

**ASSOCIATED STUDENTS**

**HUMBOLDT STATE UNIVERSITY**



*Associated Students*

---

**2016-2017 Budget  
Policies and Procedures**

# **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 part of, the institutional educational program.

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**ASSOCIATED STUDENTS OF HUMBOLDT STATE UNIVERSITY  
2016-17 FISCAL YEAR RECOMMENDED BUDGET**

| #  | PROGRAM NAME   | Approved<br>2015-16 | Request<br>2016-17 | Recommend<br>2016-17 |
|----|--|---------------------|--------------------|----------------------|
| 1  | A.S. EXTERNAL AFFAIRS                                | 18,880              | 19,830             | 19,830               |
| 2  | A.S. GENERAL OPERATIONS                              | 241,600             | 214,000            | 214,000              |
| 3  | A. S. GOVERNMENT                                     | 101,325             | 127,175            | 129,975              |
| 4  | A.S. INSURANCE                                       | 8,000               | 8,500              | 8,500                |
| 5  | A.S. PRESENTS  | 106,425             | 126,425            | 126,425              |
| 6  | A.S. PROGRAMMING GRANTS                              | 55,000              | 55,000             | 58,000               |
| 7  | CAMPUS CENTER APPROPRIATE TECH. (CCAT)               | 55,670              | 55,670             | 55,670               |
| 8  | CHILDRENS CENTER                                     | 43,495              | 45,130             | 45,130               |
| 9  | CLUB AND PROGRAM SUPPORT                             | 30,800              | 40,250             | 39,370               |
| 10 | DROP IN RECREATION                                   | 28,435              | 32,040             | 32,040               |
| 11 | ERIC ROFES QUEER RESOURCE CENTER                     | 10,210              | 16,340             | 15,710               |
| 12 | GRADUATE PLEDGE ALLIANCE                             | 4,435               | 4,435              | 0                    |
| 13 | HUMBOLDT FILM FESTIVAL                               | 10,370              | 10,500             | 10,500               |
| 14 | LEARNING CENTER TUTORIAL PROGRAM                     | 19,115              | 23,315             | 23,315               |
| 15 | MARCHING LUMBERJACKS                                 | 5,800               | 5,800              | 5,800                |
| 16 | MULTICULTURAL CENTER (MCC)                           | 42,440              | 45,740             | 41,540               |
| 17 | OH SNAP! CAMPUS FOOD PROGRAM                         | 5,000               | 10,000             | 13,535               |
| 18 | SPORTS CLUBS   | 30,775              | 30,775             | 30,775               |
| 19 | STUDENT ACCESS GALLERY                               | 11,025              | 11,125             | 11,125               |
| 20 | WASTE REDUCTION RESOURCE AWARE (WRRAP)               | 35,320              | 35,490             | 35,490               |
| 21 | WOMEN'S RESOURCE CENTER                              | 27,530              | 27,845             | 27,845               |
| 22 | YOUTH EDUCATIONAL SERVICES (YES)                     | 66,003              | 68,975             | 66,005               |
| 23 | STUDENT ENGAGEMENT AND LEADERSHIP                    | 5,000               | 5,000              | 5,000                |
| 24 | COMPUTER EQUIPMENT REPLACEMENT                       | 3,500               | 3,500              | 3,500                |
| 25 | AS CAMPUS/COMMUNITY SERVICE SCHOLARSHIP              | 10,000              | 0                  | 0                    |
| 26 | UNALLOCATED  | 10,847              | 13,320             | 13,420               |
|    | <b>TOTAL BUDGET</b>                                  | <b>\$987,000</b>    | <b>\$1,036,180</b> | <b>\$ 1,032,500</b>  |
|    | <b>TOTAL REVENUE (FEES &amp; RESERVE ALLOCATION)</b> | <b>\$0</b>          | <b>\$994,000</b>   | <b>\$ 1,032,500</b>  |
|    | <b>REVENUE OVER EXPENDITURES</b>                     | <b>\$0</b>          | <b>-\$42,180</b>   | <b>\$0</b>           |

**AS FEE REVENUE ASSUMPTIONS PROVIDED BY UNIVERSITY BUDGET OFFICE**

|  | Fall      | Spring    | Annual Total |
|--|-----------|-----------|--------------|
| 2016-17 Enrollment Forecast                |           |           |              |
| Headcount                                  | 8,860     | 8,285     | 8,573        |
| Revenue Budget                             | \$518,000 | \$476,000 | \$994,000    |
| Allocation from General Operation Reserves |           |           | \$35,000     |
| Allocation from Capital Purchase Reserves  |           |           | \$3,500      |
| Total                                      |           |           | \$1,032,500  |
| AS Fee Per Student                         | \$59      | \$58      | \$117        |



**ASSOCIATED STUDENTS  
HUMBOLDT STATE UNIVERSITY**

**2016-17 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 that 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 Board of Finance action.
4. If the Board of Finance encounters a program that chooses not to comply with the policy enumerated in this document, the 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 to not comply with the policy, the 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, Hold-Harmless and Informed Consent" statement prior to participating in a CSU-affiliated program which requires air and/or ground transportation. Anyone traveling by air and/or ground transportation on behalf of an Associated Students program must have a completed "Release and Hold Harmless Statement" on file with the Associated Students Business Office or designee.
7. PRIVATE VEHICLES. Anyone traveling on behalf of an Associated Students program must have a completed "An authorization to Use Private Vehicles" for Associated Students approved travel. Authorization forms are kept on file with the Associated Students Business Office or designee.
8. Any promotional materials, print, email, listserv—printed or sent out, needs the AS logo 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.

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 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  
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 Semester publication(s): No later than Monday, December 5, 2016  
Spring Semester publications(s): No later than Monday, May 1, 2017

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

11. Expenditure of Associated Students funds within line-items of programs as allocated by the A.S. Council will be strictly adhered to. Transfers of funds between line-items must be requested in writing and approved by the A.S. Administrative Vice President and General Manager. Transfers over \$200 must also be approved by the Board of Finance. YES, Multicultural Center is examples of programs. Hourly/Work study, Special Projects, Supplies and Services, Publicity are examples of line-items. Exceptions to this budget language can be granted by the General Manager at the end of the Spring semester if the Board of Finance has no more scheduled meetings.
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 Board of Finance.
- a. Program Director \$2,550 (\$1,275 per semester)



A program director is generally the student that 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 director's 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 per year amounts, payable half each semester unless otherwise approved by the AS General Manager.

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

14. A.S. CLUB AND PROGRAM 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 A.S. Club and Program, Cultural Programming, Special Projects, and Special Projects-In House grants shall be free.
- d. A.S. Club and Program grants shall be administered by the Clubs Office; Cultural Programming Grants shall be administered by the MCC.
- e. Equal funding per semester shall be made available to recognized clubs and A.S. programs. 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 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 Board of Finance.
- 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. Vice President Student Affairs, 2 students recommended by the MCC appointed by the A.S., and 1 student recommended by the Clubs Office appointed by the A.S. Vice Chair shall be a student selected by the board.
- l. Non-voting advisors to the committee shall be the MCC Director and the Club Coordinator.
- m. At least 3 student committee members must be present at a meeting to conduct business.
- n. In the event the A. S. Council has not had the opportunity to approve members of the funding committee, or the funding committee has not been formed, exceptions can be made to expend funds with a written request from the advisor. Request shall be reviewed by the A.S. President (or the Administrative Vice President if 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 PURCHASE STIPULATIONS:

FOOD PURCHASES UP TO \$200: Clubs and Programs that receive funds an A.S. Club or Program Grant, Cultural Programming Grant, Special Projects, and/or Special Projects-In House may spend up to \$200 for refreshments for that event.

FOOD PURCHASES UP TO \$300: Clubs and Programs that receive a Cultural Programming Grant, may spend up to \$300 for food for that event. 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 – The Associated Students is committed to making environmentally and socially responsible purchases with Associated Students 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 Associated Students 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.



1 A.S. EXTERNAL AFFAIRS

| <b>A. S. SUBSIDY</b>                   | <b>19,830</b> | <b>Account Number</b> |
|--|---------------|-----------------------|
| <b>EXPENDITURES</b>                    |               |                       |
| NON-COMPENSATORY STIPEND-REIMBURSEMENT | 2,155         | 5104-4703             |
| COMMUNICATIONS                         | 375           | 5104-4711             |
| TRAVEL AND CONFERENCE                  | 9,500         | 5104-4713             |
| SUPPLIES AND SERVICES                  | 300           | 5104-4716             |
| ADDITIONAL ACTIVITIES                  | 6,500         | 5104-4726             |
| LOBBY CORPS                            | 1,000         | 5104-4726             |
| CSSA MEMBERSHIP                        | 0             | 5104-4787             |
| <b>TOTAL EXPENDITURES</b>              | <b>19,830</b> |                       |

*BUDGET LANGUAGE - A.S. EXTERNAL AFFAIRS*

- 1 STIPEND SHALL BE AWARDED AS FOLLOWS: ONE REPRESENTATIVE AT \$2,155.
- 2 STIPEND AWARD CRITERIA: SEE ITEM NO. 13 IN THE GENERAL BUDGET LANGUAGE.
- 3 TRAVEL AND CONFERENCE INCLUDES FUNDS FOR REPRESENTATIVE TO TRAVEL TO ELEVEN CSSA PLENARY MEETINGS. COSTS ASSOCIATED WITH NEW BOARD MEMBER TO ATTEND THE TRANSITION MEETING IN JUNE SHALL BE PAID FROM THE ADDITIONAL ACTIVITIES ACCOUNT.
- 4 ADDITIONAL ACTIVITIES FUNDING HAS BEEN PROVIDED FOR THE TRAVEL AND PARTICIPATION FOR STUDENTS TO ATTEND THE "CHESS" CONFERENCE. REMAINING ADDITIONAL ACTIVITIES 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.
- 5 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 HSU AND HSU ASSOCIATED STUDENTS WHEN LEGISLATURE IS IN SESSION.

2 A. S. GENERAL OPERATIONS

**REVENUES**

| <b>A. S. SUBSIDY</b>                    | <b>214,000</b> | <b>Account Number</b> |
|---|----------------|-----------------------|
| MISCELLANEOUS                           | 3,000          | 5100-3706             |
| INTEREST INCOME                         | 4,000          | 5100-3708             |
| LUMBERJACK NEWSPAPER ADMINISTRATIVE FEE | 4,000          | 5100-3714             |
| IRA ADMINISTRATIVE FEE                  | 42,320         | 5100-3717             |
| <b>TOTAL REVENUE</b>                    | <b>267,320</b> |                       |

**EXPENDITURES**

|  |                |           |
|--|----------------|-----------|
| SALARY WAGES                                       | 72,000         | 5100-XXXX |
| PAYROLL TAXES AND BENEFITS                         | 34,500         | 5100-XXXX |
| ADMIN., BUSINESS SERVICE FEE-PAYMENT PER AGREEMENT | 0              | 5100-4702 |
| UC/AS BUSINESS SERVICES FEE                        | 115,220        | 5100-4703 |
| SERVICES PROVIDED BY HSU                           | 23,000         |           |
| COMMUNICATION                                      | 1,000          | 5100-4711 |
| TRAVEL AND CONFERENCE                              | 2,500          | 5100-4713 |
| SUPPLIES AND SERVICES                              | 8,500          | 5100-4716 |
| AUDITS   | 8,000          | 5100-4718 |
| FACILITIES MAINTENANCE                             | 1,500          | 5100-4735 |
| PROFESSIONAL ORGANIZATION DUES                     | 1,100          | 5100-4787 |
| <b>TOTAL EXPENDITURES</b>                          | <b>267,320</b> |           |

**3 A.S GOVERNMENT**

| <b>A. S. SUBSIDY</b>                     | <b>129,975</b> | <b>Account Number</b> |
|--|----------------|-----------------------|
| <b>EXPENDITURES</b>                      |                |                       |
| HOURLY/WORKSTUDY WAGES                   | 6,000          | 5102-4112             |
| NON-COMPENSATORY STIPEND-REIMBURSEMENT   | 35,975         | 5102-4703             |
| PAYROLL TAXES                            | 27,800         | 5102-xxxx             |
| A.S. COUNCIL STAFF-PAYMENT PER AGREEMENT | 28,600         | 5102-4702             |
| COMMUNICATIONS                           | 1,750          | 5102-4711             |
| PUBLICITY                                | 5,000          | 5102-4712             |
| TRAVEL AND CONFERENCE                    | 6,200          | 5102-4713             |
| SUPPLIES AND SERVICES                    | 4,450          | 5102-4716             |
| RETREAT AND COUNCIL DEVELOPMENT          | 2,500          | 5102-4753             |
| SPECIAL PROJECTS                         | 4,200          | 5102-4754             |
| ELECTIONS                                | 6,500          | 5102-4755             |
| STUDY LOUNGE                             | 1,000          | 5102-4756             |
| <b>TOTAL EXPENDITURES</b>                | <b>129,975</b> |                       |

**BUDGET LANGUAGE - A. S. GOVERNMENT**

- 1 STIPENDS SHALL BE AWARDED AS FOLLOWS: PRESIDENT, \$6,830; LEGISLATIVE VICE PRESIDENT, ADMINISTRATIVE VICE PRESIDENT, AND STUDENT AFFAIRS VICE PRESIDENT, \$2,155 EACH; ELECTIONS COMMISSIONER, \$1,080 (SPRING SEMESTER ONLY); AND A.S. COUNCIL MEMBERS, \$1,800 EACH.
- 2 STIPEND AWARD CRITERIA: SEE ITEM NO. 13 IN THE GENERAL BUDGET LANGUAGE.
- 3 HOURLY WAGES INCLUDES FUNDING FOR AN OFFICE ASSISTANT (\$2,000), A MARKETING/PUBLIC RELATIONS ASSISTANT (\$2,000) AND OUTREACH ASSISTANT (\$2,000).
- 4 SPECIAL PROJECTS DIVIDED AS FOLLOWS: PRESIDENT, \$250, STUDENT AFFAIRS V. P., \$200, AND LEGISLATIVE V. P., \$150. A SUM OF \$600 HAS BEEN ALLOCATED FOR COUNCIL MEMBER SPECIAL PROJECTS (\$50 FOR EACH OF THE 12 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.
- 5 ADMINISTRATIVE VICE PRESIDENT SHALL COORDINATE PURCHASE AS COUNCIL T-SHIRTS BY SEPTEMBER 15, 2016.
- 6 THE GRADUATE PLEDGE ALLIANCE PROGRAM SUPPORT AND RESPONSIBILITIES HAVE BEEN RE-DIRECTED AND ASSIGNED TO THE AS GOVERNMENT BUDGET TO BE OVERSEEN BY THE AS STUDENT AFFAIRS VICE PRESIDENT WITH HELP FROM THE OUTREACH ASSISTANT.
- 7 STUDY LOUNGE FUNDS HAVE BEEN ALLOCATED FOR AT LEAST TWO STUDY OUNGES TO BE COORDINATED BY THE AS STUDENT AFFAIRS VICE PRESIDENT.

