11	12	13	14
15	● 16	17	18	19	20	21
22	23	24	25	26	27	28
29	③①					

PAY PERIOD: 4/01-4/30/18 = 21 DAYS

MAY 2018

SUN	MON	TUES	WED	THU	FRI	SAT
		# 1	★ 2	3	4	5
6	7	8	9	10	11	▲ 12
13	▲ 14	● 15	▲ 16	17	18	19
20	21	22	23	24	25	26
27	28	29	③①	# 31		

PAY PERIOD: 5/01-5/30/18 = 22 DAYS

JUNE 2018

SUN	MON	TUES	WED	THU	FRI	SAT
					★ 1	2
3	4	5	6	7	8	9
10	11	12	13	14	● 15	16
17	18	19	20	21	22	23
24	25	26	27	28	②⑨	30

PAY PERIOD: 5/31-6/30/18 = 22 DAYS

UML 03-01 Humboldt State University Nondiscrimination Policy

Superseded By:

- [EM:P11-06 Humboldt State University Nondiscrimination Policy](#) ^[1]

Month/Year Posted: 2003-02

Policy Number: UML 03-01

Humboldt State University Nondiscrimination Policy

Language clarification 09/2008

Supersedes UML 00-03

Humboldt State University is committed to maintaining an environment free from unlawful discrimination. To fulfill this commitment, the University will work to prevent unlawful discrimination from occurring and will ensure that University policies prohibiting discrimination are fully enforced.

The University affirms and protects the rights of students and employees to seek and obtain the services of the University without discrimination. No employee or student shall on the basis of race, color, gender *identity/expression, religion, age, sexual orientation, marital status, pregnancy, disability, veteran status or national or ethnic origin be excluded from participation in, be denied the benefits of or be otherwise subjected to unlawful discrimination, including discriminatory harassment, under any program of the University.

Employees and students who cause these rights to be violated may be subject to discipline. This policy should not be interpreted as superseding or interfering with collective bargaining agreements or other California State University policies and procedures currently in effect. If discipline of an employee is sought as a remedy under this policy, the procedural rights under applicable collective bargaining agreements and system-wide procedures will continue to apply. However, those rights may not supersede or interfere with the requirements of state and federal law.

Humboldt State University Procedures For Processing Discrimination complaints - February, 2003

1. Purpose

The purpose of these procedures is to provide an opportunity to resolve matters alleging discrimination to students and to employees who are not covered by collective bargaining agreements or California State University system-wide procedures for processing complaints of discrimination. The procedures applicable to complaints by employees who are covered by collective bargaining agreements or system-wide procedures may be found at www.calstate.edu/hr/ComplaintProcedures.pdf ^[2] and a copy (as of the date last amended prior to the adoption of these procedures) is attached as Exhibit A. Persons who believe they are being or have been subjected to Discriminatory Acts are encouraged to report such acts as soon as possible after an incident. They should also recognize that delay in taking formal action with respect to an incident for more than 180, or in some cases, 300 days might

foreclose access to federal or state investigative agencies. Filing a complaint with the University is not a prerequisite to filing a complaint with a federal or state agency.

In addition to its general duty to create and maintain an environment free of discrimination and discriminatory harassment, the University also recognizes its obligations to all individuals involved in claims of discrimination, including claims of discriminatory harassment, to provide a fair framework for encouraging the resolution of such complaints.

2. Jurisdiction

In carrying out the applicable policies of the University, the Office for Diversity and Compliance Services (ODCS) or its successor investigates complaints of discrimination at the University and makes findings of fact following such investigation.

Complaints by employees who are covered by collective bargaining agreements or system-wide procedures shall be processed in accordance with the applicable collective bargaining agreement or system-wide procedures, both as specified in Exhibit A, as amended from time to time.

Upon receipt of a complaint against a student charging unlawful discrimination, the ODCS shall refer the complaint to the Student Discipline Coordinator in accordance with subpart VII of these procedures. Upon receipt of a complaint alleging unlawful discrimination from applicants to, or participants in, any program administered by an approved University auxiliary organization, other than the Associated Students Incorporated (ASI), the ODCS shall promptly acknowledge receipt of the complaint in writing and refer the investigation and resolution of such complaint to the auxiliary organization. Complaints against the ASI will be referred to the Student Discipline Coordinator in accordance with subpart VII of these procedures.

3. Definitions

- a. Appropriate Administrator means the Management Personnel Plan (MPP) employee responsible for the employment unit. If an individual needs assistance in identifying the Appropriate Administrator to contact, the individual should seek assistance from the Director of Human Resources.
- b. Appeals Designee means the person(s) designated by the President to hear appeals pursuant to these procedures.
- c. "Cause" Finding means a determination made by an Appropriate Administrator or Designee that sufficient evidence exists to conclude that, more likely than not, a violation of University policies related to unlawful discrimination on the basis of race, color, gender, religion, age, sexual orientation, marital status, pregnancy, disability, veteran status or national or ethnic origin has occurred.
- d. Complaint means a written charge filed in accordance with these University procedures that alleges a violation of University policies related to unlawful discrimination.
- e. Complainant means a person not covered by an applicable collective bargaining agreement or other California State University system-wide discrimination complaint procedure who files a complaint alleging that s/he has been the subject of Discriminatory Action.
- f. Day means calendar day, except as otherwise specified.
- g. Designee means the person appointed by the President to make findings of "cause" or "no cause" following investigation of a Complaint.
- h. Discriminatory Act/Action means any action that is taken in violation of University policies because of an individual's race, color, gender, religion, age, sexual orientation, marital status, pregnancy, disability, veteran status or national or ethnic origin. Discriminatory Act/Action also may include threats or other forms of improper conduct in retaliation against any person as a result of their filing of a Complaint of discrimination,

participating in an investigation, or opposing a prohibited discriminatory practice or policy.

- i. Instructional Day means any day during which University classes are in session, excluding Saturday, Sunday or an academic holiday as defined in 5 CCR Section 42800. Summer session days are not considered Instructional Days.
- j. "No Cause" Finding means a determination that insufficient evidence exists to conclude that a violation of University policies related to prohibited discrimination on the basis of race, color, gender, religion, age, sexual orientation, marital status, pregnancy, disability, veteran status or national or ethnic origin has occurred.

4. Informal Inquiry

Individuals, who believe they are or may have been victims of discrimination and/or discriminatory harassment, may initiate either an informal inquiry or file a formal Complaint.

The intent of the informal inquiry process is to provide persons who are concerned that they might have a discrimination complaint with an opportunity to receive information and advice about the definition of discrimination, the legitimacy of their concerns, and the procedures that exist for resolving complaints. It seeks to provide an opportunity for an informal, yet fair, resolution of the inquiry, while preserving, to the greatest extent possible, the confidentiality of the parties involved in an atmosphere of mediation and conciliation.

The University designates the ODCS to receive informal inquiries from Complainants who believe they are or may have been victims of discrimination by non-students. The President may designate additional individuals to receive informal inquiries.

In addition to giving information and advice, those designated to receive informal inquiries may seek to achieve informal resolution to problems by bringing together the two parties. This attempt will likely require the agreement of the inquirer to enlarge the scope of confidentiality to include the second party.

The University will endeavor to restrict confidentiality to the person making the informal inquiry and the designee receiving it, but this restriction cannot be guaranteed. As a means of fulfilling its obligation to create and maintain an environment free from discrimination and discriminatory harassment, the University may conduct reasonable and appropriate investigations designed to assess whether a violation of the nondiscrimination policy has occurred and this may require enlarging the scope of confidentiality. A confidential record of informal inquiries shall be maintained in the ODCS.

In the event this informal inquiry leads to a resolution, both parties are precluded from subsequently filing a formal Complaint under these procedures unless it is demonstrated to the satisfaction of the Director of ODCS (or designee) that the terms and conditions of the resolution, if any, have been violated. Both parties are encouraged to keep the results of the resolution confidential.

The University, under the charge of protecting its members from discrimination, may have a legal duty to initiate an investigation, a resolution, or disciplinary action, even if a formal Complaint is not filed and independent of the intent or wishes of the person making the informal inquiry. This does not mean, however, that the University has a duty to immediately or necessarily conduct an investigation any time an informal inquiry is made or a formal Complaint is filed. Such a decision must be made by the ODCS. At any time during the informal inquiry and resolution process, the person making the inquiry may initiate a formal Complaint as provided below.

5. Formal Complaint Procedures

- a. Who May File a Complaint. Complainants, as defined in III.E, may file a Complaint with the ODCS in accordance with these procedures. For complaints against students, see subpart VII of this document.
- b. Time for Filing a Complaint. To be timely, a Complainant must submit a Complaint to the ODCS no later than 20 Instructional Days after the last Instructional Day of the academic term in which the most recent allegedly Discriminatory Act occurred. Either the Director of ODCS or the Appropriate Administrator or Designee may extend the deadline based on extenuating circumstances.
- c. Consultant. Complainants may, but are not required to, have a consultant of their own choosing present at their interviews conducted during the course of the investigation into the Complaint. The consultant shall not be a person admitted to the practice of law before any state or federal court. The role of the consultant is limited to observing and consulting with the Complainant.
- d. Requirements of a Complaint. Although not required to be accepted for filing, the Complaint should be on a form provided by the ODCS. Each Complaint shall include the following:
 - i. The full name, address and telephone number of the Complainant, who must be the individual claiming to be harmed by the discrimination;
 - ii. The name of person(s) alleged to have committed a Discriminatory Act;
 - iii. A clear and concise written statement of the facts that constitute the alleged Discriminatory Act(s), including pertinent dates and sufficient information to identify any other individuals who may provide information during the course of an investigation conducted under these procedures and to bring the matter within the jurisdiction of the ODCS to investigate;
 - iv. A statement by Complainant verifying that the information supporting the allegations of unlawful discrimination is true and accurate to the best of Complainant's knowledge;
 - v. Complainant's signature;
 - vi. The date of submission of the Complaint;
 - vii. Information that establishes that both Complainant and person(s) alleged to have committed a Discriminatory Act have a sufficient relationship to the University to require application of University policies and procedures to the allegedly Discriminatory Act(s); and
 - viii. The full name, address and telephone number of the Complainant's consultant, if any.
- e. Intake Interview. At or after the time a Complainant initiates a Complaint, a representative from ODCS shall conduct an interview with the Complainant.
- f. Signature by ODCS Representative and Filing of Complaint. If the proffered Complaint fulfills the requirements set forth in subpart V.D above, a designated staff member in the ODCS shall sign the Complaint and provide Complainant a copy of the Complaint and the Complaint shall be deemed filed.
- g. Notice Regarding Complaint. With the exception of notice to person(s) alleged in the Complaint to have committed a Discriminatory Act, only those persons with a legitimate need to know will be apprised of the filing of and final disposition of a Complaint. Those persons may include, but are not necessarily limited to, appropriate organization unit administrators (Deans, Department Heads, Directors or Vice Presidents) who may have an obligation to monitor the workplace to ensure that retaliatory action does not occur during or after the investigative process concludes, and who may be required to implement recommendations resulting from the investigation of the Complaint.
- h. Access to Information Regarding the Investigation. Complainant, upon inquiry and during the course of an investigation, shall be advised of the status of the investigation.
- i. Amending the Complaint. If, during the course of an investigation, a staff member from the ODCS determines that more information is required to enable a meaningful investigation, s/he may request Complainant to clarify or amplify allegations in the

Complaint. Complainants may also be allowed to add a new charge of discrimination related to the original Complaint, so long as the addition falls within the time limits otherwise applicable to the filing of a Complaint pursuant to subpart V.B above.

- j. Dismissal Based Upon Insufficiency of Complaint. If a Complaint alleges conduct that, if true, would not constitute a violation of University policies related to unlawful discrimination on the basis of race, color, gender, religion, age, sexual orientation, marital status, pregnancy, disability, veteran status or national or ethnic origin, the matter shall be dismissed without further investigation by the ODCS.
- k. Investigation of Allegations in Complaint. Following the filing of a Complaint, the ODCS will act as a neutral fact-finder. This investigator shall assemble statements, documents and other relevant evidence, and interview witnesses and other identified individuals who have or may have information concerning the allegations set forth in the Complaint. The investigator will make every reasonable attempt to complete the investigation within 90 Instructional Days of the filing of a formal Complaint.
- l. Report of Findings of Fact. Upon completion of an investigation, the investigator will make findings of fact regarding the allegations, which s/he shall reduce to an investigative report, which shall be submitted to the Appropriate Administrator or Designee.
- m. Finding of "Cause" or "No Cause". After review of the investigative report, the Appropriate Administrator or Designee shall evaluate the evidence in accordance with University policies related to unlawful discrimination, and shall make a Finding of "Cause" or "No Cause" regarding the allegations.
- n. Notice of Finding. The Appropriate Administrator or Designee shall notify Complainant in writing of the Finding of "Cause" or "No Cause". Such notice shall inform the Complainant of the outcome of the complaint, including sufficient detail so as to permit an informed decision as to whether to appeal the finding. The Appropriate Administrator or Designee may also notify those persons with a legitimate need to know identified in subpart V.G of these procedures. This information is to be treated as confidential and is not to be disclosed to third parties.
- o. Corrective Actions. If the Appropriate Administrator or Designee finds "Cause", s/he shall also issue a separate recommendation regarding corrective actions. This may include individual remedies for the Complainant or a range of formal or informal disciplinary measures or other personnel actions. If it is determined that disciplinary charges should be initiated, disciplinary proceedings shall be conducted in accordance with the current applicable collective bargaining agreement or, for charges against administrators or other non-represented employees, appropriate University policies shall be utilized. Whenever any information concerning recommended corrective action in connection with allegations of discrimination is provided to the Complainant pursuant to subpart V.N above, such information shall be provided on a confidential basis. Failure on the part of the Complainant to respect confidentiality could result in civil action initiated by person(s) alleged in the Complaint to have committed a Discriminatory Act.
- p. Withdrawal of Complaints. Once filed, the ODCS has an obligation to investigate Complaints raising significant claims of discrimination. However, in appropriate circumstances, and in the discretion and judgment of either the ODCS or Appropriate Administrator or Designee, the ODCS may agree, upon a written and signed request to do so by Complainant, to withdraw a Complaint. A Complainant seeking to withdraw a Complaint must set forth reasons in the request that support withdrawal. The ODCS shall notify Complainant of such withdrawal.

6. Appeal

Following receipt of a finding, Complainant may seek to have the finding reviewed by the Appeals Designee. The issues raised on appeal shall be limited to those issues raised during the investigation by the ODCS. Any issues not raised during the investigation or new issues that could have been raised, but were not, shall be precluded on appeal.

- a. Filing. To secure an appeal, Appellant must file a written request with the Appeals Designee no later than fourteen (14) Days from the date on which Appellant receives a copy of the finding, seeking to have such finding reviewed.
- b. Notice. Upon acceptance of an appeal, the Appeals Designee shall notify the Complainant, person(s) alleged in the Complaint to have committed a Discriminatory Act, the ODCS and those individuals who received a copy of the finding.
- c. Review. The Appeals Designee shall consider the facts in support of the request and develop any additional facts deemed necessary. The Appeals Designee may request the ODCS do additional investigation or address particular issues. If the Appeals Designee receives new information pursuant to his/her request for further investigation that s/he believes may change the outcome, the Appeals Designee shall ask the Appropriate Administrator or Designee to reconsider his/her findings in light of the new information. The Appropriate Administrator or Designee shall advise the Appeals Designee of his/her reconsidered finding. The Appeals Designee shall apprise parties to the Complaint of the new information and the reconsidered finding so that each has an opportunity to review and refute any such additional information before the Appeals Designee renders a final decision.
- d. Decision. The Appeals Designee shall complete the review in a timely manner and shall prepare and provide a written decision to Complainant, the ODCS, the Appropriate Administrator or Designee, and to those individuals who received a copy of the finding. The Appeals Designee may endorse or reject the finding.
- e. Final Decision. The decision by the Appeals Designee shall be final.
- f. Closure. An investigation shall be considered complete and the investigation shall be closed after the period has passed within which an appeal may be timely filed, if no appeal has been filed, or following a final decision by the Appeals Designee. A matter also may be closed administratively when the ODCS decides that further investigation is either impossible or unnecessary.

7. Complaints Against Students:

When a Complaint is made to the ODCS alleging discrimination by a student, the Complainant shall be referred to the University Student Discipline Coordinator in accordance with the University's Student Code of Conduct. Upon receiving a formal Complaint, or upon determining that the University has an obligation to pursue an inquiry into possible incidents of discrimination even without a signed Complaint, the Student Discipline Coordinator or appropriate University personnel shall promptly begin an investigation. The Student Discipline Coordinator or designee shall complete the investigation within ninety (90) Instructional Days from receipt of the Complaint against a student and shall thereafter inform the Complainant in writing as to whether the University will or will not initiate formal disciplinary charges. If the Student Discipline Coordinator (or designee) concludes that disciplinary action may be required, formal disciplinary charges shall be initiated in accordance with the Student Disciplinary Procedures for the California State University.

Information regarding how to file a complaint against a student is posted at www.humboldt.edu/studentrights/complaint_student_factsheet.php ^[3] and is available at the Office of the Vice President for Student Affairs.

8. General Provisions

- a. Confidentiality. ODCS and the Appropriate Administrator or Designee shall respect confidentiality of information obtained during the course of an investigation, except where disclosure is required by an obligation imposed on the University by law, to investigate a Complaint or to advise parties to the Complaint or an individual identified in subpart V.G of these procedures of the outcome of an investigation or to facilitate other legitimate University processes. As a means of fulfilling its obligation to create and maintain an environment free from discrimination and discriminatory harassment, the

University may conduct reasonable and appropriate investigations designed to assess whether a violation of the University policies related to nondiscrimination has occurred and this activity may require enlarging the scope of disclosure.