**4 A.S. INSURANCE**

| <b>A.S. SUBSIDY</b>         | <b>8,500</b> | <b>Account Number</b> |
|-----------------------------|--------------|-----------------------|
| <b>EXPENDITURES</b>         |              |                       |
| GENERAL LIABILITY INSURANCE | 7,450        | 5121-4719             |
| STUDENT TRAVEL INSURANCE    | 1,050        | 5121-4724             |
| <b>TOTAL EXPENDITURES</b>   | <b>8,500</b> |                       |

5 A.S. PRESENTS

**REVENUES**

|                      |                |                       |
|----------------------|----------------|-----------------------|
| <b>A. S. SUBSIDY</b> | <b>126,425</b> | <b>Account Number</b> |
| GATE                 | 85,000         | 5134-3716             |
| <b>TOTAL REVENUE</b> | <b>211,425</b> |                       |

**EXPENDITURES**

|  |                |           |
|--|----------------|-----------|
| NON-COMPENSATORY STIPEND-REIMBURSEMENT | 2,155          | 5134-4703 |
| SPECIAL EVENTS/ ARTIST FEES            | 82,750         | 5134-4202 |
| ADMIN. SUPPORT-PAYMENT PER AGREEMENT   | 20,000         | 5134-4702 |
| HOURLY/ WORKSTUDY WAGES-REIMBURSEMENT  | 41,520         | 5134-4703 |
| SUPPLIES AND SERVICES                  | 35,000         | 5134-4716 |
| LECTURE SERIES                         | 30,000         | 5134-4202 |
| <b>TOTAL EXPENDITURES</b>              | <b>211,425</b> |           |

*BUDGET LANGUAGE - A.S. PRESENTS*

- 1 STIPEND SHALL BE AWARDED AS FOLLOWS: ONE REPRESENTATIVE AT \$2,155.
- 2 STIPEND AWARD CRITERIA: SEE ITEM NO. 13 IN THE GENERAL BUDGET LANGUAGE.
- 3 LECTURE SERIES; \$30,000 SHALL BE EARMARKED FOR LECTURE SERIES EVENTS.

6 A.S. PROGRAM GRANTS

|                     |               |                       |
|---------------------|---------------|-----------------------|
| <b>A.S. SUBSIDY</b> | <b>58,000</b> | <b>Account Number</b> |
|---------------------|---------------|-----------------------|

**EXPENDITURES**

|                                      |               |           |
|--------------------------------------|---------------|-----------|
| CLUB AND A.S.PROGRAM ACTIVITY GRANTS | 27,000        | 5122-4728 |
| CULTURAL PROGRAMMING GRANTS          | 31,000        | 5122-4754 |
| <b>TOTAL EXPENDITURES</b>            | <b>58,000</b> |           |

*BUDGET LANGUAGE - A.S. PROGRAM GRANTS*

- 1 CLUB AND A.S. PROGRAM GRANTS UP TO \$2,200 ARE AVAILABLE FOR ON-CAMPUS EVENTS (1 HARPST STREET) THAT WILL BENEFIT THE ENTIRE HSU COMMUNITY.
- 2 CULTURAL PROGRAMMING GRANTS UP TO \$3,000 ARE AVAILABLE FOR CLUBS AND A.S. PROGRAMS FOR ON-CAMPUS EVENTS (1 HARPST STREET) THAT WILL BENEFIT THE HSU COMMUNITY AND THAT PROMOTE SOCIAL JUSTICE, EDUCATE AND RAISE AWARENESS OF CULTURAL DIVERSITY, EQUITY, CULTURAL CELEBRATIONS AND TRADITIONS.
- 3 A.S. PROGRAM GRANT STIPULATIONS: SEE ITEM NO. 14 IN THE GENERAL BUDGET LANGUAGE.
- 4 FOOD STIPULATIONS: SEE ITEM NO. 15 IN THE GENERAL BUDGET LANGUAGE.



**7 CAMPUS CENTER APPROPRIATE TECHNOLOGY (CCAT)**

**REVENUES**

**A. S. SUBSIDY** **55,670** **Account Number**

**EXPENDITURES**

|                           |               |           |
|---------------------------|---------------|-----------|
| HOURLY/WORK STUDY WAGES   | 42,770        | 5106-4112 |
| PAYROLL TAXES             | 2,140         | 5106-xxxx |
| SUPPLIES AND SERVICES     | 4,360         | 5106-4716 |
| RETREAT                   | 400           | 5106-4753 |
| SPECIAL PROJECTS          | 6,000         | 5106-4754 |
| <b>TOTAL EXPENDITURES</b> | <b>55,670</b> |           |

*BUDGET LANGUAGE - CCAT*

- 1 CCAT WEBMASTER POSITION SHALL WORK WITH THE ASSOCIATED STUDENTS GENERAL MANAGER TO CONVERT THE CCAT WEBSITE TO AN HSU DOMAIN.

**8 CHILDREN'S CENTER**

**A. S. SUBSIDY** **45,130** **Account Number**

**EXPENDITURES**

|  |               |                |
|--|---------------|----------------|
| HOURLY/WORKSTUDY WAGES-PAYMENT PER AGREEMENT | 45,130        | Not Applicable |
| <b>TOTAL EXPENDITURES</b>                    | <b>45,130</b> |                |

**9 CLUB AND PROGRAM SUPPORT**

**A. S. SUBSIDY** **39,370** **Account Number**

**EXPENDITURES**

|                                    |               |           |
|------------------------------------|---------------|-----------|
| HOURLY/WORK STUDY WAGES            | 4,160         | 5108-4112 |
| PAYROLL TAXES                      | 210           | 5108-XXXX |
| PUBLICITY                          | 0             | 5108-4712 |
| TRAVEL AND CONFERENCE              | 25,000        | 5108-4713 |
| SUPPLIES AND SERVICES              | 3,000         | 5108-4716 |
| SPECIAL PROJECTS                   | 500           | 5108-4754 |
| SPECIAL PROJECTS-EVENT PROGRAMMING | 6,500         | 5108-4754 |
| <b>TOTAL EXPENDITURES</b>          | <b>39,370</b> |           |

*BUDGET LANGUAGE - CLUB & PROGRAM SUPPORT*

- 1 HOURLY/WORKSTUDY WAGES SHALL BE USED TO SUPPORT STUDENT PROGRAMMER WAGES PAID BY THE ASSOCIATED STUDENTS AT \$10 HOUR.
- 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.
- 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: SEE ITEM NO. 14 IN THE GENERAL BUDGET LANGUAGE.
- 5 FOOD STIPULATIONS: SEE ITEM NO. 15 IN THE GENERAL BUDGET LANGUAGE.

**10 DROP-IN RECREATION**

|   |               |                       |
|---|---------------|-----------------------|
| <b>A. S. SUBSIDY</b>                      | <b>32,040</b> | <b>Account Number</b> |
| <b>EXPENDITURES</b>                       |               |                       |
| HOURLY/WORKSTUDY WAGES GYM-REIMBURSEMENT  | 3,200         | Not Applicable        |
| HOURLY/WORKSTUDY WAGES POOL-REIMBURSEMENT | 28,840        |                       |
| <b>TOTAL EXPENDITURES</b>                 | <b>32,040</b> |                       |

**11 ERIC ROFES MULTICULTURAL QUEER RESOURCE CENTER**

|                           |               |                       |
|---------------------------|---------------|-----------------------|
| <b>A. S. SUBSIDY</b>      | <b>15,710</b> | <b>Account Number</b> |
| <b>EXPENDITURES</b>       |               |                       |
| HOURLY/ WORKSTUDY WAGES   | 10,200        | 5136-4112             |
| PAYROLL TAXES             | 510           | 5136-xxxx             |
| SUPPLIES & SERVICES       | 2,000         | 5136-4716             |
| SPECIAL PROJECTS-IN HOUSE | 3,000         | 5136-4728             |
| <b>TOTAL EXPENDITURES</b> | <b>15,710</b> |                       |

*BUDGET LANGUAGE - ERIC ROFES MULTICULTURAL QUEER RESOURCE CENTER*

- 1 DIRECTORS (PAID HOURLY) SHALL BE PAID AS FOLLOWS: VOL. & OUTREACH CO-DIRECTOR, \$2,550; EVENTS CO-DIRECTOR, \$2,550; AND RESOURCE & PUBLICITY CO-DIRECTOR, \$2,550. THESE ARE PER YEAR AMOUNTS PAYABLE HALF EACH SEMESTER.*
- 2 HOURLY WAGES SHALL ALSO BE USED TO FUND A FISCAL/OFFICE MANAGER, \$2,550.*
- 3 SPECIAL PROJECTS: SEE ITEM NO. 14 IN THE GENERAL BUDGET LANGUAGE.*
- 4 FOOD STIPULATIONS: SEE ITEM NO. 15 IN THE GENERAL BUDGET LANGUAGE.*

**12 GRADUATE PLEDGE ALLIANCE (GPA)**

|                           |          |                       |
|---------------------------|----------|-----------------------|
| <b>A. S. SUBSIDY</b>      | <b>0</b> | <b>Account Number</b> |
| <b>EXPENDITURES</b>       |          |                       |
| HOURLY/ WORKSTUDY WAGES   | 0        | 5133-4112             |
| PAYROLL TAXES             | 0        | 5133-xxxx             |
| SUPPLIES AND SERVICES     | 0        | 5133-4716             |
| RETREAT                   | 0        | 5133-4753             |
| <b>TOTAL EXPENDITURES</b> | <b>0</b> |                       |

*BUDGET LANGUAGE - GRADUATE PLEDGE ALLIANCE*

- 1 THE GRADUATE PLEDGE ALLIANCE PROGRAM SUPPORT AND RESPONSIBILITIES HAVE BEEN RE-DIRECTED AND ASSIGNED TO THE AS GOVERNMENT BUDGET TO BE OVERSEEN BY THE AS STUDENT AFFAIRS VICE PRESIDENT WITH HELP FROM THE OUTREACH ASSISTANT.*

**13 HUMBOLDT FILM FESTIVAL**

REVENUES

|                      |               |                       |
|----------------------|---------------|-----------------------|
| <b>A. S. SUBSIDY</b> | <b>10,500</b> | <b>Account Number</b> |
| FUNDRAISER           | 0             | 5112-3702             |
| ENTRY FEES           | 1,800         | 5112-3703             |
| FESTIVAL ATTENDANCE  | 2,000         | 5112-3716             |
| <b>TOTAL REVENUE</b> | <b>14,300</b> |                       |

**EXPENDITURES**

|  |               |                |
|--|---------------|----------------|
| HOURLY/WORKSTUDY WAGES-PAYMENT PER AGREEMENT | 5,850         | Not Applicable |
| PUBLICITY                                    | 2,200         | 5112-4712      |
| SUPPLIES AND SERVICES                        | 500           | 5112-4716      |
| FUNDRAISERS                                  | 0             | 5112-4738      |
| AWARDS                                       | 2,750         | 5112-4760      |
| JUDGES HONORARIUMS                           | 0             | 5112-4763      |
| JUDGES MISCELLANEOUS                         | 3,000         | 5112-4763      |
| <b>TOTAL EXPENDITURES</b>                    | <b>14,300</b> |                |