- b. Retaliation; Cooperation. Threats or other forms of intimidation or retaliation against any person who files a Complaint of discrimination, participates in an investigation or opposes an unlawful discriminatory practice or policy are prohibited and shall form an independent basis for investigation under the procedures. Employees and students are expected to cooperate in an investigation into a Complaint of discrimination.
- c. Complaints Filed with Outside Agencies. The University acknowledges that individuals have rights to file charges with external agencies at any time within that agency's deadlines, and that those charges may be filed concurrently with Complaints that are filed with the ODCS in accordance with these procedures. The fact that a charge has been filed with an external agency will in no way deter an investigation by the University concerning the same or similar events, so long as the Complaint is filed in a timely manner pursuant to these procedures.

Distribution: All University

Exhibit A

The Employment Discrimination Complaint Procedures Systemwide Provisions may be found at www.calstate.edu/hr/ComplaintProcedures.pdf [2].

Source URL (retrieved on 2017-06-26 15:55): <http://www2.humboldt.edu/policy/PUML-03-01Humboldt-State-University-Nondiscrimination-Policy>

Links:

[1] <http://www2.humboldt.edu/policy/PEMP11-06Humboldt-State-University-Nondiscrimination-Policy>

[2] <http://www.calstate.edu/hr/ComplaintProcedures.pdf>

[3] http://www.humboldt.edu/studentrights/complaint_student_factsheet.php



Line Item Transfer Request Form

Date	Program Name	Requester's Name	Requester's Email

Request Justification

--

	Budget Request or Transfer Chartfield Information					
	Fund	Department	Account	Monetary Amount	Program	Class
From						
To						

Program Advisor Name

Signature

Date

If requested budget transfer is greater than \$500, then obtain the following authorizations:

AS Executive Director Signature

Date

AS Administrative Vice President Signature

Date

AS Business Office Only
Budget Confirmed
Signatures (If Applicable)
Transfer to HSU Budget Template
Sent to HSU Budget

Print

Clear

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.								
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) _____ <hr/> <table style="width: 100%;"> <tr> <td style="width: 60%;">SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) _____</td> <td style="width: 40%;">E-MAIL ADDRESS _____</td> </tr> <tr> <td>MAILING ADDRESS _____</td> <td>BUSINESS ADDRESS _____</td> </tr> <tr> <td>CITY, STATE, ZIP CODE _____</td> <td>CITY, STATE, ZIP CODE _____</td> </tr> </table>			SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) _____	E-MAIL ADDRESS _____	MAILING ADDRESS _____	BUSINESS ADDRESS _____	CITY, STATE, ZIP CODE _____	CITY, STATE, ZIP CODE _____
SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) _____	E-MAIL ADDRESS _____								
MAILING ADDRESS _____	BUSINESS ADDRESS _____								
CITY, STATE, ZIP CODE _____	CITY, STATE, ZIP CODE _____								
3	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST </div> <div style="width: 45%;"> CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS </div> </div> <hr/> <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: <div style="text-align: right; font-size: 0.8em;">(SSN required by authority of California Revenue and Tax Code Section 18646)</div>	NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.							
4	PAYEE RESIDENCY STATUS <input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <div style="margin-left: 100px;"> <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached. </div> <p>Certification: My business is certified by the State of California's Office of Small Business Certification and Resources (OSBCR) as:</p> <input type="checkbox"/> Disabled Veteran Owned Business (51% ownership and 10% service-related disability) Cert # _____ <input type="checkbox"/> Small Business Cert # _____								
5	TERMS: HSU standard terms are Net 30 unless payment discount offered. <table style="width: 100%;"> <tr> <td style="width: 45%;"> Payment Terms: _____ Type of credit cards accepted: _____ Ship Method: _____ Contractor's License Number: _____ </td> <td style="width: 55%;"> FOB: <input type="checkbox"/> Destination <input type="checkbox"/> Ship Point Fee charged: <input type="checkbox"/> No <input type="checkbox"/> Yes (indicate percent) _____ Freight Terms: <input type="checkbox"/> Prepaid and Add <input type="checkbox"/> Prepaid and Allowed </td> </tr> </table>			Payment Terms: _____ Type of credit cards accepted: _____ Ship Method: _____ Contractor's License Number: _____	FOB: <input type="checkbox"/> Destination <input type="checkbox"/> Ship Point Fee charged: <input type="checkbox"/> No <input type="checkbox"/> Yes (indicate percent) _____ Freight Terms: <input type="checkbox"/> Prepaid and Add <input type="checkbox"/> Prepaid and Allowed				
Payment Terms: _____ Type of credit cards accepted: _____ Ship Method: _____ Contractor's License Number: _____	FOB: <input type="checkbox"/> Destination <input type="checkbox"/> Ship Point Fee charged: <input type="checkbox"/> No <input type="checkbox"/> Yes (indicate percent) _____ Freight Terms: <input type="checkbox"/> Prepaid and Add <input type="checkbox"/> Prepaid and Allowed								
6	<p style="text-align: center;">I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) _____</td> <td style="width: 40%;">TITLE _____</td> </tr> <tr> <td>SIGNATURE _____</td> <td>DATE _____</td> </tr> <tr> <td colspan="2">TELEPHONE _____</td> </tr> </table>			AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) _____	TITLE _____	SIGNATURE _____	DATE _____	TELEPHONE _____	
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) _____	TITLE _____								
SIGNATURE _____	DATE _____								
TELEPHONE _____									
7	Please return completed form to: Department/Office: Humboldt State University Unit/Section: Accounts Payable Mailing Address: 1 Harpst Street City/State/Zip: Arcata, CA 95521 Telephone: (707) 826-3512 Fax: (707) 826-3312 E-mail Address: accountspayable@humboldt.edu								

PAYEE DATA RECORD

STD. 204 (Rev. 6-2003) (REVERSE)

1	<p><u>Requirement to Complete Payee Data Record, STD. 204</u></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>
4	<p><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below: Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p> <p>Certification: If applicable, please include the Certification Number associated with the type of business.</p>
5	<p>Provide the payment terms as well as shipping information.</p>
6	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>
7	<p>This section must be completed by the State agency requesting the STD. 204.</p>
	<p><u>Privacy Statement</u></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>

PAYMENT REQUEST FORM
Send Original form to Accounts Payable

Print Form

☐ **Check this box to PICK UP CHECK at the CASHIER'S office at the SBS BUILDING, 2nd floor.**
Give complete address information for all payments.

Business Unit

Vendor ☐ Must use current mailing address

Employee ☐ Must use campus address

Student ☐ Must use current mailing address

?

A Payee Data Form (Form 204) must be completed by the vendor if not currently on file

Date: _____

Payable to: _____ HSU ID: _____

Address: _____

Phone # _____

Department: _____ Contact: _____ Ext: _____

Total Amount: \$ 0.00 Project Name: _____

<input type="checkbox"/> +	<input type="checkbox"/> -	Line Item Name	Amount	Account	Fund	Dept. ID#	Program	Class	Project

Explanation: _____

I hereby certify upon my knowledge that the budgeted funds are available for this expenditure, and that this expenditure is in keeping with the designated purpose of this account. By checking the HMSPF box, I further certify that, in the case of payroll advances, this pay period was calculated as above. In the case of travel, I certify that duplicate payment through other accounts has not and will not occur; I certify funds are from non-state sources and within the travel rules allowed by the funder. In the case of grants/contracts, I certify these expenditures took place within the period of performance.

Department Certification/Approved Project Signer

"One Up" Signature (if needed)

Print Name

Print Name

FOR ACCOUNTS PAYABLE USE ONLY

Payroll Schedule

All appointment and separation documents must be in Payroll by the 15th of the month in order to apply to that month's payroll. For more information concerning payroll submission, contact the Payroll Office (707) 826-3512. This information was copied from the HSU Payroll website.

Pay Period	Days	Inclusive Dates	Master & Int. Hrly. Attendance, Shift Diff. & Overtime Vouchers Due in Payroll	Student, Spec. Cons. & Sub. Faculty Vouchers Due in Payroll
June 2017	22	6/1 - 6/30	Wed, July 5	Mon, July 3
July 2017	22	7/1 - 8/1	Thurs, Aug 3	Wed, Aug 2
August 2017	22	8/2 - 8/31	Tues, Sep 5	Fri, Sep 1
September 2017	21	9/1 - 9/30	Tues, Oct 3	Mon, Oct 2
October 2017	22	10/1 - 10/31	Thurs, Nov 2	Wed, Nov 1
November 2017	22	11/01 - 11/30	Mon, Dec 4	Fri, Dec 1
December 2017	21	12/1 - 12/31	Wed, Jan 3	Tues, Jan 2
January 2018	22	1/1 - 1/30	Thurs, Feb 1	Wed, Jan 31
February 2018	21	1/31 - 2/28	Fri, Mar 2	Thurs, Mar 1
March 2018	22	3/1 - 3/31	Tues, Apr 3	Mon, Apr 2
April 2018	21	4/1 - 4/30	Wed, May 2	Tues, May 1
May 2018	22	5/1 - 5/30	Fri, Jun 1	Thurs, May 31
June 2018	22	5/31 - 6/30	Tues, Jul 3	Mon, Jul 2

Student Assistant Time Voucher

This form must be completed by the student and reviewed by the department prior to submitting to Payroll each month.