*BUDGET LANGUAGE - HUMBOLDT FILM FESTIVAL*

- 1 DIRECTORS (PAID HOURLY) SHALL BE PAID AS FOLLOWS: THREE CO-DIRECTORS, \$1,950 EACH. THESE ARE PER YEAR AMOUNTS, PAYABLE HALF EACH SEMESTER.*
- 2 ALL EVENTS SHALL BE HELD ON CAMPUS (1 HARPST STREET). EXCEPTIONS CAN BE MADE WITH APPROVAL OF THE A.S. GENERAL MANAGER.*
- 3 JUDGES MISCELLANEOUS INCLUDE TRAVEL COSTS, LODGING, MEALS, WORKSHOP SUPPLIES AND FESTIVAL EQUIPMENT RENTAL.*

**14 LEARNING CENTER TUTORIAL PROGRAM**

|   |               |                       |
|---|---------------|-----------------------|
| <b>A. S. SUBSIDY</b>                          | <b>23,315</b> | <b>Account Number</b> |
| <b>EXPENDITURES</b>                           |               |                       |
| HOURLY/WORKSTUDY WAGES -PAYMENT PER AGREEMENT | 23,315        | Not Applicable        |
| <b>TOTAL EXPENDITURES</b>                     | <b>23,315</b> |                       |

*BUDGET LANGUAGE - LEARNING CENTER TUTORIAL PROGRAM*

- 1 FUNDS USED TO REIMBURSE LEARNING CENTER FOR SMALL GROUP TUTORS AND DROP-IN TUTORS.*

**15 MARCHING LUMBERJACKS**

|                           |              |                       |
|---------------------------|--------------|-----------------------|
| <b>A. S. SUBSIDY</b>      | <b>5,800</b> | <b>Account Number</b> |
| <b>EXPENDITURES</b>       |              |                       |
| EQUIPMENT & MAINTENANCE   | 4,000        | 5116-4715             |
| SUPPLIES AND SERVICES     | 1,800        | 5116-4716             |
| <b>TOTAL EXPENDITURES</b> | <b>5,800</b> |                       |

**16 MULTICULTURAL CENTER (MCC)**

|  |               |                       |
|--|---------------|-----------------------|
| <b>A. S. SUBSIDY</b>                           | <b>41,540</b> | <b>Account Number</b> |
| <b>EXPENDITURES</b>                            |               |                       |
| HOURLY/WORKSTUDY WAGES - PAYMENT PER AGREEMENT | 27,490        | Not Applicable        |
| PUBLICITY                                      | 1,000         | 5130-4712             |
| MCC BROCHURE                                   | 500           | 5130-4752             |
| SUPPLIES AND SERVICES                          | 3,050         | 5130-4716             |
| PUBLICATIONS - CULTURAL TIMES                  | 1,500         | 5130-4727             |
| SPECIAL PROJECTS - IN HOUSE                    | 2,400         | 5130-4728             |
| SPECIAL PROJECT - SOCIAL JUSTICE SUMMIT        | 4,000         | 5130-4728             |
| RETREAT  | 1,000         | 5130-4753             |
| STUDY LOUNGE                                   | 600           | 5130-4756             |
| <b>TOTAL EXPENDITURES</b>                      | <b>41,540</b> |                       |

**BUDGET LANGUAGE - MULTICULTURAL CENTER**

- 1 DIRECTORS SHALL BE PAID AS FOLLOWS: TWO SOCIAL JUSTICE SUMMIT CO-DIRECTORS, \$1,950 EACH; FIVE COMMUNITY OUTREACH COORDINATORS, \$1,350 EACH; PUBLICATIONS ASSISTANT, \$1,350; AND GRAPHIC ARTIST, \$1,350. THESE ARE PER YEAR AMOUNTS PAYABLE HALF EACH SEMESTER.
- 2 BALANCE OF HOURLY FUNDS SHALL BE USED AS OUTLINED IN THE BUDGET REQUEST.
- 3 PUBLICITY FUNDS HAVE BEEN PROVIDED TO ADVERTISE MCC PROGRAMS AND EVENTS (EXCEPT AS NOTED BELOW)
- 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 PUBLICITY LINE-ITEMS WILL NOT BE USED TO SUPPORT THE SOCIAL JUSTICE SUMMIT.
- 5 PROGRAM PUBLICATIONS-CULTURAL TIMES AMOUNT HAS BEEN ALLOCATED FOR TWO ISSUES (ONE ISSUE PER SEMESTER) NOT TO EXCEED \$950 PER ISSUE.
- 6 PROGRAM PUBLICATION STIPULATIONS: SEE ITEMS NO. 8, 9 AND 10 IN THE GENERAL BUDGET LANGUAGE.
- 7 SPECIAL PROJECTS-IN HOUSE: SEE ITEM NO. 14 IN THE GENERAL BUDGET LANGUAGE.
- 8 FOOD STIPULATIONS: SEE ITEM NO. 15 IN THE GENERAL BUDGET LANGUAGE.
- 9 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. NO IN HOUSE PROJECT SHALL RESULT IN A CUMULATIVE COST OF MORE THAN \$500 WITHOUT PRIOR APPROVAL OF THE BOARD OF FINANCE.
- 10 IN HOUSE FUNDS ALLOCATION IS WITH THE UNDERSTANDING THAT CPG & A.S. PROGRAM GRANTS WILL NOT ALSO BE USED WITHOUT PRIOR APPROVAL OF FUNDING COMMITTEE AND BOARD OF FINANCE.
- 11 STUDY LOUNGE FUNDS HAVE BEEN ALLOCATED FOR TWO STUDY LOUNGES, \$300 PER SEMESTER.

**17 OH SNAP! CAMPUS FOOD PROGRAM**

|                                      |               |                       |
|--------------------------------------|---------------|-----------------------|
| <b>A. S. SUBSIDY</b>                 | <b>13,535</b> | <b>Account Number</b> |
| <b>EXPENDITURES</b>                  |               |                       |
| FOOD PURCHASES-PAYMENT PER AGREEMENT | 13,535        | Not Applicable        |
| <b>TOTAL EXPENDITURES</b>            | <b>13,535</b> |                       |

*BUDGET LANGUAGE - OH SNAP! CAMPUS FOOD PROGRAM  
1 FUNDS USED FOR FOOD PANTRY EXPENSES AS PER BUDGET REQUEST.*

**18 SPORT CLUBS**

|  |               |                       |
|--|---------------|-----------------------|
| <b>A. S. SUBSIDY</b>                         | <b>30,775</b> | <b>Account Number</b> |
| <b>EXPENDITURES</b>                          |               |                       |
| CONFERENCE/LEAGUE FEES                       | 8,000         | 5132-4713             |
| TRAVEL/LODGING EXPENSES                      | 19,000        | 5132-4713             |
| HOURLY/WORKSTUDY WAGES-PAYMENT PER AGREEMENT | 3,775         | Not Applicable        |
| <b>TOTAL EXPENDITURES</b>                    | <b>30,775</b> |                       |

*BUDGET LANGUAGE - SPORT CLUBS  
1 FUNDS ALLOTTED FOR CONFERENCE/ LEAGUE FEES, TRAVEL/ LODGING FOR 15 SPORT CLUBS.*

**19 STUDENT ACCESS GALLERY**

|                           |               |                       |
|---------------------------|---------------|-----------------------|
| <b>A. S. SUBSIDY</b>      | <b>11,125</b> | <b>Account Number</b> |
| <b>EXPENDITURES</b>       |               |                       |
| HOURLY/WORKSTUDY WAGES    | 8,550         | 5118-4112             |
| PAYROLL TAXES             | 425           | 5118-xxxx             |
| SUPPLIES AND SERVICES     | 2,050         | 5118-4716             |
| INSURANCE                 | 100           | 5118-4719             |
| <b>TOTAL EXPENDITURES</b> | <b>11,125</b> |                       |

*BUDGET LANGUAGE - STUDENT ACCESS GALLERY  
1 DIRECTORS (PAID HOURLY) SHALL BE PAID AS FOLLOWS: DIRECTOR, \$2,550; CO-DIRECTOR FOYER, \$1,950; CO-DIRECTOR KARSHNER, \$1,350; CO-DIRECTOR, STUDENT BUSINESS SERVICES, \$1,350; ASSISTANT DIRECTOR-GRAPHIC DESIGNER, \$1,350. THESE ARE PER YEAR AMOUNTS, PAYABLE HALF SEMESTER.*

20 WASTE REDUCTION AND RESOURCE AWARENESS PROGRAM (WRRAP)

|                             |               |                       |
|-----------------------------|---------------|-----------------------|
| <b>A. S. SUBSIDY</b>        | <b>35,490</b> | <b>Account Number</b> |
| <b>EXPENDITURES</b>         |               |                       |
| HOURLY/WORKSTUDY WAGES      | 29,710        | 5105-4112             |
| PAYROLL TAXES               | 1,485         | 5105-xxxx             |
| SUPPLIES/SERVICES-EDUCATION | 420           | 5105-4799             |
| COMMUNICATIONS              | 375           | 5105-4711             |
| PUBLICITY                   | 700           | 5105-4712             |
| SUPPLIES AND SERVICES       | 760           | 5105-4716             |
| OTHER & MISC. (COMPOST)     | 1,470         | 5105-4728             |
| OTHER & MISC. (R.O.S.E)     | 100           | 5105-4728             |
| TAKE BACK THE TAP           | 200           | 5105-4728             |
| ZERO WASTE                  | 270           | 5105-4728             |
| <b>TOTAL EXPENDITURES</b>   | <b>35,490</b> |                       |

*BUDGET LANGUAGE - WRRAP*

- 1 HOURLY/WORKSTUDY WAGES SHALL BE USED AS OUTLINED IN THE BUDGET REQUEST FOR COMPOST, TAKE BACK TAP, ZERO WASTE, ROSE, EDUCATION AND MULTI MEDIA STAFF.
- 2 HOURLY WAGES SHALL ALSO BE USED TO FUND A FISCAL/OFFICE MANAGER, \$4,500.

**21 WOMEN'S RESOURCE CENTER**

|                               |               |                       |
|-------------------------------|---------------|-----------------------|
| <b>A. S. SUBSIDY</b>          | <b>27,845</b> | <b>Account Number</b> |
| <b>EXPENDITURES</b>           |               |                       |
| HOURLY/WORKSTUDY WAGES        | 12,900        | 5120-4112             |
| PAYROLL TAXES                 | 645           | 5120-xxxx             |
| PUBLICITY                     | 1,500         | 5120-4712             |
| SUPPLIES AND SERVICES         | 2,000         | 5120-4716             |
| PROGRAM PUBLICATIONS - MATRIX | 1,900         | 5120-4727             |
| SPECIAL PROJECTS - IN HOUSE   | 4,500         | 5120-4728             |
| TAKE BACK THE NIGHT           | 3,000         | 5120-4728             |
| WOMEN'S HERSTORY MONTH        | 0             | 5120-4728             |
| PROGRAM PUBLICATIONS - MISC.  | 1,200         | 5120-4752             |
| RETREAT                       | 200           | 5120-4753             |
| <b>TOTAL EXPENDITURES</b>     | <b>27,845</b> |                       |

*BUDGET LANGUAGE - WOMEN'S RESOURCE CENTER*

- 1 DIRECTORS (PAID HOURLY) SHALL BE PAID AS FOLLOWS: MATRIX AND PUBLICITY EDITOR, \$1,950; ENVIRONMENTAL JUSTICE EDUCATOR, \$1,350; ANTI-RACISM EDUCATOR, \$1,350; VOLUNTEER AND OUTREACH COORDINATOR, \$1,950; SEXUAL ASSAULT AND DOMESTIC VIOLENCE EDUCATION EDUCATOR, \$1,950; AND HEALTH AND BODY POLITICS EDUCATOR, \$1,350.
- 2 HOURLY WAGES SHALL ALSO BE USED TO FUND A FISCAL AND STAFF COORDINATOR, 3,000.
- 3 SPECIAL PROJECTS - IN HOUSE FUNDS MAY BE EARMARKED FOR THE WOMEN'S CENTER TO IMPLEMENT & FACILITATE EDUCATIONAL PROGRAMS & ACTIVITIES. THESE EVENTS SHALL BE ON CAMPUS (1 HARPST STREET) AND OPEN TO THE ENTIRE CAMPUS COMMUNITY. NO IN HOUSE PROJECT SHALL RESULT IN A CUMULATIVE COST OF MORE THAN \$500 WITHOUT PRIOR APPROVAL OF THE BOARD OF FINANCE.
- 4 IN HOUSE FUNDS ALLOCATION IS WITH THE UNDERSTANDING THAT CPG & A.S. GRANTS WILL NOT ALSO BE USED WITHOUT PRIOR APPROVAL OF THE ALLOCATION COMMITTEE AND THE BOARD OF FINANCE.
- 5 ALL EVENTS SHALL BE HELD ON CAMPUS (1 HARPST STREET) AND ADMISSION SHALL BE FREE.
- 6 PROGRAM PUBLICATIONS-MATRIX AMOUNT HAS BEEN ALLOCATED FOR TWO ISSUES (ONE ISSUE PER SEMESTER) NOT TO EXCEED \$950 PER ISSUE. NOTE THE PROGRAM PUBLICATION STIPULATIONS PER ITEMS NO. 8, 9 AND 10 IN THE BUDGET LANGUAGE FOUND AT PAGE 1 OF THIS DOCUMENT.
- 7 SPECIAL PROJECTS: SEE ITEM NO. 14 IN THE GENERAL BUDGET LANGUAGE.
- 8 FOOD STIPULATIONS: SEE ITEM NO. 15 IN THE GENERAL BUDGET LANGUAGE.