Payroll, SBS-Rm 327
Arcata, CA 95521-8299
(707) 826-3736
(707) 826-4917 FAX**PAY PERIOD:**July 01 to
August 01, 20170 7 2 0 1 7
MONTH YEAR

CMS CHART FIELD STRING

601303

ACCT. #

FUND

DEPT.

PROGRAM

CLASS

PROJECT

Employee Section:☐ Undergraduate Student ☐ Graduate Student* Number of HSU units currently
enrolled in this semester

EMPLOYEE'S LEGAL NAME - (TYPE OR PRINT CLEARLY)

LAST,

FIRST,

MIDDLE INITIAL

CONTACT
EMAILCONTACT
PHONE

EMPLOYEE IDENTIFICATION NUMBER

* Please review section 5 on page 2 for this certification

See Item 4 on page 2 for information on multiple positions..

FOR MULTIPLE POSITIONS:During this pay period have you worked in any other
paid positions for HSU, the CSU, or the State of
California? If so, specify below.☐ NO☐ YES

Other Dept 1

Other Dept 2

I CERTIFY THE FOLLOWING:

- A) I have completed and submitted the SPAR and I-9 forms prior to working these hours.
 B) I was enrolled for the required units (noted above *) as a student at Humboldt State University during the dates and hours worked below.
 C) I have worked the hours recorded below and have indicated if I worked in "multiple positions" with other departments (to the right).
 D) I understand that Federal and State taxes, if applicable, will be deducted from my warrant.
 E) My signature below indicates I have met all of these certification items.

EMPLOYEE'S SIGNATURE

DATE

	Enter Sun.	Dates Sat.	Sunday	Monday	Tuesday	Wed	Thursday	Friday	Saturday	Totals
1	06/25	07/01								
2	07/02	07/08								
3	07/09	07/15								
4	07/16	07/22								
5	07/23	07/29								
6	07/30	08/05								
Total										

Department Section:

PAY PERIOD TOTAL HOURS

X

HOURLY PAY RATE

=

PAY PERIOD GROSS EARNINGS

DEPARTMENT TO COMPLETE ALL ITEMS BELOW

Department must verify accuracy of all hourly, rate, and earnings calculations.

EMPLOYER INFORMATION

(TYPE OR PRINT CLEARLY)

DEPARTMENT'S NAME

SUPERVISOR'S NAME

DEPARTMENT ADMINISTRATOR'S NAME

ATTENDANCE CLERK'S NAME

PHONE NUMBER

FAX NUMBER

I CERTIFY: A) The hours reported above are authorized and correct. B) Any hours worked in excess of 20 hours per week by this student were worked in accordance with State Policy governing student employees. C) The work was performed satisfactorily. D) Sufficient funds are available for payment of this voucher. E) My signature authorization card is on file in the HSU Payroll Office.

SIGNATURE OF IMMEDIATE SUPERVISOR

DATE

DEPARTMENT ADMINISTRATOR'S SIGNATURE

DATE

MINUTES = TENTHS

1 - 5	.0
6 - 11	.1
12 - 17	.2
18 - 23	.3
24 - 29	.4
30 - 35	.5
36 - 41	.6
42 - 47	.7
48 - 53	.8
54 - 59	.9

Reference FMS Section 3.50

Information for Completion of Student Assistant Time Voucher

1) STUDENT EMPLOYMENT POLICY

For campus policy regarding employment as a Student Assistant employee, contact the Financial Aid Office and refer to the Humboldt State University Student Employee Personnel Policy. Copies available in the Human Resources Office, Siemens Hall(SH) 211.

2) SPAR, SOCIAL SECURITY, W-2 INFORMATION

New Student employees must complete SPAR and I-9 forms in their employing department. Payment CANNOT BE MADE until forms are on file in the Payroll & Human Resources Offices. SPAR Form should reflect PERMANENT ADDRESS as W-2 will be mailed to this address annually each January 31. You will receive only one W-2 reflecting ALL State of California Wages. **The State Controller will charge \$8.50 to process a duplicate W-2 Form!** Any employee who claims W4E status (exempt from taxes), MUST complete a SPAR Form each January or tax status will revert automatically to single zero.

To update any SPAR information, i.e. name, address, tax & marital status, birth date, social security number, ethnic identification or payroll designee, a new SPAR Form must be filed. Correcting this information on other University forms WILL NOT update information in Payroll and Human Resources.

Name shown on time voucher must be EXACTLY as shown on Social Security Card and SPAR Form or pay will be delayed. All employees must have a Social Security number to be paid by the State of California. To apply for or change a Social Security card contact the Social Security Office.

3) WARRANT MAILING, UNIVERSITY DEBTS, & SALARY ADVANCES

Salary warrants will not be mailed for employee convenience per the State Accounting Manual (SAM 8580.2). Warrants may be mailed if payday occurs during semester break, summer vacation & other approved non-recurring conditions. A mail card must be completed at the Payroll Office prior in order to have warrants mailed.

If any monies are due the University the debt(s) will be deducted & an additional \$10.00 Administration Fee will be assessed prior to mailing. (Authorized per SAM 8776.7, Education Code 89700, Title V 41800, BP 83-21).

Pay advances are granted ONLY in cases of serious, unforeseen hardship per SAM 8595. Forms to request an advance are available in the Payroll Office and must be approved by the AVP of Business Services.

4) TIME VOUCHER COMPLETION & SUBMISSION

A separate time voucher must be completed for each hourly rate, unit, department or division where work occurred. Student employees must contact each employing department to determine deadlines for submission of vouchers. Departments must submit pay vouchers & attendance reports to Payroll on Due Dates for pay to be received on a timely basis. **STATE LAW PROHIBITS ESTIMATING AND PROJECTING HOURS.**

Incomplete or erroneous vouchers will be returned to departments & may result in delayed pay.

Vouchers must be completed in ink or typed. Time vouchers must have original signatures of supervisor and administrator, FAX copies cannot be accepted or processed. A signature authorization card must be on file in Payroll for both the supervisor and administrator signing this voucher.

5) STUDENT ASSISTANT WORK WEEK

Student assistant employees may work a maximum of 20 hours per week when school is IN session & 40 hours per week when school is NOT in session. These maximums are not limited to Student Assistant hours - they apply to ALL employment paid by the State of California. The Work Week begins 12:01 a.m. Sunday and concludes 12:00 a.m. Saturday.

6) JOB INCURRED ACCIDENT OR ILLNESS

An on-the-job accident or illness MUST be reported to your supervisor immediately. The supervisor MUST submit an accident report (STD 620 Form) and Employee Claim Form (DWC1 Form) to the University Human Resources Office within 24 hours of the accident or illness.

7) PAY PERIODS, PAYDAY, PAYROLL DEADLINES

Below are the inclusive pay period dates, paydays and department dead-lines when time vouchers are due in the Payroll Office. Reference SAM 8512.

Pay warrants are available on payday at the Cashiers Office, SBS Bldg., Room 285. Student ID MUST be presented before warrant can be released.

	PAY PERIOD	INCLUSIVE DATES	DUE DATE	PAYDAY
2016	JULY	JULY 1 to AUGUST 1	AUGUST 2 by 5 PM	AUGUST 15
	AUGUST	AUGUST 2 to AUGUST 31	SEPTEMBER 1 by 5 PM	SEPTEMBER 15
	SEPTEMBER	SEPT 1 to SEPTEMBER 30	OCTOBER 3 by 5 PM	OCTOBER 14
	OCTOBER	OCTOBER 1 to OCTOBER 31	NOVEMBER 1 by 5 PM	NOVEMBER 15
	NOVEMBER	NOV 01 to NOVEMBER 30	DECEMBER 1 by 5 PM	DECEMBER 15
	DECEMBER	DEC 1 to DECEMBER 31	JANUARY 3 by 5 PM	JANUARY 13

2017	JANUARY	JANUARY 1 to JANUARY 31	FEBRUARY 1 by 5 PM	FEBRUARY 15
	FEBRUARY	FEBRUARY 1 to MARCH 1	MARCH 2 by 5 PM	MARCH 15
	MARCH	MARCH 2 to MARCH 31	APRIL 3 by 5 PM	APRIL 14
	APRIL	APRIL 1 to MAY 1	MAY 2 by 5 PM	MAY 15
	MAY	MAY 2 to MAY 31	JUNE 1 by 5 PM	JUNE 15
	JUNE	JUNE 1 to JUNE 30	JULY 3 by 5 PM	JULY 14
	JULY	JULY 1 to AUGUST 1	AUGUST 2 by 5 PM	AUGUST 15
	AUGUST	AUGUST 2 to AUGUST 31	SEPTEMBER 1 by 5 PM	SEPTEMBER 15
	SEPTEMBER	SEPT 1 to SEPTEMBER 30	OCTOBER 2 by 5 PM	OCTOBER 16
	OCTOBER	OCTOBER 1 to OCT 31	NOVEMBER 1 by 5 PM	NOVEMBER 15
	NOVEMBER	NOVEMBER 1 to NOV 30	DECEMBER 1 by 5 PM	DECEMBER 15
	DECEMBER	DEC 1 to DECEMBER 31	JANUARY 2 by 5 PM	JANUARY 16