**22 YOUTH EDUCATIONAL SERVICES (YES)**

|  |               |                       |
|--|---------------|-----------------------|
| <b>A. S. SUBSIDY</b>                           | <b>66,005</b> | <b>Account Number</b> |
| <b>EXPENDITURES</b>                            |               |                       |
| HOURLY/WORKSTUDY WAGES - PAYMENT PER AGREEMENT | 33,935        | Not Applicable        |
| YES PROGRAM OPERATIONS - PAYMENT PER AGREEMENT | 25,000        | Not Applicable        |
| SUPPLIES AND SERVICES                          | 2,500         | 5300-4716             |
| SUPPLIES/SERVICES - HOUSECLEANING              | 610           | 5300-4728             |
| SPECIAL PROJECT                                | 3,960         | 5300-4754             |
| <b>TOTAL EXPENDITURES</b>                      | <b>66,005</b> |                       |

*BUDGET LANGUAGE - YES*

- 1 HOURLY WAGES FOR FIVE PROGRAM CONSULTANTS, \$5,340 EACH; TWO VOLUNTEER OPPORTUNITIES COORDINATORS, \$2,400 EACH; AND, ONE PUBLIC RELATIONS/NEWSLETTER COORDINATOR, \$560. ALSO WORKSTUDY WAGES AS OUTLINED IN THE BUDGET REQUEST.

**23 STUDENT ENGAGEMENT AND LEADERSHIP SUPPORT**

|  |              |                       |
|--|--------------|-----------------------|
| <b>A. S. SUBSIDY</b>                                 | <b>5,000</b> | <b>Account Number</b> |
| EXPENDITURES   |              |                       |
| PAYMENT PER AGREEMENT                                | -            | Not Applicable        |
| AS GENERAL ELECTION ADVISING - PAYMENT PER AGREEMENT | 2,000        | Not Applicable        |
| SPECIAL PROJECTS - LEADERSHIP DEVELOPMENT PROGRAMS   | 3,000        | Not Applicable        |
| <b>TOTAL EXPENDITURES</b>                            | <b>5,000</b> |                       |

*BUDGET LANGUAGE - SEALS*

- 1 FUNDS HAVE BEEN ALLOCATED AS PER BUDGET REQUEST.
- 2 FOOD STUPULATIONS: SEE ITEM NO. 15 IN THE GENERAL BUDGET LANGUAGE.

**24 COMPUTER EQUIPMENT REPLACEMENT**

|   |              |                       |
|---|--------------|-----------------------|
| <b>A. S. SUBSIDY</b>                      | <b>3,500</b> | <b>Account Number</b> |
| EXPENDITURES                              |              |                       |
| SPECIAL PROJECT-CAPITAL PURCHASE RESERVES | 3,500        | Not Applicable        |
| <b>TOTAL EXPENDITURES</b>                 | <b>3,500</b> |                       |

*BUDGET LANGUAGE - COMPUTER EQUIPMENT REPLACEMENT*

- 1 FUNDS TO BE USED FOR THE REPLACEMENT OF FOUR COMPUTERS OWNED BY THE ASSOCIATED STUDENTS THAT WILL NO LONGER BE UNDER WARRANTY AND SERVICED BY INFORMATION TECHNOLOGY SERVICES (ITS).

**25 A.S. CAMPUS COMMUNITY SERVICE SCHOLARSHIP**

|                           |          |                       |
|---------------------------|----------|-----------------------|
| <b>A. S. SUBSIDY</b>      | <b>0</b> | <b>Account Number</b> |
| EXPENDITURES              |          |                       |
| SCHOLARSHIP               | -        | Not Applicable        |
| <b>TOTAL EXPENDITURES</b> | <b>-</b> |                       |

*BUDGET LANGUAGE - AS SCHOLARSHIP*

- 1 IT IS RECOMMENDED THAT THIS SCHOLARSHIP BE PHASED OUT AFTER FUND BALANCE HELD IN FINANCIAL AID IS SPENT DOWN TO ZERO. CURRENT BALANCE IS APPROXIMATELY \$57,000.
- 2 UP TO TWENTY AS SCHOLARSHIPS MAY BE AWARDED FOR 2016-17 ACADEMIC YEAR. AWARDS WILL BE \$500 PER SEMESTER FOR A MAXIMUM OF \$1,000 PER ACADEMIC YEAR.



25 **UNALLOCATED**

|                           |               |                       |
|---------------------------|---------------|-----------------------|
| <b>A. S. SUBSIDY</b>      | <b>13,420</b> | <b>Account Number</b> |
| <b>EXPENDITURES</b>       |               |                       |
| UNRESTRICTED              | 8,820         | 5199-4754             |
| RESTRICTED                | 4,600         | 5199-4728             |
| <b>TOTAL EXPENDITURES</b> | <b>13,420</b> |                       |

*BUDGET LANGUAGE - UNALLOCATED*

- 1 REQUESTS FOR EXPENDITURES OF LESS THAN \$300 MAY BE APPROVED BY THE BOARD OF FINANCE. THESE REQUESTS WILL NOT REQUIRE AS COUNCIL APPROVAL.
- 2 \$1,000 IN RESTRICTED FUNDS SHALL BE EARMARKED FOR A VETERAN'S CLUB ON CAMPUS ACTIVITY TO BE APPROVED BY THE BOARD OF FINANCE.
- 3 \$3,600 IN RESTRICTED FUNDS SHALL BE EARMARKED TO MIGRATE THE AS WEBSITE TO DRUPAL, IMPROVE VISABILITY OF SITE TO HELP VIEWERS EASILY FIND CONTENT AND REFRESH DESIGN.

|  |                  |
|--|------------------|
| <b>TOTAL BUDGET</b>                                  | <b>1,032,500</b> |
| <b>TOTAL REVENUE (FEES &amp; RESERVE ALLOCATION)</b> | <b>1,032,500</b> |
| <b>REVENUES OVER EXPENDITURES</b>                    | <b>0</b>         |

**AS FEE REVENUE ASSUMPTIONS PROVIDED BY UNIVERSITY BUDGET OFFICE**

|  | Fall      | Spring    | Annual Total       |
|--|-----------|-----------|--------------------|
| 2016-17 Enrollment Forecast                |           |           |                    |
| Headcount                                  | 8,860     | 8,285     | 8,573              |
| Revenue Budget                             | \$518,000 | \$476,000 | \$994,000          |
| Allocation from General Operation Reserves |           |           | \$35,000           |
| Allocation from Capital Purchase Reserves  |           |           | \$3,500            |
| <b>Total</b>                               |           |           | <b>\$1,032,500</b> |
| AS Fee Per Student                         | \$!       | \$58      | \$117              |



**POLICIES**

**AND**

**PROCEDURES**

## PROCEDURES FOR ASSOCIATED STUDENTS BUDGETED AREAS

The Associated Students of HSU 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 the Associated Students is a standard that cannot be compromised.

All groups that receive funds from the Associated Students are responsible for maintaining a bookkeeping system. You will receive a computer printout on a monthly basis reflecting your account balance and transactions. **It is your responsibility to verify your records with the computer printout.** If there is a discrepancy, contact the A.S. Business Office as soon as possible.

In order to submit check requests, purchase orders, time sheets, attendance reports, etc., the budget administrator must have a 2015-16 "Signature Card" (**Example 1**) on file. These "Signature Cards" are available in the A.S. Business Office. If a budget administrator is added or deleted, the "Signature Card" must be updated.

### EXPENDITURES

#### GENERAL GUIDELINES

In compliance with the Chancellor's Office and generally accepted accounting practices, documentation of transactions is required to support all "Check Requests" (**Example 2**). The following guidelines are established to clarify this requirement as it applies to the Associated Students.

**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. If you have any questions regarding expenditures do not hesitate to call the A.S. Business Office at x3771.

#### 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 8.75% (and varies by county) of the purchase price including handling charges. This differs from California sales tax which is 7.5%. Anything purchased from a State that does not have sales tax must include this 8.75% use tax. While the Associated Students Business Office will calculate this tax, deduct it from your AS 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.

## *IMPORTANT NOTE*

Expenditure of A.S. funds requires that there are sufficient funds in your account, and that the "Check Request" is properly completed. Checks will not be available as scheduled if the check requests are not properly completed. The Associated Students Business Office will attempt to notify you of any errors. Once you resubmit the corrected check request, the check will be available according to the Check Request Schedule.

### **CHECK REQUEST** (See Example 2)

An example of a completed "Check Request" is included in the examples section. Forms are available in the A.S. Business Office and on the A.S. website at <http://humboldt.edu/associatedstudents/services/as-business-services>

### **CHECK REQUEST REQUIREMENTS**

1. All "Check 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 check 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, invoices must be listed separately, with invoice numbers, on the "Check Request". If reimbursing an individual, see "Reimbursement Requirements" below.
4. **All "Check Requests" must include an address for the payee.** "Check Requests" without an address will not be processed. Please list an off campus address.
5. **W-9 Requirement** - 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 "W-9" (**Example 3**) for Associated Students records before their checks can be released. W-9s are available in the A.S. Business Office.
6. Include a clear description of the expense (i.e. university graphics charges-June 2015 for newsletter printing).
7. See the "Travel" section for details on travel funding.
8. "Check Requests" must be signed by the budget administrator before payment will be issued. The A.S. General Manager does have the authority to sign on behalf of the budget administrator under special circumstances. (i.e. summer, administrator not available, etc.)
9. It is recommended you retain a copy of the "Check Request" for your records.
10. Checks may be picked up at the University Center Information Counter or mailed. Please indicate on "Check Request" if the check is to be mailed or picked up. Checks

not picked up within two weeks will be mailed to the address given on the “*Check 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 of the program director. (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 the Associated Students. If the original invoices/receipts are lost, special arrangements must be made with the approval of the Associated Students General Manager.
5. **IMPORTANT NOTE!** Please note that there have been changes to the format in which receipts need to be turned in. If all receipts are being reimbursed to the same line item and aren’t associated with an invoice number (i.e. reimbursing a person for several purchases on the same check request as opposed to paying several vendor invoices on the same check request) please **total** the receipts and enter the total as one line item on the check request. Also, we are requiring all receipts to be taped in a single layer to a sheet/sheets of paper. You can have multiple receipts on one sheet as long as they don’t overlap.
6. It is very helpful if personal items are paid for separately and not included on receipts.

### **ACCEPTABLE DOCUMENTATION**

- Vendor invoices which detail the merchandise purchased or services rendered
- Signed and dated contracts on business letterhead specifically stating services rendered
- Detailed receipts which describe purchase or services rendered and reflect amount paid
- 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.
- On-line purchases must have a **shipping confirmation** as part of documentation
- For conference or event registration fees, a memo from the sponsoring organization can be accepted if it contains all of the following:
  1. on letterhead of sponsoring organization
  2. amount of fees received
  3. name and date of event for which the fees were paid
  4. name of person (if applicable) paying the fees
  5. signature, printed name and phone number of person receiving the fees

## **UNACCEPTABLE DOCUMENTATION**

- 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.
- Canceled checks, copies of canceled checks, personal checks
- Credit card slips - not acceptable because detail is not shown on items purchased
- Personal note/memo stating services rendered or items purchased
- Order forms or purchase orders
- Any documents that do not clearly reflect amount paid, item purchased or describe services rendered
- Copies of receipts or copies of invoices - to ensure that original receipt or invoice has not been previously paid.
- Packing Slips
- Prepaid gasoline receipts – not acceptable because detail is not shown on items purchased

## **DEPOSIT SLIPS** **(See Example 4)**

## **DEPOSIT SLIP REQUIREMENTS**

1. All checks should be made payable to Associated Students. The AS program name then must be written on the face of each check. In cases where the check is made payable to the program, endorse the back of check with the program name as shown on face of the check.
2. The payer's name, local address, driver's license number and/or student I.D. number must be imprinted or written on the check.
3. Do not deposit checks older than six months. Doing so will cause the check to be returned by the bank and your account to incur bank service charges.
4. All "*Deposit Slips*" (**Example 4**) must be completely filled out. "*Deposit Slips*" not filled out completely will be returned to the A.S. Office unprocessed.
5. Donations to your program must follow applicable campus policy and criteria. "*Donation Acknowledgement Forms*" (**Example 5**) are available in the Associated Students office and have information on how to make the deposit.
6. All sales activities, including food sales, t-shirt sales, merchandise and rental of merchandise, must include 8.75% sales tax to be remitted to the California State Board of Equalization (BOE). Please include sales tax amount in price as it will be deducted from deposit by A.S. Business Office and remitted to the BOE.
7. Deposits are to be dropped in the depository located on the wall to the right of the University Center Information Counter.
8. Deposits must be securely sealed in the envelopes that will be provided in the A.S. Office. Please use an envelope of appropriate size of your deposit.

9. The information on the front of the deposit envelope must be filled out completely before putting the deposit in the depository.

### **PURCHASE ORDER REQUESTS** (See Example 6)

1. "*Purchase Orders*" (**Example 6**) are used whenever it is necessary to procure items without prepayment. Purchase Orders can be electronically emailed to you. Please use this to fill out your purchase orders thus eliminating the need for "Purchase Order Requests." They must be completed by the AS 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 HSU Bookstore not to exceed \$50.00). In this case you must list the people who will be authorized to charge items.
2. 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 "Check Request" (Example 2) is submitted for payment.** When you receive the invoice, fill out a "*Check 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 "*Check Request*".)
3. All Purchase Orders **must** be signed by the budget administrator 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.

### **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 Unallocated Account. Information regarding requesting Unallocated funds follows:

#### **REQUEST FROM THE UNALLOCATED ACCOUNT**

1. The forms necessary for Unallocated Fund requests are available on the A.S. Website at <http://humboldt.edu/associatedstudents/services/as-business-services>. Requests for funds shall include the following information:
  - general narrative
  - budget draft
  - budget justification



2. Each request must be submitted to the A.S. Office by 5 p.m. the Monday preceding the next meeting of the Board of Finance.
3. At a following meeting of the Board of Finance, the request will be considered. The 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 Council.
5. Approval by a majority vote of council will be required for final approval.
6. Requests of less than \$300 may be approved by the Board of Finance. These requests will not require Council approval.

### **ACCEPTANCE OF DONATIONS**

When considering the acceptance of a gift 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 gift. “*Donation Acknowledgement Forms*” (**Example 5**) are available in the A.S. Office.

### **PAYROLL**

All payroll should be hand delivered, versus mailed, to the Associated Students Business Office. The budget administrator may sign as the supervisor for A.S. hourly positions ***along with the advisor***. **However, the faculty / staff advisor must sign as the supervisor on all Federal College Work Study time vouchers.**

To process actual payment, the “*Associated Students Student Assistant / Hourly Employee Pay Voucher*” (**Example 7**) must be completed, signed, and submitted to the A.S. Business Office at the end of each pay period. **Pay periods are the 1<sup>st</sup> – 15<sup>th</sup> and the 16<sup>th</sup> – 31<sup>st</sup> (or last day of the month)**. Paychecks are available per the attached “*Payroll Schedule*” (**Page 43**) and will not be issued at other times. A schedule of student wages, “*Hourly Wage Scale*” (**Page 44**), is included. Wages for A.S. Hourly Employees must be set according to the ranges listed on the wage scale.

#### **IMPORTANT NOTES ON EMPLOYEE PAYROLL:**

(These apply to hourly and work study employees)

California State Law requires that your employees:

- Be paid for the hours worked during the pay period.
- Hourly time sheets must be submitted for the pay period in which the hours were worked.
- Do not accumulate hours over an extended time period.
- Take at least a 30 minute unpaid meal period if their work shift is in excess of five hours. Your employee needs to sign out/in on their timesheet for the meal period.
- Take a ten minute rest period for each four hours of work. Any rest period is considered time worked and your employees do not need to sign out or in.

- Not work in excess of eight hours per day. Any hours in excess of eight will be paid at time and a half.
- Not work more than five days in a row.
- Not work more than 20 hours in a work week.

Please remember the following when filling out time sheets:

- Blue/Black pen only
- Completely fill out all areas of time sheet
- Fully denote the month, day and year on date lines
- Include am or pm with the times worked
- Under no circumstance are Associated Students employee's allowed to work in excess of 20 hours in a work week.

\*\*\*In special circumstances where an employee may need to work over 20 hours in a work week the department supervisor is responsible for filling out an approval form with the A.S. office PRIOR to the pay period in which the over 20 hours will occur. Please contact the A.S. Business Office to discuss your special circumstance.

## **STUDENT HOURLY WAGES**

The Associated Students has a “**Centralized Hiring Procedure**”. Following are the steps that need to be followed in order for students to be hired to work for Associated Students Programs:

*Note: All forms mentioned below are available in the Associated Students Business Office.*

### **Department Supervisors:**

1. Have prospective employees complete the standardized “A.S. Application Form”(**Example 8**).
2. Interview candidate. If you intend to hire the candidate, inform them that the federal government requires proof of identity and eligibility to work. The employee will need to provide the following forms of identification:
  - Passport, or
  - Driver's license or a state ID or student ID **AND** social security card, or
  - Driver's license or a state ID or Student ID **AND** a birth certificate.

**All documents are required by law to be originals and no photo copies will be accepted.**

\*\*\*If you do not have the aforementioned required documents or if you are not a US citizen please contact the UC Business Office at (707) 826-4160 for information on what documentation you will need to bring.
3. Contact applicant to offer the job. If they accept the offer, bring the completed application and “*Employee Data Sheet*” (**Example 9**) to the A.S. Office. The A.S. General Manager will review / approve the documents and forward them to the University Center Business Office. The next business day, instruct your employee to go to the **University Center Business Office** to complete their employment paperwork. **Remind them to bring the required document(s) as outlined in the Employment Documentation Information Sheet.**
4. Complete the supervisor portion of the “**Employment Data Sheet**” *immediately*. **Please print legibly.** Send the data sheet along with the completed A.S. Employment Application **ASAP** to the A.S. Business Office. **PLEASE NOTE:** The employee should

not fill anything out on the Employment Data Sheet until they go to the University Center Business Office.

5. ***PLEASE NOTE:*** The employee will **NOT** be allowed to work prior to completing their employment paperwork. The employee may begin working **AFTER you have clearance from the A.S. Business Office.**
6. 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 Form"* (**Example 10**) needs to be filled out and turned into the Associated Students Business Office as soon as possible.
7. The Associated Students offers *"Direct Deposit"* (**Example 11**). Please have your employees fill out this form and return it to the University Center Business Office if they choose to have their paychecks automatically deposited into their bank account. . Forms are available in the A.S. Business Office and on the A.S. website at <http://humboldt.edu/associatedstudents/services/as-business-services>

## **WORK STUDY STUDENTS**

The following steps to obtain Federal Work Study and verify eligibility to work are all done through the Financial Aid Office and HSU Human Resources:

1. Students must have completed the Student Payroll Action Request (SPAR) form (which includes the W-4), an I-9, and a Form SSA 1945 on file at the HSU Personnel Office. In order for the student to be paid on the 15th of the following month, SPAR forms must be returned to HSU Personnel by the 15th of the current month. The SPAR form is available in the **Human Resources Department and can also be found on their web site ([www.humboldt.edu/hsuhr](http://www.humboldt.edu/hsuhr))**. The SPAR form should be filled out at the time students sign up to work. Any students and all returning students who have a change of name, address, deductions, etc., must complete the SPAR form. Students must use a **PERMANENT** address (no on-campus address will be accepted). Students only have to fill out, or have on file, one correct SPAR form, regardless of the number of jobs or departments they work in. If you have any questions about SPAR forms, please call the HSU Personnel Office, 826-3626.
2. *"Humboldt State University Federal College Work Study Time Vouchers"* (**Example 12**) and *"Attendance Reports"* (**Example 13**) must be turned in to the A.S. Business Office by the student's supervisor **by 12:00 p.m. on the working day following the last 'inclusive date' of the month** (Please see the Work-Study pay schedule on the back of the Work Study Time Voucher). Time sheets received in the A.S. Business Office after this deadline may not get to payroll in time for the student to be paid on the regular pay day. It is very important that the *"Work Study Time Vouchers"* and *"Attendance Reports"* are filled out completely and correctly.
3. *"Humboldt State University Federal College Work Study Time Vouchers"* (**Example 12**) are available on-line at the HSU Payroll page under "Forms". **PLEASE NOTE:** The Federal Work Study Time Vouchers **must** be printed on green paper.

4. A schedule of student wages, "*Hourly Wage Scale*" (**Page 44**), is included. Wages for A.S. Work Study Employees must be set according to the ranges listed on the wage scale.
5. Work Study Hours cannot exceed 20 hours a week.
6. Work Study Vouchers must be signed by Faculty/Staff Advisor.

## TRAVEL

Any student traveling on behalf of an Associated Students program must complete all required pretravel forms (See "Pretravel Forms" section below).

### Pre Travel Forms – Air and Ground Travel

When any Associated Students program is traveling outside of Humboldt County, the following guidelines must be adhered to. All documents must be submitted to the Associated Students Office at least 5 working days prior to the date of the trip. All of the following travel forms are available in the A.S. Business Office and on the A.S. website at [humboldt.edu/associatedstudents/images/uploads/forms/](http://humboldt.edu/associatedstudents/images/uploads/forms/)

#### If Renting a Vehicle Through Plant Operations:

- "*Authorization to Travel*" (**Example 14**)
- Vehicle Request Form (Available on Plant Ops website under forms)  
You will need: Valid Driver's License  
Current Defensive Driving Card  
To be 21 years of age or older
- "*Release of Liability Form*", one for each person traveling (**Example 15**)

#### If Using a Privately Owned Vehicle:

- "*Authorization to Travel*" (**Example 14**)
- "*Authorization to use Privately Owned Vehicles on State Business*" (**Example 16**)
- Copy of valid drivers license and current Defensive Driving Card
- "*Release of Liability Form*", one for each person traveling (**Example 15**)

#### If Using a Commercial Airline:

- "*Authorization to Travel*" (**Example 14**)
- "*Release of Liability Form*", one for each person traveling (**Example 15**)

***If your Associated Students program does not follow these procedures, Humboldt State University will not consider your travel approved.***

## **CHECK REQUEST SCHEDULE**

### **DUE IN A.S. BUSINESS OFFICE**

Noon Monday  
Noon Wednesday

### **CHECKS AVAILABLE**

Noon Wednesday  
Noon Friday

\*\*\* Due to the high volume of check request submitted at the end of the academic year, the following **CHECK REQUEST SCHEDULE** will be effective **MONDAY, APRIL 10, 2017**.

### **DUE IN A.S. BUSINESS OFFICE**

Noon, Monday, April 10  
Noon, Wednesday, April 12  
Noon, Monday, April 17  
Noon, Wednesday, April 19  
Noon, Monday, April 24  
Noon, Wednesday, April 26  
Noon, Monday, May 1

### **CHECKS AVAILABLE**

Noon, Friday, April 14  
Noon, Wednesday, April 19  
Noon, Friday, April 21  
Noon, Wednesday, April 26  
Noon, Friday, April 28  
Noon, Wednesday, May 3  
Noon, Friday, May 5

We will return to our regular check request schedule after this time.

- Checks picked up at the University Center Information Desk may not be released without proper identification.
- The check request schedule is only in effect while classes are in session. Please check with the A.S. Business Office for holiday and summer schedules.
- See the A.S. Business Office regarding lost, never received or damaged checks.

# EXAMPLES

Example 1

| <b>2016-17 A.S. PROGRAM SIGNATURE CARD</b>  |                   |                       |
|---|-------------------|-----------------------|
| This A.S. Program is an officially recognized organization and these signatures are authorized to approve expenditures. |                   |                       |
| <b>A.S. Program Name</b>  |                   |                       |
| Budget Administrator Name _____   | Signature _____   |                       |
| Phone: _____  | HSU E-mail: _____ |                       |
| Faculty/Staff Advisor Name _____  | Signature _____   |                       |
| Extension: _____  | HSU E-mail: _____ |                       |
| <i>office use only</i>  |                   |                       |
| Account No. _____   | Date _____        | General Manager _____ |



HUMBOLDT

# CHECK REQUEST

Associated Students Business Office  
1 Harpst Street, Arcata, California 95521 • 707-826-3771

PROGRAM / CLUB: \_\_\_\_\_

DATE: \_\_\_\_\_

PAYEE: \_\_\_\_\_

THIS CHECK IS TO BE:

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ MAILED  
\_\_\_\_\_ PICKED UP BY: \_\_\_\_\_

DESCRIPTION OF EXPENDITURE: \_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY \_\_\_\_\_

Program / Club Advisor Certification: I certify that the attached invoices/  
receipts are for items received and used for the program as intended.