2018	JANUARY	JANUARY 1 to JANUARY 30	JANUARY 31 by 5 PM	FEBRUARY 15
	FEBRUARY	JANUARY 31 to FEB 28	MARCH 1 by 5 PM	MARCH 15
	MARCH	MARCH 1 to MARCH 31	APRIL 2 by 5 PM	APRIL 16
	APRIL	APRIL 1 to APRIL 30	MAY 1 by 5 PM	MAY 15
	MAY	MAY 1 to MAY 30	MAY 31 by 5 PM	JUNE 15
	JUNE	MAY 31 to JUNE 30	JULY 1 by 5 PM	JULY 16
	JULY	JULY 1 to JULY 31	AUGUST 1 by 5 PM	AUGUST 15
	AUGUST	AUGUST 1 to AUG 30	AUGUST 31 by 5 PM	SEPTEMBER 14
	SEPTEMBER	AUG 31 to SEPTEMBER 30	OCTOBER 1 by 5 PM	OCTOBER 15
	OCTOBER	OCT 1 to OCTOBER 30	OCTOBER 31 by 5 PM	NOVEMBER 15
	NOVEMBER	OCTOBER 31 to NOV 29	NOVEMBER 30 by 5 PM	DECEMBER 14
	DECEMBER	NOV 30 to DECEMBER 31	JANUARY 2 by 5 PM	JANUARY 15



PURCHASE ORDER

THIS PURCHASE ORDER MUST BE PROCESSED THROUGH THE A.S. BUSINESS OFFICE

DATE: _____

Mail invoices to:
Associated Students
 Humboldt State University
 Arcata, California 95521
 (707) 826-3771

NOT VALID WITHOUT AN A.S. ISSUED PO #

NO.
<i>This number must appear on all packages, invoices, etc.</i>

Company	_____
Address	_____
City, State, Zip	_____
Phone	_____
Fax	_____

SHIP TO

Quantity	Unit	Description	Unit Price	Amount

Account	_____	Subtotal	_____
Line-Item	_____	Tax	_____
Account No.	_____	Shipping	_____
Approved By	_____	Total	=====
_____ DIRECTOR OF ACTIVITY			
_____ A.S. EXECUTIVE DIRECTOR		Copies to: A.S. Business Office, Director of Activity, HSU Shipping and Receiving	

INVALID IF NOT INVOICED WITHIN SIX (6) MONTHS

HUMBOLDT STATE UNIVERSITY

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity:

Activity Date(s) and Time(s):

Activity Location(s):

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the state of California, the Trustees of The California State University, California State University, Humboldt State University, and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the state of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____

Date: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name

REQUEST FOR AUTHORIZATION TO TRAVEL (Domestic Travel)

Campus Business Unit: (check one)

- ☐ HMCMP
☐ HMADV
☐ HMSPPF

Traveler category: (If students traveling with group, attach EO-1041)

- ☐ Faculty (attach class schedule) ☐ Group Travel (complete EO-1041)
☐ Staff/Administration ☐ Students (complete EO-1041)

☐ NEW DOCUMENT

☐ REVISED

☐ CANCEL TRAVEL

Traveler/Group Leader (print clearly):

Phone #

Traveler's Address:

HSU ID#:

Dept/Position:

Traveler's Email:

Travel Arranger's Name:

Travel Arranger's Email:

Purpose of Trip:

Destination State:

City:

Dates - From:

To:

Scheduled event begin:

Time:

Scheduled event end:

End time:

Chartfield String

Account	Fund	Dept	Program	Class	Project	Amount

Mode of transportation (check all that apply):

☐ Commercial air carrier

☐ *Rental vehicle

☐ *State vehicle

☐ *Private: complete STD 261 form

*If you will be driving, a current Defensive Driving Training certification is required to be on file. If not yet done, go to https://training.humboldt.edu/required_training.php to complete your training before obtaining an authorization to travel.

Travel Advance Requested: \$

Estimated Cost to Encumber

(Including direct bill): \$

Purpose of Advance:

Comments/Special Instructions:

For Traveler/Group Leader: By signing below, I certify that I have read and agree to follow and be bound by the HSU travel policy. If I do not complete and submit a valid travel expense claim within 30 days following the conclusion of this trip, I authorize HSU to deduct from my wages travel advances, which include the prepayment of expenses such as, but not limited to, airline tickets and registration fees. I certify that if I am driving, I have completed and am current on Defensive Driving Training certification.

(REQUIRED) Traveler's Signature:

Date:

ALL APPROVAL SIGNATURES ARE REQUIRED FOR DOMESTIC TRAVEL (as indicated below)

By signing, I certify that I have read and complied with the Approving Authority Responsibility section of the HSU travel policy and that the traveler has completed all forms required by the HSU travel policy.

Dept. Chair/Supervisor's Name (PRINT)

Signature

Date

Dean/Asst. Dean, if applicable (PRINT)

Signature

Date

Manager/Director/AVP/VP/Asst Provost/Provost (PRINT)

Signature

Date

--> Once all approval signatures have been obtained,

Send ORIGINAL to Business Services/SBS 345

Keep a COPY to take with you on your trip

Keep a COPY for your Department records

Send a COPY to Facilities Management (for HSU-originated vehicle rentals)

Travel related questions, refer to:

HSU Travel Website: www.humboldt.edu/risksafety/univtravel

HSU Travel Email: travel@humboldt.edu

REVISED: 06/24/2016

Plant Operations

Rental Vehicle Request Form

Department <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div>	Class Name <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div>	Class Number <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div>
Associated Students <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div>		

Please provide
chartfield
string.

Account

Fund

Department

Program

Class

Project

Instructor:

Advisor Signature:

Necessary if request is from auxillary organization, club, etc.

Contact Name:

Patric Esh

Phone Number:

7078264221

Fax Number:

7078263772

When scheduling, drivers should allow up to 15 minutes for preliminary check-out procedures. If vehicle is to be used on weekends, the check-out process must be completed by 5:00 pm on the preceding Friday. When form is completed, if an advisor signature is not required, you may email this form to vehicles@humboldt.edu. If a signature is required, please print the form, obtain the signature, then send via campus mail to Plant Operations, or fax to extension 5888. All requests will receive a confirmation via fax. If you cancel your plans, please let us know immediately, so that we may reschedule the vehicle for another class. Vehicles are in high demand during some weeks, so please plan ahead. We appreciate your understanding and cooperation during weeks of high activity. If you have any questions or need further information, please call Plant Operations at ext. 3646. Thank you.

Departure Date:
(mm/dd/yyyy)

6/9/16

Departure Time:
(e.g. - 1630)

9:00

Specific Destination:

Seaside, CA

Return Date:
(mm/dd/yyyy)

6/20/16

Est. Return Time:
(e.g. - 1830)

Total Count of Riders:

1

Direct Bill Number ***(Plant Operations Use Only!)***

Type of Vehicle:

Compact Car

of Vehicles:

1

Driver Contact Name:

Jonah Platt

Driver Contact Cell Phone Number :

5

3

0

5

1

8

3

8

5

7

(Area Code)

☐ Authorization to Travel form for [faculty](#) or [staff](#) is attached (for trips over 100 miles, one way).

Plant Operations Use Only

Request faxed to Enterprise:

Date

Time

Name

Request confirmed via fax:

Date

Time

Name

Request cancelled per the following:

Date

Time

Name

☐ Enterprise charges will apply.

Humboldt State Cashier's Receipting Instruction

Return of ASB Funds

Receipt to: _____
(Name or vendor on check)

Please receipt: _____ (total amount) into the following accounts:

(Description of funds)

Item Code	AS Abate:	Reference:	Amount:
	_____	_____	_____

	Account	Fund	Dept.	Program
Chartfield	250002	AS100		

Item Code	AS Abate:	Reference:	Amount:
	_____	_____	_____

	Account	Fund	Dept.	Program
Chartfield	250002	AS100		

Prepared by: _____ Department: _____ Date: _____

Approved: _____

☐ HMCMP

☐ HMADV



HUMBOLDT STATE UNIVERSITY

SIGNATURE AUTHORITY FORM

Add/Remove
Additional Page

Print Form

Please provide the requested information for all personnel authorized to expend funds. Forms must be completed and kept on file in the Procurement office. Please call our office at extension 3512 if you have any questions.

*Please send original signed and completed document to
Business Services, SBS 345.*

Department Authorizer Name	Title	
Department Authorizer who is issuing signature rights to those listed below.	Signature	Date

Fund Code	Department ID	Department Name	Inactive Date (if applicable)
Print Name		Signature	

Fund Code	Department ID	Department Name	Inactive Date (if applicable)
Print Name		Signature	

Fund Code	Department ID	Department Name	Inactive Date (if applicable)
Print Name		Signature	

Fund Code	Department ID	Department Name	Inactive Date (if applicable)
Print Name		Signature	

Fund Code	Department ID	Department Name	Inactive Date (if applicable)
Print Name		Signature	

Fund Code	Department ID	Department Name	Inactive Date (if applicable)
Print Name		Signature	

Fund Code	Department ID	Department Name	Inactive Date (if applicable)
Print Name		Signature	

Fund Code	Department ID	Department Name	Inactive Date (if applicable)
Print Name		Signature	

Fund Code	Department ID	Department Name	Inactive Date (if applicable)
Print Name		Signature	

Fund Code	Department ID	Department Name	Inactive Date (if applicable)
Print Name		Signature	

Fund Code	Department ID	Department Name	Inactive Date (if applicable)
Print Name		Signature	

Section: **Policy Statement - Fiscal**

Subject: **Social Responsibility Policy**

Purpose: It is recognized that the Associated Students may purchase merchandise from corporations and the policies of such corporations may have impact on the societies of the countries in which they do business.

New/Revised:

Council Adoption Date: December 11, 2000

The Associated Students shall make a good faith effort to invest in and/or purchase from companies that do not discriminate on the basis of race, religion, color, creed, sex or sexual orientation, or which engage in business activities with governments that discriminate. In addition, the Associated Students shall make a concerted effort to purchase only from companies whose merchandise originates from facilities with a commitment to the highest standards of business ethics, regard for human rights, and are environmentally responsible. It shall be the A. S. Council's responsibility to review individual issues and take action AS a Council on a case-by-case basis AS these issues arise.

**CSU STUDENT PAYROLL
ACTION REQUEST**

THIS IS CARBONLESS PAPER.
PRINT CLEARLY. USE BALLPOINT PEN.
See instructions on reverse of this form before completing.

OFFICE USE ONLY

A	01 AGENCY	02 UNIT	03 CLASS	04 SERIAL
----------	-----------	---------	----------	-----------

TYPE OF TRANSACTION	
B	CHECK ALL APPROPRIATE BOXES AND COMPLETE LISTED SECTIONS
A98	<input type="checkbox"/> NEW EMPLOYEE INFORMATION (C thru I, K, L)
E03	<input type="checkbox"/> WITHHOLDING ALLOWANCE CHANGE (C, H, I)
E04	<input type="checkbox"/> ADDRESS CHANGE/ADDRESS WITHHOLD DESIGNATION CHANGE (C, D, I)
E05	<input type="checkbox"/> NAME CHANGE (C, I) (ATTACH SUBSTANTIATION) NAME WAS _____
E07	<input type="checkbox"/> BIRTHDATE CHANGE (C, E, I)
105	<input type="checkbox"/> SSA NUMBER CHANGE (C, I) SSA NO. WAS _____ (ATTACH SUBSTANTIATION)
445	<input type="checkbox"/> ETHNIC CORRECTION (C, G, I)
CAMPUS USE ONLY	
<input type="checkbox"/> DESIGNEE CHANGE (C, I, K)	

C	01 SOCIAL SECURITY NUMBER	02 EMPLOYEE LAST NAME	03 FIRST AND MIDDLE NAME
D	01 EMPLOYEE ADDRESS (Street, P.O. Box or Rural Route)	02 CITY	STATE 03 ZIP CODE
E	04 ADDRESS WITHHOLD I wish to have my home address kept confidential. <input type="checkbox"/> YES <input type="checkbox"/> NO	F	G
BIRTHDATE Mo. Day Yr.	SEX M or F	ETHNIC CODE (Enter Code)	For ethnic codes, see Section G of instructions. Enter appropriate code in space at the left.

WITHHOLDING ALLOWANCE CERTIFICATE *IMPORTANT*****

Before completing Section H you must read IRS Form W-4 or W-4A and state tax Form DE-4.

H	I. FEDERAL AND STATE ALLOWANCES If no tax should be withheld, complete Part III or IV only. 01 MARITAL STATUS (Check One) FOR TAX PURPOSES ONLY <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED 02 <input type="checkbox"/> TOTAL ALLOWANCES	III. EXEMPTION FROM WITHHOLDING - Complete box 06 if you are eligible to claim exemption from withholding. No Federal or State income tax will be withheld from your wages. DO NOT COMPLETE PARTS I or II. (See General Information - fourth page.) 06 <input type="checkbox"/> I claim exemption from withholding because of no tax liability: Last year I did not owe any income tax and had a right to a full refund of ALL income tax withheld, AND this year I do not expect to owe any income tax and expect to have a right to a full refund of ALL income tax withheld. If you are not having income tax withheld this year but expect to have a tax liability next year, you must file a withholding allowance claim by December 1st of this year. This exemption will automatically expire on February 15th of next year unless you file a new certification by January 31st of next year.
II. SPECIAL TREATMENT OF STATE ALLOWANCES Complete boxes 03 thru 05 if you wish your California state withholding to be different than what you claim for federal withholding. 03 MARITAL STATUS (Check One) FOR TAX PURPOSES ONLY <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> HEAD OF HOUSEHOLD 04 <input type="checkbox"/> REGULAR ALLOWANCES 05 <input type="checkbox"/> ADDITIONAL ALLOWANCES	IV. NONTAXABLE WAGES - Complete box 07 if wages you will receive are not subject to income tax withholding. (See General Information - fourth page.) 07 <input type="checkbox"/> I claim that the wages I will be receiving from the State are either 1) MINISTER OF THE GOSPEL, or 2) NONRESIDENT, NONCITIZEN wages. Indicate reason: _____	

EMPLOYEE CERTIFICATION

I	I certify the above information is true and that I have read IRS Form W-4 or W-4A and state Form DE-4. Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify I incurred no tax liability for last year and I anticipate I will incur no liability this year. If completing Section K, I hereby revoke any previous designation. If completing Section L, I hereby subscribe to the oath of allegiance or declaration of permission to work.	SIGNATURE ▶	DATE
----------	---	----------------	------

CSU REPRESENTATIVE SIGNATURE

J	I authorize the State Controller to take the action indicated hereon and do certify that the action is appropriate. I have reviewed the completion of this document and where appropriate, witnessed the subscription to the oath of allegiance or declaration of permission to work.	SIGNATURE ▶	DATE
----------	---	----------------	------

DESIGNEE FOR STATE WARRANT(S)

K	01 DESIGNEE FIRST NAME AND INITIAL	02 LAST NAME	03 SOCIAL SECURITY NUMBER	04 AGE
05 DESIGNEE ADDRESS (Street, P.O. Box, or Rural Route)		06 CITY AND STATE	07 ZIP CODE	

OATH OF ALLEGIANCE/DECLARATION OF PERMISSION TO WORK Complete Part I or Part II

L	PART I - OATH OF ALLEGIANCE I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter. I hereby subscribe to this oath by signing in Section I above.
PART II - DECLARATION OF PERMISSION TO WORK I am a lawful permanent resident noncitizen of the United States. <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO", I hereby certify that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.	

CSU STUDENT ACTION REQUEST

STD. 457 (REV. 2/95)

GENERAL INFORMATION**PRIVACY NOTIFICATION**

The Information Practices Act of 1977 (California Civil Code § 1798.17) and the Federal Privacy Act (5 USC 552a, subd. (e)(3)) require this notice be provided when collecting personal information from individuals.

The information you are asked to provide on this form is requested by the Office of the State Controller, Personnel/Payroll Services Division. Furnishing the information requested on this form is mandatory. Noncompliance in providing your Social Security Number and name will result in refusal of employment.

Information requested on this form is used for personnel, payroll and related processing. Legal references authorizing the maintenance of this information by the State Controller's Office include: Federal Internal Revenue Code (26 USC §§ 3402(a), 6011, 6051, 6109) and the regulations thereto; federal Public Health and Welfare Code (42 USC § 403); California Government Code §§ 12470 through 12479 and 16391 through 16395; California Unemployment Insurance Code § 13020; delegated authority from the Trustees of the California State University.

Certain items of information furnished on this form may be transferred to the following governmental or private agencies where authorized by law: Trustees, The California State University, Employment Development Department, Department of Social Services, employing State agencies and campuses, Social Security Administration, Federal Internal Revenue Service, California State Franchise Tax Board, other state income tax bureaus and other governmental agencies when required by state or federal law, and organizations for which deductions are authorized by law.

Employees have the right to review their own personal information maintained by the State Controller's Office, unless access is exempted by law. Contact: Personnel/Payroll Services Division, State Controller's Office, Post Office Box 942850, Sacramento, California 94250-5878.

EMPLOYEES WITH TWO OR MORE CONCURRENT JOBS WITH THE STATE OF CALIFORNIA. The allowances you claim on this form will be used for tax withholding purposes for all wages paid under the Uniform State Payroll System. The Uniform State Payroll System includes all California State Agencies (except as noted below), and the California State Universities. It does not include the California Agricultural Associations, Legislative employees, or the Universities of California.

IF YOU DO NOT COMPLETE SECTION H. If you are new to State service and you fail to complete Section H, you will be treated (for withholding tax purposes) as a single person claiming no allowances (Sections 3402(c) and Section 3402(1) of the Internal Revenue Code).

If you are returning to State service and you fail to complete Section H and you have received within the past year, earnings paid under the Uniform State Payroll System, taxes will be withheld from your wages based on the allowances you previously claimed.

IF YOU ARE EXEMPT FROM EITHER FEDERAL OR STATE WITHHOLDING but not exempt from both, contact your personnel/payroll office for special instructions for completing Section H.