PEID NO: \_\_\_\_\_

\_\_\_\_\_  
Signature / Approval

| AMOUNT       | ACCOUNT NUMBER | ACCOUNT NAME | INVOICE # | INV. DATE | RELATE CODE |
|--------------|----------------|--------------|-----------|-----------|-------------|
|              |                |              |           |           |             |
|              |                |              |           |           |             |
|              |                |              |           |           |             |
|              |                |              |           |           |             |
|              |                |              |           |           |             |
|              |                |              |           |           |             |
|              |                |              |           |           |             |
|              |                |              |           |           |             |
|              |                |              |           |           |             |
| <b>TOTAL</b> |                |              |           |           |             |

### OFFICE USE ONLY

OFFICE COORD. \_\_\_\_\_ ADMIN VICE PRES. \_\_\_\_\_ GENERAL MANAGER \_\_\_\_\_

### RECEIPTS:

\_\_\_\_\_ EXEMPT \_\_\_\_\_ MORE THAN REQUESTED FOR REIMB.  
\_\_\_\_\_ TO FOLLOW \_\_\_\_\_ REASON \_\_\_\_\_  
W-9 \_\_\_\_\_ ON FILE \_\_\_\_\_ REQUESTED DATE \_\_\_\_\_ EXEMPT \_\_\_\_\_

VOUCHED \_\_\_\_\_ A.B.S. APPROVAL \_\_\_\_\_

**RETAIN COPY FOR YOUR RECORDS!!!**



**Request for Taxpayer  
Identification Number and Certification**

**Give Form to the  
requester. Do not  
send to the IRS.**

Name (as shown on your income tax return)

---

Business name/disregarded entity name, if different from above

---

Check appropriate box for federal tax classification:

Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Other (see instructions) ▶

Exempt payee

---

Address (number, street, and apt. or suite no.)      Requester's name and address (optional)

---

City, state, and ZIP code

---

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Social security number**

|  |  |  |   |  |  |   |  |  |  |
|--|--|--|---|--|--|---|--|--|--|
|  |  |  | - |  |  | - |  |  |  |
|--|--|--|---|--|--|---|--|--|--|

**Employer identification number**

|  |  |  |  |   |  |  |  |  |  |
|--|--|--|--|---|--|--|--|--|--|
|  |  |  |  | - |  |  |  |  |  |
|--|--|--|--|---|--|--|--|--|--|

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**      Signature of U.S. person ▶      Date ▶

**General Instructions**

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

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

ASSOCIATED STUDENTS  
DEPOSIT SLIP

Example 4

PROGRAM / CLUB \_\_\_\_\_ DATE \_\_\_\_\_

| <u>ACCOUNT NAME</u> | <u>ACCOUNT #</u> | <u>AMOUNT</u> |
|---------------------|------------------|---------------|
| _____               | -3701            | _____         |
| _____               | -3701            | _____         |

DESCRIPTION OF DEPOSITS/SOURCE OF FUNDS: \_\_\_\_\_

The following question **MUST** be answered in order for your deposit to be processed:

Is the deposit sales revenue from the resale or rental of merchandise (including food)? **YES** \_\_\_ **NO** \_\_\_  
If yes, 8.75% will be deducted from amount for sales tax remittance to the California State Board of Equalization.

CASH TOTAL: \_\_\_\_\_ DEPOSITED BY: \_\_\_\_\_

CHECK TOTAL: \_\_\_\_\_

DEPOSIT TOTAL: \_\_\_\_\_

**DO NOT USE THIS FORM FOR DONATIONS**

**DONATIONS MUST BE PROCESSED THROUGH THE GIFT PROCESSING CENTER (SBS 285) DONATION FORMS ARE AVAILABLE IN THE CLUBS OFFICE AND THE ASSOCIATED STUDENTS OFFICE**

CHECKS MUST BE ENDORSED WITH CLUB NAME      RETAIN THIRD COPY FOR YOUR RECORDS

Office Use Only

RECEIPT #: \_\_\_\_\_

*Example of a properly completed deposit slip*

ASSOCIATED STUDENTS  
DEPOSIT SLIP

PROGRAM / CLUB \_\_\_\_\_ DATE \_\_\_\_\_

| <u>ACCOUNT NAME</u> | <u>ACCOUNT #</u> | <u>AMOUNT</u> |
|---------------------|------------------|---------------|
| _____               | -3701            | _____         |
| _____               | -3701            | _____         |

DESCRIPTION OF DEPOSITS/SOURCE OF FUNDS: \_\_\_\_\_

The following question **MUST** be answered in order for your deposit to be processed:

Is the deposit sales revenue from the resale or rental of merchandise (including food)? **YES** \_\_\_ **NO** \_\_\_  
If yes, 8.75% will be deducted from amount for sales tax remittance to the California State Board of Equalization.

CASH TOTAL: \_\_\_\_\_ DEPOSITED BY: \_\_\_\_\_

CHECK TOTAL: \_\_\_\_\_

DEPOSIT TOTAL: \_\_\_\_\_

**DO NOT USE THIS FORM FOR DONATIONS**

**DONATIONS MUST BE PROCESSED THROUGH THE GIFT PROCESSING CENTER (SBS 285) DONATION FORMS ARE AVAILABLE IN THE CLUBS OFFICE AND THE ASSOCIATED STUDENTS OFFICE**

CHECKS MUST BE ENDORSED WITH CLUB NAME      RETAIN THIRD COPY FOR YOUR RECORDS

Office Use Only

RECEIPT #: \_\_\_\_\_

HUMBOLDT STATE UNIVERSITY  
CLUBS AND ORGANIZATIONS

**DONATION ACKNOWLEDGEMENT**

**Club Account #** \_\_\_\_\_

This form should be completed by any HSU club 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 CLUB NAME

CLUB 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.



## 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 \_\_\_\_\_  
 Line-Item \_\_\_\_\_  
 Account No. \_\_\_\_\_  
 Approved By \_\_\_\_\_

DIRECTOR OF ACTIVITY

Subtotal \_\_\_\_\_  
 Tax \_\_\_\_\_  
 Shipping \_\_\_\_\_  
 Total \_\_\_\_\_

\_\_\_\_\_  
 GENERAL MANAGER  
**NOT VALID WITHOUT G.M.'S SIGNATURE!!**

Copies to: A.S. Business Office, Director of Activity, HSU Shipping and Receiving

**INVALID IF NOT INVOICED WITHIN SIX (6) MONTHS**

**ASSOCIATED STUDENTS  
HOURLY EMPLOYEE TIMESHEET**

**\*\*PLEASE PRINT AND USE INK ONLY\*\***

|                         |
|-------------------------|
| <b>AS Program Name:</b> |
|                         |
| <b>Account Number:</b>  |
|                         |

**EMPLOYEE NAME:** \_\_\_\_\_  
Last First

**JOB TITLE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

|   |                      |
|---|----------------------|
| FOR MULTIPLE POSITIONS:<br>During this pay period have you worked in any other paid positions for HSU, the CSU, or the State of CA?<br>If so, specify below. <input type="checkbox"/> NO <input type="checkbox"/> YES |                      |
| Other Dept 1  | <input type="text"/> |
| Other Dept 2  | <input type="text"/> |

**PAY PERIOD: Beg** \_\_\_\_\_ **End** \_\_\_\_\_  
 Pay Periods are: 1st through 15th and 16th through last day of month.

| DATE<br>(Circle One)  | IN | OUT | IN | OUT | IN | OUT | IN | OUT | TOTAL              |
|---|----|-----|----|-----|----|-----|----|-----|--------------------|
| 1 16  |    |     |    |     |    |     |    |     |                    |
| 2 17  |    |     |    |     |    |     |    |     |                    |
| 3 18  |    |     |    |     |    |     |    |     |                    |
| 4 19  |    |     |    |     |    |     |    |     |                    |
| 5 20  |    |     |    |     |    |     |    |     |                    |
| 6 21  |    |     |    |     |    |     |    |     |                    |
| 7 22  |    |     |    |     |    |     |    |     |                    |
| 8 23  |    |     |    |     |    |     |    |     |                    |
| 9 24  |    |     |    |     |    |     |    |     |                    |
| 10 25   |    |     |    |     |    |     |    |     |                    |
| 11 26   |    |     |    |     |    |     |    |     |                    |
| 12 27   |    |     |    |     |    |     |    |     |                    |
| 13 28   |    |     |    |     |    |     |    |     |                    |
| 14 29   |    |     |    |     |    |     |    |     |                    |
| 15 30   |    |     |    |     |    |     |    |     |                    |
| 31  |    |     |    |     |    |     |    |     |                    |
| I certify that I worked the hours recorded on this timesheet: |    |     |    |     |    |     |    |     | <b>TOTAL HOURS</b> |

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

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

| OFFICE USE ONLY |      |  |             |  |
|-----------------|------|--|-------------|--|
| Hours           | Code |  | Record Type |  |
|                 |      |  |             |  |
|                 |      |  |             |  |
|                 |      |  |             |  |

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

AS General Manager Approval \_\_\_\_\_

## ALL HOURLY EMPLOYEES

The following forms must be completed before an employee can be put on payroll.

1. W-4 – Employee’s Withholding Allowance Certificate
2. I-9 – Employment Eligibility Verification
3. Employee Data Sheet
4. Drug Free Workplace Policy
5. Reporting Work Injuries
6. General Code of Safe Practices
7. CSU Form SSA-1945

## GENERAL INFORMATION

1. Hourly employees are paid semi-monthly. Pay period inclusive dates are the 1<sup>st</sup> through the 15<sup>th</sup>, and the 16<sup>th</sup> through the last day of each month. Pay day is the fifth working day after the last day of the pay period (unless otherwise noted on the payroll schedule). Checks are available after 12:00 noon. Schedules of pay periods, pay dates and pay check distribution locations are available from the A.S. program director, or from the A.S. Business Office.
2. A separate voucher must be completed for each pay period in which work is completed.
3. A separate voucher must be completed for each different hourly pay rate and for each different A.S. program an employee worked for.
4. Times and total hours worked should be entered on the voucher **DAILY** and in **INK**. *Vouchers completed in pencil are not valid for payment.*
5. Submit all vouchers to your immediate supervisor or A.S. program director on the last day that you work during the pay period.
6. Incomplete or erroneous vouchers will be returned to the program director and may result in a late pay check.

**THE ASSOCIATED STUDENTS HIRES  
ONLY INDIVIDUALS LAWFULLY  
AUTHORIZED TO WORK IN THE  
UNITED STATES.**

## IMPORTANT

1. Report any change in name, address, marital status, or dependent status to the A.S. Program Director or the A.S. Business Office immediately.
2. Employee W-2 Forms, the Wage and Tax Statements, are available before the end of the following January. They will be mailed to the employee’s permanent address on file. An Employee Action Form can be completed, to reflect any changes in address through the A.S. Program Director or the A.S. Business Office.
3. Vouchers must be completed in ink and signed by both the employee and the supervisor.

**Minutes worked must be converted into hundredths of an hour. To do this divide the total number of minutes by 60. Refer to chart below.**

| MIN | 100ths | MIN | 100ths | MIN | 100ths |
|-----|--------|-----|--------|-----|--------|
| 1   | .02    | 21  | .35    | 41  | .68    |
| 2   | .03    | 22  | .37    | 42  | .70    |
| 3   | .05    | 23  | .38    | 43  | .72    |
| 4   | .07    | 24  | .40    | 44  | .73    |
| 5   | .08    | 25  | .42    | 45  | .75    |
| 6   | .10    | 26  | .43    | 46  | .77    |
| 7   | .12    | 27  | .45    | 47  | .78    |
| 8   | .13    | 28  | .47    | 48  | .80    |
| 9   | .15    | 29  | .48    | 49  | .82    |
| 10  | .17    | 30  | .50    | 50  | .83    |
| 11  | .18    | 31  | .52    | 51  | .85    |
| 12  | .20    | 32  | .53    | 52  | .87    |
| 13  | .22    | 33  | .55    | 53  | .88    |
| 14  | .23    | 34  | .57    | 54  | .90    |
| 15  | .25    | 35  | .58    | 55  | .92    |
| 16  | .27    | 36  | .60    | 56  | .93    |
| 17  | .28    | 37  | .62    | 57  | .95    |
| 18  | .30    | 38  | .63    | 58  | .97    |
| 19  | .32    | 39  | .65    | 59  | .98    |
| 20  | .33    | 40  | .67    | 60  | 1.00   |

# PLEASE POST

## ASSOCIATED STUDENTS 2016-2017 FISCAL YEAR PAYROLL SCHEDULE

**PHOTO I.D. IS REQUIRED TO PICK UP CHECKS OR STUBS**

| PAY PERIOD    |             | TIME SHEET<br>DEADLINE | PAY DAY            |      |
|---------------|-------------|------------------------|--------------------|------|
| BEGIN<br>DATE | END<br>DATE | ** 3pm **<br>DUE       | 12:00 NOON<br>DATE | DAY  |
| 06/16/16      | 06/30/16    | 07/01/16               | <b>07/07/16</b>    | THUR |
| 07/01/16      | 07/15/16    | 07/18/16               | <b>07/21/16</b>    | THUR |
| 07/16/16      | 07/31/16    | 08/01/16               | <b>08/04/16</b>    | THUR |
| 08/01/16      | 08/15/16    | 08/16/16               | <b>08/22/16</b>    | MON  |
| 08/16/16      | 08/31/16    | 09/01/16               | <b>09/07/16</b>    | WED  |
| 09/01/16      | 09/15/16    | 09/16/16               | <b>09/22/16</b>    | THUR |
| 09/16/16      | 09/30/16    | 10/03/16               | <b>10/07/16</b>    | FRI  |
| 10/01/16      | 10/15/16    | 10/17/16               | <b>10/21/16</b>    | FRI  |
| 10/16/16      | 10/31/16    | 11/01/16               | <b>11/07/16</b>    | MON  |
| 11/01/16      | 11/15/16    | 11/16/16               | <b>11/22/16</b>    | TUES |
| 11/16/16      | 11/30/16    | 12/01/16               | <b>12/07/16</b>    | WED  |
| 12/01/16      | 12/15/16    | 12/16/16               | <b>12/22/16</b>    | THUR |
| 12/16/16      | 12/31/16    | 01/03/17               | <b>01/06/17</b>    | FRI  |
| 01/01/17      | 01/15/17    | 01/17/17               | <b>01/20/17</b>    | FRI  |
| 01/16/17      | 01/31/17    | 02/01/17               | <b>02/07/17</b>    | TUES |
| 02/01/17      | 02/15/17    | 02/16/17               | <b>02/22/17</b>    | WED  |
| 02/16/17      | 02/28/17    | 03/01/17               | <b>03/07/17</b>    | TUES |
| 03/01/17      | 03/15/17    | 03/16/17               | <b>03/22/17</b>    | WED  |
| 03/16/17      | 03/31/17    | 04/03/17               | <b>04/07/17</b>    | FRI  |
| 04/01/17      | 04/15/17    | 04/17/17               | <b>04/21/17</b>    | FRI  |
| 04/16/17      | 04/30/17    | 05/01/17               | <b>05/05/17</b>    | FRI  |
| 05/01/17      | 05/15/17    | 05/16/17               | <b>05/22/17</b>    | MON  |
| 05/16/17      | 05/31/17    | 06/01/17               | <b>06/07/17</b>    | WED  |
| 06/01/17      | 06/15/17    | 06/16/17               | <b>06/22/17</b>    | THUR |
| 06/16/17      | 06/30/17    | 07/03/17               | <b>07/07/17</b>    | FRI  |

**NOTE:**

**To have checks/EFT stubs mailed do the following:**

Attach a self-addressed envelope to your time card

or Drop off a self-addressed envelope at Info Counter

**To have another person pick up your check/EFT stub they will need:**

Written authorization on file with the Info Counter &  
provide a picture I.D.

|  |
|--|
| <b>ASSOCIATED STUDENTS<br/>HOURLY WAGE SCALE</b> |
|--|

**Please Note:** Wages for A.S. hourly employees AND Federal Work Study employees working for A.S. Programs must fall within the ranges listed below.

|       |     |
|-------|-----|
| 10.00 | H01 |
| 10.25 | H02 |
| 10.50 | H03 |
| 10.75 | H04 |
| 11.00 | H05 |
| 11.25 | H06 |
| 11.50 | H07 |

Amount paid should agree with amount requested in the program budget. Payment other than budgeted amount requires the pre-approval of the A.S. General Manager.





HUMBOLDT STATE UNIVERSITY

Associated Students Business Office

1 Harpst Street, Arcata, California 95521 • 707.826.3771

# Employment Application

POSITION APPLIED FOR \_\_\_\_\_

DATE \_\_\_\_\_

## Personal Information

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ HSU E-MAIL \_\_\_\_\_

EMERGENCY CONTACT: NAME \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- HSU Students: Have you been awarded Work Study Funds?  Yes  No
- Are you eligible for employment in the United States?  Yes  No
- Have you ever been convicted of a crime?  Yes  No

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

*Conviction is not an automatic bar to employment. Each case will be considered on its own merits. Failure to report or omission of any convictions will result in immediate rejection of application or termination.*

- Have you worked for any of the departments listed below?  Yes  No If yes, please mark which one(s):
- A.S. Government  A.S. Presents  Arts and Music Festival  Campus Recycling Program  CCAT  Eric Rofes Center  Film Festival
- Graduate Pledge Alliance  Lumberjack Newspaper  Multi-Cultural Center  Student Access Gallery  Women's Resource Center
- Youth Educational Services  Other campus departments \_\_\_\_\_

## Education

| SCHOOL NAME | LOCATION | UNITS OR GRADE LEVEL COMPLETED | DEGREE / CERTIFICATE RECEIVED | MAJOR / AREA STUDIED |
|-------------|----------|--------------------------------|-------------------------------|----------------------|
|             |          |                                |                               |                      |
|             |          |                                |                               |                      |

## Skills & Experience

1. Please explain why you are interested in this position.

2. Briefly describe any past experience, campus activities, and/or skills that you feel qualify you for this position.

## Employment History

List your last two (2) employers, assignments or volunteer activities, starting with the most recent, including military experience. If you would like to include additional employment history, please attach it on a separate page.

|                              |    |   |           |       |     |
|------------------------------|----|---|-----------|-------|-----|
| FROM                         | TO | EMPLOYER  | TELEPHONE |       |     |
| JOB TITLE                    |    | ADDRESS   | CITY      | STATE | ZIP |
| IMMEDIATE SUPERVISOR & TITLE |    | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES |           |       |     |
| REASON FOR LEAVING           |    |   |           |       |     |

|                              |    |   |           |       |     |
|------------------------------|----|---|-----------|-------|-----|
| FROM                         | TO | EMPLOYER  | TELEPHONE |       |     |
| JOB TITLE                    |    | ADDRESS   | CITY      | STATE | ZIP |
| IMMEDIATE SUPERVISOR & TITLE |    | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES |           |       |     |
| REASON FOR LEAVING           |    |   |           |       |     |

• May we contact your present employer?  Yes  No

## References (work-related preferred)

| NAME | TELEPHONE | YEARS KNOWN |
|------|-----------|-------------|
|      | ( ) -     |             |
|      | ( ) -     |             |
|      | ( ) -     |             |

• It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

• I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

• The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_



Associated Students Business Office  
707.826.3771

## EMPLOYMENT DATA SHEET

*Supervisor to submit form to Associated Students Business Office*

| HIRING SUPERVISOR TO FILL OUT   |  |   |   |                      |
|---|--|---|---|----------------------|
| Employee Name:  |  | Effective Hire Date:                      |   |                      |
| Acct #:   | Pay Rate:                                  | Dept Name:                                |   |                      |
| Job Title:  |  | Job Type:    ___ Hourly    ___ Commission |   |                      |
| Supervisor Signature:   |  | Advisor Signature:                        | Date:   |                      |
| A.S. BUSINESS OFFICE TO FILL OUT  |  |   |   |                      |
| Work Comp Code:    ___ AS - Clerical    ___ AS - Professional    ___ AS - Physical Labor  |  |   |   |                      |
| AS Gen Mgr Approval:  |  |   | Date:   |                      |
| <b>THE SECTION BELOW IS ONLY TO BE FILLED OUT WHEN EMPLOYEE BRINGS PROPER DOCUMENTS TO THE UNIVERSITY CENTER BUSINESS OFFICE!</b> |  |   |   |                      |
| EMPLOYEE TO FILL OUT THIS SECTION   | LAST NAME                                  | FIRST NAME                                | Middle Init                                       | Last 4 digits of SSN |
|   | Please Print Legibly - Legal name required |   |   |                      |
|   | Date of Birth: _____                       |   |   |                      |
|   | Mailing Address – for W-2 purposes         |   | Local Address (if different than mailing address) |                      |
|   | Street #, Name or PO Box                   | Apt #                                     | Street #, Name or PO Box                          | Apt #                |
|   | City                                       | State                                     | Zip   |                      |
| (    )<br>Phone   |  |   |   |                      |
| (    )<br>Mobile Phone  |  |   |   |                      |
| Email Address   |  |   |   |                      |
|   |  | Emergency Contact:                        |   |                      |
|   |  | Name: _____                               |   |                      |
|   |  | Relationship: _____                       |   |                      |
|   |  | Phone #: _____                            |   |                      |

Employment is dependent on the mutual consent of the Associated Students and yourself, and either the Associated Students or you can, at any time, terminate the employment relationship at-will, with or without cause.

X \_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



**EMPLOYEE ACTION FORM**

*(THIS FORM IS TO BE SUBMITTED TO AS BUSINESS OFFICE)*

**Name change only** – EMPLOYEE TO COMPLETE ALL OF SECTION A – (Employee is required to present new ID for verification by AS Business Office before record is updated.)

**Change of Address** – EMPLOYEE TO COMPLETE TOP OF SECTION A & B

**Change of Status** – SUPERVISOR TO COMPLETE TOP OF SECTION A & SECTION C

|                  |   |  |            |                     |
|------------------|---|--|------------|---------------------|
| <b>SECTION A</b> | <b>EMPLOYEE NAME:</b> <i>(If name change only – USE NAME PRIOR TO CHANGE)</i> |  |            |                     |
|                  | LAST NAME   |  | FIRST NAME | MI                  |
|                  |   |  |            | SSN – LAST 4 DIGITS |
|                  | <b>EMPLOYEE NAME CHANGE:</b>  |  |            |                     |
|                  | LAST NAME   |  | FIRST NAME | MI                  |

  

|                     |   |       |                |  |       |       |
|---------------------|---|-------|----------------|--|-------|-------|
| <b>SECTION B</b>    | <b>Mailing Address – for W-2 purposes</b> |       |                | <b>Local Address (If different than permanent address)</b> |       |       |
|                     | Street #, Name or PO Box                  |       | Apt #          | Street #, Name or PO Box                                   |       | Apt # |
|                     | City                                      | State | Zip            | City   | State | Zip   |
|                     | (    )                                    |       |                | *****Emergency Contact*****                                |       |       |
|                     | Phone (    )                              |       |                | Name: _____  |       |       |
|                     | Mobile Phone _____                        |       |                | Relationship: _____  |       |       |
| Email Address _____ |   |       | Phone #: _____ |  |       |       |

  

|                               |   |  |  |                 |
|-------------------------------|---|--|--|-----------------|
| <b>SECTION C</b>              | <b>EMPLOYEE STATUS UPDATE</b>                     |  | <b>EFFECTIVE DATE:</b> ___/___/___   |                 |
|                               | <b>ADDING EXISTING AS EMPLOYEE TO A NEW DEPT.</b> |  | <b>UPDATE ON CURRENT DEPT. EMPLOYEE</b>  |                 |
|                               | ACCT #: _____                                     | PAY RATE: _____  | ACCT # CHANGE: _____   | PAY RATE: _____ |
|                               | Job Title: _____                                  |  | POSITION CHANGE: _____<br>Examples: If someone goes from commission to hourly or vice versa. Or, if someone is moved to a position that warrants a different work comp code. |                 |
| <b>WORK COMP CODE:</b>        |   | ___ MOVING <u>FROM HOURLY</u> TO WORK-STUDY<br>___ MOVING <u>FROM WORK STUDY</u> TO HOURLY |  |                 |
| ___ AS - CLERICAL             |   |  |  |                 |
| ___ AS - PROFESSIONAL         |   |  |  |                 |
| ___ AS - PHYSICAL LABOR       |   |  |  |                 |
| _____<br>SUPERVISOR SIGNATURE |   | _____<br>ADVISOR SIGNATURE   |  |                 |
|                               |   | _____<br>AS GENERAL MANAGER APPROVAL   |  |                 |
|                               |   | _____<br>DATE  |  |                 |



# Example 11 Direct Deposit Enrollment Authorization

- Select one:
- NEW
  - CHANGE
  - CANCEL

This authorization remains in full force and effect until the Associated Students receives written notification from the employee of its termination, or until the Associated Students deems it necessary to terminate the agreement.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Int: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Type of Account:  Checking  Savings (Will be processed as checking if not chosen.)

**Provide one of the following pieces of information:**

1. Voided Check (attach)
2. Account information/verification from your bank institution (attach)
3. Account info: *(Direct deposit will not be set up if this information is incorrect.)*

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

|                |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|
| Routing Number |  |  |  |  |  |  |  |  |  |
| Account Number |  |  |  |  |  |  |  |  |  |

I hereby authorize the Associated Students and/or its agents & contractors (AS) to provide direct deposit of wages due me, less any mandatory or authorized withholding or deductions there from, into the above designated account.

If at any time the amount of wages so deposited exceeds the amount of wages actually due and payable to me, I hereby authorize the AS to either:

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

If the AS is legally obligated to withhold any part of my wage for any reason, or if I no longer meet eligibility requirements for the Direct Deposit program, I understand that the AS may terminate my enrollment in this program. If any action taken by me results in non-acceptance of a direct deposited funds by the designated financial institution, I understand that the AS assumes no responsibility for processing a supplemental wage payment until the amount of the non-acceptance deposit is returned to the AS by the financial institution.

I understand that it is my responsibility to notify the AS of any changes made that affects my direct deposit. I further understand that it is my responsibility to make sure that my deposit has posted to my account prior to processing transactions against my deposit.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Direct Deposit Cancellation:**

Please cancel my direct deposit authorization: \_\_\_\_\_  
Employee Signature Date

**DELIVER COMPLETED FORM TO THE  
UNIVERSITY CENTER BUSINESS OFFICE  
UC Bldg. 45, Rm 327**

*UC Business Office Use Only*

Pre-Note: \_\_\_\_\_  
                    Initials                      Date

IFAS: \_\_\_\_\_  
                    Initials                      Date



# Federal College Work Study Time Voucher

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

**PAY PERIOD:**

May 1 to  
May 30

0 5  
MONTH

2 0 1 3  
YEAR

**CMS CHART FIELD STRING**

602001  
ACCT. # FUND DEPT. PROGRAM CLASS PROJECT

**Student 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

STUDENT IDENTIFICATION NUMBER

CONTACT EMAIL

CONTACT PHONE

*\* Please review all sections on page 2 for this certification*

**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(NOT to exceed the limits set on page 2 of this form).
- 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 pay warrant.
- E) My signature below indicates I have met all of these certification items.
- F) My College Work Study award is current.
- G) Sufficient funds remain in my allotment for payment of this voucher.