IF YOU WILL RECEIVE NONTAXABLE WAGES, please indicate the reason on your withholding claim in the space provided. The reason must be one of the following:

- "Minister of the Gospel"--employed by the State of California as a Minister of the Gospel
- "Nonresident, noncitizen per Tax Treaty"
(Indicate on claim: "Exempt per Article _____ of treaty between the United States and _____ (country).")

Tax Treaty must cite exemption from both Federal and State personal income tax to qualify for this exemption.

If you have any questions regarding your eligibility under any of the above reasons, you should contact your local Internal Revenue Service Office or the Employment Tax District Office of the Employment Development Department.

STUDENT PAYROLL ACTION REQUEST INSTRUCTIONS

Read all instructions before completing this form. Use pen and print all entries. Sign your name in Section I. Retain the 4th (Green) copy for your records. If you have questions about any item on this form, consult your personnel/payroll office.

SECTION B

Type of Transaction--Check all appropriate boxes and complete listed sections.

SECTION C

Social Security Number--Enter your number as it appears on your social security card. If you do not have a social security card, you must apply for your card through the Social Security Administration using the application for a social security number, SS-5. In the box for social security number on STD. 457 you should write "SS-5 SENT". A copy of the SS-5 form should be attached to the STD. 457. When you receive your social security number, please notify your personnel/payroll office.

Name--Enter your name as it appears on your social security card. Enter last name first. This same name must be used on all future employment documents unless formally changed by you.

Name Change--Complete a new STD. 457 in your personnel/payroll office. You must also submit a name change form (SS-5) to the Social Security Administration.

A copy of the name change form (SS-5) or the receipt issued by the Social Security Administration (SSA-5028-374) must be attached to the STD. 457.

SECTION D

Address--Enter your mailing address. This address will be used for W-2 statements and mailing of final warrants, if any. Notify your employer immediately if your address changes. Complete a new STD. 457 in your personnel/payroll office.

Address Withhold--If you wish to request confidentiality of your home address, enter an 'X' in the YES box (Section D). To request that your home address NOT be kept confidential or to cancel a previous request to have your home address kept confidential, enter an 'X' in the NO box (Section D).

SECTION E

Birthdate--Enter numerically the month, day, and year of your birth. (March 20, 1949 enter 03/20/49.)

SECTION F

Sex--Enter "M" for Male or "F" for Female.

SECTION G

Ethnic Code--Enter the code of the ethnic group with which you most closely identify yourself from the chart below. This request is consistent with U.S. Department of Labor Regulations mandated by Federal Executive Orders 11246 and 11375. This confidential information does not become part of an employee's personnel file. The employer is required to make a visual identification of those individuals who do not

complete this item.		RACE / ETHNICITY	ETHNIC CODE
RACE / ETHNICITY	ETHNIC CODE		
Mexican, Mexican-American, Chicano	A	Japanese	I
Puerto Rican	B	Chinese	J
Cuban	C	Korean	K
Any Other Spanish/Hispanic	D	Vietnamese	L
White	E	Asian Indian	M
Black	F	Cambodian	U
Filipino	G	Laotian	V
Hawaiian	P	Other Asian	S
Samoan	Q	American Indian	H
Guamanian/Chamorro	R	Eskimo	N
Other Pacific Islander	T	Aleut	O
		Other, Not Listed	X

SECTION H

Part I--Federal and State Allowances

Part II--Special Treatment of State Allowances

Part III--Exemption from Withholding

Part IV--Nontaxable Wages

Use worksheets on Internal Revenue Service Form **W-4** or **W-4A** and California Form **DE-4** to complete your withholding allowances.

See General Information above.

SECTION I

Employee Certification--You must sign your name, certifying to the accuracy of information entered on the form.

SECTION K

Designee for State Payroll Warrants (G.C. 12479)--This item must be completed by all employees. Notwithstanding any other provision of law, the person you designate, if 18 years or older, shall be entitled upon your death to receive all State warrants due you, excluding retirement benefits. Your designee must file written request for such warrants with your personnel office within 60 days after the date of your death. **NOTE:** If you make an error in designee name, you must complete a new STD. 457.

Designee Name/Age--Enter the full name (Mary Jane Smith not Mrs. Robert L. Smith). If you have no designee, enter "NONE" in K.01 and leave the remaining portion of the item blank.

Designee Social Security Number--Enter your designee's Social Security Number.

Designee Address--Enter the permanent mailing address. File a new STD 457 anytime your designee's address changes.

Designee Change--You may change or revoke your designee at any time by completing a new STD 457.

SECTION L

Oath of Allegiance or Declaration of Permission to Work--Complete Part 1 or Part 2. Every State employee, except legally employed noncitizens, must sign the Oath (Part 1). The Declaration of Permission to Work (Part 2), is required of noncitizens. If you are a nonresident, noncitizen employee and become a naturalized citizen, an oath must be signed and filed.

The Oath/Declaration must be signed before entering into employment. Payment may not be made to any CSU employee unless the employee has taken and subscribed to the Oath/Declaration.

Penalties (G.C. 3108)--"Every person who, while taking and subscribing to the Oath or affirmation required by this chapter, states as true any material matter which he/she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years."

HUMBOLDT STATE UNIVERSITY

STUDENT EMPLOYMENT – SALARY RANGES

There are three separate salary ranges that correspond to the three levels of student employee assignments. Each salary range has a minimum, midpoint and maximum rate. All students assigned to a given class must be paid between the minimum and maximum rate for that class. Student employees cannot receive rates that exceed those listed on the salary range for their designated classification. New student employees are those who are appointed to positions for the first time. Continuing employees are those who have held Student Assistant/Work-Study positions in the previous semester or are returning to a position after summer break.

HOW TO DETERMINE INITIAL PAY RATES FOR NEW STUDENT EMPLOYEES

When appointing a new student employee, the department should first decide whether the duties and responsibilities to be assigned fit in Class I, II, or III. After determining the appropriate level, the department then determines the employee's salary within the salary range for that class level.

New employees should normally be placed between the minimum and the midpoint of the range. To determine the appropriate initial salary placement, the department should consider such things as wages paid to other students for similar work, the student's special skills, and prior work-related experience. Possession of highly specialized skills or other special circumstances may qualify a student for initial placement above the midpoint.

Salary recommendations: Initial appointments normally do not exceed the mid-point of the range.

CLASS I: Under immediate supervision, performs routine tasks which can be learned relatively easily and require only nominal judgment, analytical or decision-making skills. Previous experience, specific, education or specialized skills not required.

	<u>Minimum</u>	<u>Mid-Point</u>	<u>Maximum</u>
Class I	10.00	11.20	12.35

CLASS II: Under general supervision, performs routine and non-routine tasks which require considerable on-the-job training and/or specialized skills. Frequently jobs at this level require discretion in judgment and decision-making. Previous experience, education or specialized skills may be required to perform these higher level jobs.

Class II	10.40	12.80	15.15
----------	-------	-------	-------

CLASS III: Under general supervision, performs a variety of skilled tasks requiring previous experience and/or specialized education, or performs work requiring considerable discretion in judgment and decision-making, including responsibility for coordinating the work of a group of lower level student employees.

Class III	10.80	14.30	17.78 ¹
-----------	-------	-------	--------------------

Note: All minimums and midpoints are rounded to the nearest \$.05.

¹ CSU maximum



**Associated Students of Humboldt State University
Student Travel Verification**

Instructions:

- Complete this form and submit it to your advisor for approval and signature
- Submit the original signed/authorized form to the Associated Students Business Office

A.S. Program Name: _____

Contact Person: _____

Phone: _____ Email: _____

List names of all students who will be traveling:

_____ ID# _____

_____ ID# _____

_____ ID# _____

_____ ID# _____

_____ ID# _____

_____ ID# _____

(attach an additional sheet if necessary)

Purpose of trip: _____

Destination: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Advisor's Signature: _____ Date: _____

Advisor's Phone: _____ Advisor's Email: _____

Approval: _____ Date: _____

(AS General Manager)

All documents must be submitted to the A.S. Business Office at least 5 working days prior to the date of the trip.

**ASSOCIATED STUDENTS BOARD OF FINANCE
2017-18 STANDING RULES**

PROPOSED: September 11, 2017

I. MEETINGS

- A. The Associated Students of Humboldt State University Board of Finance shall conduct its business in public meetings in accordance with the Gloria Romero Open Meeting Act of 2000.
- B. All regular meetings will convene at 3:00 p.m. as per the attached schedule unless otherwise noted.
- C. A quorum shall consist of a simple majority of the filled voting seats.
- D. A Special Meeting may occur as needed by the Board of Finance with appropriate written notice.
- E. A majority vote of the Board of Finance shall be required for approval of all allocations of Associated Students funds.
- F. Meetings will adjourn by 5:00 p.m. regardless of the completeness of the agenda, unless extended by a majority vote of the Board of Finance.
- G. All meetings of the Board of Finance shall be open and public, and all persons shall be permitted to attend any meeting, except as provided in the Gloria Romero Open Meeting Act of 2000.
- H. Public Comments (As per the Gloria Romero Open Meeting Act of 2000 authorized by Section 89306.)