**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

EMPLOYEE'S SIGNATURE

DATE (Last Day worked in Pay Period)

| Week of Month | Enter Dates Sun. | Sat.  | SUNDAY HRS. 10THS | MONDAY HRS. 10THS | TUESDAY HRS. 10THS | WEDNESDAY HRS. 10THS | THURSDAY HRS. 10THS | FRIDAY HRS. 10THS | SATURDAY HRS. 10THS | TOTALS HRS. 10THS |
|---------------|------------------|-------|-------------------|-------------------|--------------------|----------------------|---------------------|-------------------|---------------------|-------------------|
| 1             | 04/28            | 05/04 |                   |                   |                    |                      |                     |                   |                     |                   |
| 2             | 05/05            | 05/11 |                   |                   |                    |                      |                     |                   |                     |                   |
| 3             | 05/12            | 05/18 |                   |                   |                    |                      |                     |                   |                     |                   |
| 4             | 05/19            | 05/25 |                   |                   |                    |                      |                     |                   |                     |                   |
| 5             | 05/26            | 06/01 |                   |                   |                    |                      |                     |                   |                     |                   |
| 6             |                  |       |                   |                   |                    |                      |                     |                   |                     |                   |

## Federal College Work Study Time Voucher

TOTAL HOURS

**Department Section:**

\_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 PAY PERIOD TOTAL HOURS      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) This employee has Federal College Work Study Funds authorized by the Financial Aid Office. F) My signature authorization card is on file in the HSU Payroll Office.

| 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 PIMS Section 3.50

SIGNATURE OF IMMEDIATE SUPERVISOR

DATE

DEPARTMENT ADMINISTRATOR'S SIGNATURE

DATE

Print this Form  
(ON GREEN PAPER!)

# Information for Completion of Federal College Work Study Time Voucher

## 1) STUDENT EMPLOYMENT POLICY

For campus policy regarding employment as a Work Study 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 Rm 211.

## 2) SPAR, SOCIAL SECURITY, AND W-2 INFORMATION

New student employees must complete SPAR & I-9 Forms in their employing department. Payment CANNOT BE MADE until the forms are on file in the Payroll and Human Resources Offices. SPAR Form should reflect PERMANENT MAILING ADDRESS as W-2 will be mailed to this address by January 31st annually. You will receive only one W-2, reflecting ALL State of California wages. The State Controller's Office will charge a fee of \$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 automatically revert to single with zero dependents.

To update any SPAR information (i.e. name, address, tax and marital status, birthdate, social security number, demographic profile information, and/or payroll designee) a new SPAR form must be filed. Updating these items on other University forms WILL NOT update the information in the Human Resources and Payroll Offices.

The name shown on the time voucher must be EXACTLY as shown on the Social Security Card or pay will be delayed. All employees must have a Social Security number, unique to their person, in order to be paid by the State of California. To apply for OR make changes to a Social Security card, contact the regional 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. In order to have warrants mailed, a mail card must be completed at the Payroll Office in advance of the payday.

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) FEDERAL COLLEGE WORK STUDY WORK WEEK

Federal College Work Study employees may work a maximum of 20 hours per week. This maximum is not limited to Work Study hours - it applies 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 deadlines 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. Identification MUST be presented before warrant can be released.

|     | PAY PERIOD | INCLUSIVE DATES         | DUE DATE            | PAYDAY       |
|-----|------------|-------------------------|---------------------|--------------|
| 201 | JULY       | JULY 1 to JULY 31       | AUGUST 1 by 5 PM    | AUGUST 15    |
|     | AUGUST     | AUGUST 1 to AUGUST 30   | AUGUST 31 by 5 PM   | SEPTEMBER 14 |
| 12  | SEPTEMBER  | AUGUST 31 to SEPT 30    | OCTOBER 1 by 5 PM   | OCTOBER 15   |
|     | OCTOBER    | OCTOBER 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   | NOVEMBER 30 to DEC 31   | JANUARY 2 by 5 PM   | JANUARY 15   |

|     |           |                         |                    |              |
|-----|-----------|-------------------------|--------------------|--------------|
| 201 | JANUARY   | JANUARY 1 to JANUARY 30 | JANUARY 31 by 5 PM | FEBRUARY 15  |
|     | FEBRUARY  | JAN 31 to FEBRUARY 30   | MARCH 1 by 5 PM    | MARCH 15     |
| 13  | MARCH     | MARCH 1 to MARCH 31     | APRIL 2 by 5 PM    | APRIL 15     |
|     | 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 14      |
|     | JUNE      | MAY 31 to JUNE 30       | JULY 1 by 5 PM     | JULY 15      |
|     | JULY      | JULY 1 to JULY 30       | JULY 31 by 5 PM    | AUGUST 15    |
|     | AUGUST    | JULY 31 to AUGUST 29    | AUGUST 30 by 5 PM  | SEPTEMBER 16 |
|     | SEPTEMBER | AUGUST 30 to SEPT 30    | OCTOBER 1 by 5 PM  | OCTOBER 15   |
|     | OCTOBER   | OCTOBER 1 to OCTOBER 30 | OCTOBER 31 by 5 PM | NOVEMBER 15  |
|     | NOVEMBER  | OCTOBER 31 to NOV 30    | DECEMBER 2 by 5 PM | DECEMBER 16  |
|     | DECEMBER  | DECEMBER 1 to DEC 31    | JANUARY 2 by 5 PM  | JANUARY 15   |

|     |           |                         |                     |              |
|-----|-----------|-------------------------|---------------------|--------------|
| 201 | JANUARY   | JANUARY 1 to JANUARY 30 | JANUARY 31 by 5 PM  | FEBRUARY 14  |
|     | FEBRUARY  | JAN 31 to FEBRUARY 30   | MARCH 3 by 5 PM     | MARCH 14     |
| 14  | MARCH     | MARCH 1 to MARCH 31     | APRIL 1 by 5 PM     | APRIL 15     |
|     | APRIL     | APRIL 1 to APRIL 30     | MAY 1 by 5 PM       | MAY 15       |
|     | MAY       | MAY 1 to MAY 31         | JUNE 2 by 5 PM      | JUNE 16      |
|     | JUNE      | JUNE 1 to JUNE 30       | JULY 1 by 5 PM      | JULY 15      |
|     | JULY      | JULY 1 to JULY 30       | JULY 31 by 5 PM     | AUGUST 15    |
|     | AUGUST    | JULY 31 to AUGUST 31    | SEPTEMBER 2 by 5 PM | SEPTEMBER 15 |
|     | SEPTEMBER | SEPTEMBER 1 to SEPT 30  | OCTOBER 1 by 5 PM   | OCTOBER 15   |
|     | OCTOBER   | OCTOBER 1 to OCT 30     | OCTOBER 31 by 5 PM  | NOVEMBER 14  |
|     | NOVEMBER  | OCTOBER 31 to DEC 1     | DECEMBER 2 by 5 PM  | DECEMBER 15  |
|     | DECEMBER  | DECEMBER 2 to DEC 31    | JANUARY 2 by 5 PM   | JANUARY 15   |



## WORK STUDY SA ATTENDANCE REPORT

HUMBOLDT STATE UNIVERSITY

CA ST UNIV &amp; COL TRUST FD#0948

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I AM DULY AUTHORIZED BY THE HEREIN NAMED STATE AGENCY TO MAKE THIS REPORT AND CERTIFICATION THAT THIS REPORT CORRECTLY REFLECTS THE ATTENDANCE OF ALL STUDENT ASSISTANT EMPLOYEES OF THIS REPORTING UNIT FOR THE PAY PERIOD INDICATED, AND THAT ALL EMPLOYEES LISTED HEREIN ARE ENTITLED TO PAYMENT FOR THE TIME REPORTED HEREIN, AND HAVE TAKEN, SUBSCRIBED AND FILED THE OATHS REQUIRED BY LAW.

AUTHORIZED SIGNATURE FOR CERTIFICATION

DATE

TELEPHONE

| LINE         | EMPLOYEE IDENTIFICATION |        |         |       | POSITION |                 | TOTAL HOURS           | SALARY RATE |                        |                       |
|--------------|-------------------------|--------|---------|-------|----------|-----------------|-----------------------|-------------|------------------------|-----------------------|
|              | HSU ID NUMBER           | INIT.  | SURNAME | CLASS | SERIAL   |                 |                       |             |                        |                       |
| 1            |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 2            |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 3            |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 4            |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 5            |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 6            |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 7            |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 8            |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 9            |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 10           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 11           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 12           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 13           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 14           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 15           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 16           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 17           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 18           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 19           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 20           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 21           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 22           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 23           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 24           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 25           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 26           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
| 27           |                         |        |         | 1871  |          |                 |                       |             |                        |                       |
|              | 225                     |        |         |       |          |                 |                       |             |                        |                       |
| AGENCY       | UNIT                    | MO     | YR      | PAGE  | BATCH ID | NO OF EMPLOYEES | HOURS                 | RATE        | TOTAL HOURS THIS BATCH | TOTAL RATE THIS BATCH |
| ORGANIZATION |                         | PERIOD |         |       |          | 53              | TOTAL HOURS THIS PAGE |             | TOTALS THIS BATCH      |                       |



**Associated Students of Humboldt State University  
Request for Authorization to Travel**

**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.**

## Example 15

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

Activity:

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---

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 all liability and promise not to sue** the state of California, the Trustees of The California State University, Humboldt State University and their employees, officers, directors, volunteers and agents (collectively "University") and the Associated Students of the Humboldt State University and their employees, officers, directors, volunteers and agents (collectively "Auxiliary Organization") from any and all claims, **including claims of the University's or Auxiliary Organization's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic 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 and Auxiliary Organization **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 and the Auxiliary Organization from all liability, (b) promising not to sue the University, or the Auxiliary Organization (c) and assuming all risks of participation 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: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Number \_\_\_\_\_

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 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

SAMPLE

**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 |
|----------------------|-------------------------------|---------------|



# POLICIES

Section: **Policy Statement - Administrative**

Subject: **Policy Against Sexual Harassment and Sexual Assault**

---

**Purpose:** To communicate Associated Students commitment to maintain an environment free from sexual harassment and sexual assault and to reinforce that such activity will not be tolerated.

**New/Revised:**

**Council Adoption Date:** April 30, 2001 - Supersedes P 2/22/93

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## **I. Policy**

It is the policy of the Associated Students to maintain an environment free from sexual harassment and sexual assault. Sexual harassment is reprehensible and will not be tolerated. It subverts the mission of the University and the Associated Students and threatens the educational experience and well-being of students, faculty, and staff. The Associated Students encourages all employees to treat one another with dignity and respect.

## **II. Definition of Sexual Harassment**

For purposes of the policy, 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, or a term of participation in Associated Students programs or activities; OR
- b) submission to or rejection of such conduct by an individual is used as a basis for employment or decisions affecting participation in Associated Students 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 creating an intimidating, hostile, or offensive working environment.



### **III. Definition of Sexual Assault**

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

### **IV. Reporting and Complaint Procedure**

The Associated Students will take all steps reasonable necessary to ensure that employees work in an environment free from intimidation and hostility. Any employee who believes that she or he has been a victim of sexual harassment or sexual assault should discuss the matter with the Associated Students General Manager at the earliest opportunity. Even when such harassment is caused by a fellow employee or non-employee, it should be brought to the immediate attention of the General Manager. All such complaints will be treated with maximum feasible confidentiality and will be investigated and resolved promptly.

Any employee who engages in such conduct is subject to appropriate disciplinary action, including immediate discharge and may be liable to the offended party under applicable laws.

Associated Students takes harassment seriously and will take appropriate steps to eliminate it. An individual who falsely accuses another individual of harassment should be aware that he/she may be personally liable under applicable laws for such allegations.

Section: **Policy Statement - Administrative**

Subject: **Non-Discrimination Policy**

---

**Purpose:** CSU System policy requires auxiliary organizations to adopt nondiscrimination policies. The policy is detailed below.

**New/Revised:**

**Council Adoption Date:** April 30, 2001

---

The Associated Students of Humboldt State University reaffirms and extends its policies of non-discrimination in its programs, activities and all matters affecting students, employees and applicants for employment. The Associated Students ensures equal opportunities in its activities and employment without regard to race, color, religious creed, sex, national origin, ancestry, sexual orientation, marital status, pregnancy, age, physical disability, mental disability, medical condition, or veteran's status and distinguishes among persons on the basis only of merit, ability, talent, knowledge and achievement. Every member of the Associated Students has a responsibility to assure that the policy of equal opportunity is provided in all Associated Students programs and activities, in its treatment of students, and in the recruitment of Associated Students student/hourly employees.

Section: **Policy Statement - Fiscal**

Subject: **Social Responsibility Policy**

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**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

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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.

# Executive Memorandum

**January, 2002**

**P02-01**

**Supersedes P01-4, P98-05**

Subject: Humboldt State University Policy and Procedures for Accommodating Individuals with Disabilities

## **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

Last Updated June 7, 2010. Office of the President, Siemens Hall 224, 707.826.3311.  
Contact Us.

## **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](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.**