Every Board of Finance agenda for regular meetings shall provide an opportunity for members of the public to directly address the Board of Finance on any item affecting higher education at the campus or statewide level, provided that no action shall be taken on any item not appearing on the agenda. However, the Board of Finance may briefly respond to statements made or questions posed by a person exercising his or her public testimony rights, may ask a question for clarification, make a brief announcement, or make a brief report on his or her own activities. The Board of Finance may also provide a reference to resources for factual information, request staff to report back to the body at a subsequent meeting concerning any matter, or request that a matter of business be placed on a future agenda.

Persons recognized by the Chair should first identify themselves by name. Time limits will be established by the Chair depending on the number of people wishing to speak and the length of the Agenda. Public comments regarding items on the agenda will be taken prior to each agenda item.

- I. All members and visitors are expected to comport themselves in accordance with the respectful attitude necessary to conduct business meetings.

II. BUSINESS

- A. All parliamentary authority for the Board of Finance shall be from Sturgis Standard Code of Parliamentary Procedure.

1. For purposes of computing a majority or two-thirds approval, only yes and no vote shall be taken into account.
- B. All New Business (funding proposals, line-item changes, etc.) shall be submitted in writing to the A. S. Board Assistant by 5:00 p.m. on the Wednesday of the academic workweek preceding the meeting it is on the agenda. The A. S. Board Assistant will distribute the proposed items to each member of the Board of Finance and the Executive Director.
- C. No action may be taken on any proposal until that issue has been publicly posted for at least 72 hours before a regular meeting.
- D. When considering an action item listed under Old Business the Board of Finance will:
 1. Receive a presentation by the author.
 2. Receive comment from members of the public.
 3. Make a motion for action.
- E. **ADOPTION**
 - A. These standing rules shall be adopted by a majority vote of the Board of Finance and will be on-going year-to-year. They may only be amended or modified by a 2/3 vote of the Board of Finance.

**Associated Students Board of Finance
2017-18
Meeting Schedule**

*Meetings of the AS Board of Finance are at **3:00 p.m.** in Nelson Hall East, Room 120 unless otherwise noted.*

FALL SEMESTER 2017

Monday, September 11, 2017

Monday, September 25, 2017

Monday, October 9, 2017

Monday, October 23, 2017

Monday, November 6, 2017

Monday, November 27, 2017

SPRING SEMESTER 2018

Monday, January 29, 2018

Monday, February 12, 2018

Thursday, February 22, 2018*

Friday, February 23, 2018

Monday, February 26, 2018

Monday, March 26, 2018

Monday, April 23, 2018

*The Board of Finance will be meeting for a full day session on February 24 for an AS Budget Hearing. The meeting will be held in Nelson Hall East, Room 106

Associated Students Board of Finance Meetings are conducted in accordance to the Gloria Romero Open Meeting Act of 2000 and are open to all students, faculty, staff, administrators, community members and other interested parties.

Section: **Policy Statement - Fiscal**

Subject: **Reserve Policy, Fund Designation and Procedure for Expenditure**

Purpose: The Associated Students (A.S) Reserve Policy and Fund Designation provides guidelines for basis of the annual review of the A.S. fiscal viability, and to provide the Board of Directors and Executive Director sufficient funds to address contingencies, emergencies and budgetary impact and at the same time to have adequate working capital to maintain programs, services, facilities, finance non-routine replacement, meet the needs of future growth, and other priorities that the A. S. Board of Directors may have that falls within the A.S. Mission.

New/Revised: September 11, 2017

A.S. Board of Directors Adoption Date: December 11, 2000

I. Fund Designation

Appropriations to Reserves - Excess revenues will be allocated annually to the following reserve areas unless specifically exempted by A. S. Board of Directors. Operating Reserve, Capital Purchase Reserve, and Special Projects & Facilities Reserve.

Background - The establishment of adequate reserve policies for CSU auxiliaries is required to meet the California State University financial standards established by the Education Code, Section 89904(b). Section 89904(b) states that auxiliaries shall implement financial standards by the establishment of reserve funds for current operation, capital replacement, and new ventures so as to assure fiscal viability.

Operating Reserve is the “savings account” of the Associated Students used to address contingencies, emergencies, budgetary impacts such as an unanticipated shortfall in projected enrollment, and other non-routine expenditures.

Sources of Funds for Operating Reserve - 80% of the current year excess revenue will be placed annually in the operating reserve.

Capital Purchases Reserve. This reserve is established to replace capital inventory as needed. It may also be used to make new acquisitions when deemed appropriate.

Source of Funds for Capital Purchases Reserve - 10% of the current year excess revenue will be placed annually in the capital purchase reserve.

Special Projects & Facilities Reserve. This reserve shall be used for the maintenance and improvement of existing facilities or the construction of new facilities.

Source of Funds for Special Project and Facilities Reserve - 10% of the prior year's fund balance will be placed annually in the special projects and facilities reserve.

The maximum amount which should be retained for on-campus reserves combined is up to 30% of current year expenditures.

II. Procedure for the Expenditure of A.S. Reserves

Requests for funds shall be made in writing and shall at a minimum include the following information:

1. Program requesting funds;
2. Complete description of project of item(s) to be purchased;
3. Justification for Associated Students funding (how will students benefit from this expenditure); and
4. Other sources of funding explored and outcome of inquiry.

Each request must be provided to the Administrative Vice President so that the request may be introduced at the next meeting of the Board of Finance.

As the following meeting of the Board of Finance, the request will be considered under old business. A simple majority of committee members may approve the proposal for recommendation to the A.S. Board of Directors.

The Board of Finance shall review all requests for expenditures.

A majority vote of the A.S Board of Directors shall be required for approval of all allocations of Associated Students funds.

Allocations from any of the reserves also require the approval of the University President (or designee).

The Associated Students of Humboldt State University also seeks to invest reserve funds and any excess funds with the objective of 100% preservation of capital at as high a yield as possible.

Should an emergency arise or an unscheduled need to make a routine maintenance repair exist, standard expenditure procedures shall be waived and the Executive Director shall be authorized to commit up to \$5,000 from the appropriate reserve. Should an emergency exist and a sum greater than \$5,000 be required, the consent from either the A.S. President, or A.S. Administrative Vice President shall suffice. Should the Executive Director be unable to obtain the required consent, they may commit the required amount of funds to resolve the problem. In all cases, the A.S. Board of Directors shall be notified of the expenditure as soon as possible but not later than their next regularly scheduled meeting.



A.S. PROGRAM DISCRETIONARY FUND REQUEST FORM
(Hand-written submissions will not be accepted)

Name of A.S. Program: Earth Week Planning Committee
Contact Person: Madi Whaley
Phone: (916) 801-7096 **Email:** mcw303@humboldt.edu

I. GENERAL NARRATIVE

Complete Description of Project or Item(s) To Be Purchased:

Prizes for (Spring 2017) Earth Week Raffle- late reimbursement

Justification for A.S. Funding (How Will Students Benefit From This Expenditure?)

Organizing this raffle was a great help in ensuring attendance at our Earth Week Keynote Dinner Celebration- we had a full room in attendance, and it increased student participation in other events throughout the week as well. This means that a great number of students benefitted from workshops that expanded our views of sustainability and environmental justice, networked among one another and among clubs and organizations involved in sustainability initiatives on campus, and were empowered to participate in organizations involved in sustainability initiatives on campus, and were empowered to participate in action-oriented, or hands-on sustainability endeavours (i.e. creative reuse, calling lawmakers

How Has The Program Explored Environmentally/Socially Responsible Purchase Options?

The options were purchased with concepts of reuse and local economy in mind

II. REQUEST FOR DISCRETIONARY FUNDS BUDGET JUSTIFICATIONS

Please provide a detailed description for each expenditure item. Include how you arrived at specific figures and/or how you plan to spend this money.

Line Item 1: Raffle Prizes Amount: \$ 75.00

Explanation:

Line Item 2: _____ Amount: _____

Explanation:

Line Item 3: _____ Amount: _____

Explanation:

Line Item 4: _____ Amount: _____

Explanation:

Line Item 5: _____ Amount: _____

Explanation:

Line Item 6: _____ Amount: _____

Explanation:

III. INCOME AND EXPENDITURES

INCOME: List A.S. subsidy requested and other approved sources of income.

<u>Approved Funding Source</u>	<u>Amount:</u>
1. <u>Requested A.S. Funds</u>	<u>\$ 75.00</u>
2. _____	_____
3. _____	_____
Total Income:	<u>\$ 75.00</u>

INCOME: List potential sources of income.

<u>Potential Funding Source:</u>	<u>Amount:</u>	<u>Outcome:</u>
1. _____	_____	Pending
2. _____	_____	Pending
3. _____	_____	Pending
Total Income:	<u>\$ 0.00</u>	

Expenditures.

1. <u>Raffle Prizes</u>	<u>\$ 75.00</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
Total Expenditures:	<u>\$ 75.00</u>

IV. REVIEWED BY:

<u>Denise Lund</u>	<u>Jenessa Lund</u>	<u>9/7/17</u>
Program Advisor Name	Signature	Date
<u>Madison Whaley</u>	<u>Madison Whaley</u>	<u>9/6/17</u>
Budget Administrator Name	Signature	Date