

Continuing CCA Student Worker Hiring Instructions

Supervisor and student employee should complete forms together. All forms are fillable PDF forms to be completed online and printed.

1. Complete Personnel Form.
2. Complete “CCA Paid Sick Leave Designated Person Form” (optional).
3. Complete Data Confidentiality form (only required for first position for which student is hired in 2011-2012).
- 4. Review forms for completeness and accuracy.**
5. Print completed forms
- 6. Sign ALL forms** and return to Janine Willis in the San Francisco Financial Aid Office.

CCA Student Employee Personnel Form

STUDENT MUST BE REGISTERED AT LEAST HALF-TIME FOR THE UPCOMING SEMESTER

Section 1. PERSONAL DATA			
Last Name:	First Name:	Student ID#:	
Date of Birth:	Social Security #:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Permanent Address:			
City:		State:	Zip:
Local Address (street address, city, state, zip):			
CCA E-mail Address:		Home Telephone:	
Expected Month/ Year of Graduation:			
I will be picking up my work-study paychecks at the following location:			
<input type="checkbox"/> Oakland <input type="checkbox"/> San Francisco <input type="checkbox"/> Direct Deposit (you must fill out and submit this form to the Payroll Office in SF: http://www.cca.edu/sites/default/files/pdf/08/employee-direct-deposit.pdf			
Are you an International Student? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 2. HIRING INFORMATION	
Job Title:	
Job Location:	Employment Start Date:
Supervisor Name (please print):	Pay Rate:
Department:	

Section 3. CHANGE OF STATUS	
From:	To:
Effective Date:	

REMARKS:

Section 4. AUTHORIZATION (Signatures ONLY)	
Student Employee:	Date:
Department Supervisor:	Date:
Student Employment Coordinator:	Date:

FA/ HR/ Payroll Use Only			
<input type="checkbox"/> I-9 on file	<input type="checkbox"/> Confidentiality Form	<input type="checkbox"/> Federal Work-Study	Job Code:
<input type="checkbox"/> Copies of ID(s)	<input type="checkbox"/> Designated Person Form	<input type="checkbox"/> Community Work-Study	Job Posting #:
<input type="checkbox"/> W-4 on file	<input type="checkbox"/> F-1 <input type="checkbox"/> J-1	<input type="checkbox"/> Institutional Work-Study	

For additional hiring forms visit <http://www.cca.edu/admissions/financialaid/hiringforms> to download and print.

CCA Paid Sick Leave “Designated Person” Form

NOTE: This form is optional. If you do not wish to designate anyone for sick leave purposes, you do not need to complete the fields.

If you do not have a spouse or registered domestic partner, you can use accrued sick leave for a “designated person”. You can elect a designated person via this form and can change your designation once per year during a time specified by the College.

I _____ designate
(Print your full name)

_____ as my designated
(print the full name of the designee)

person for sick leave purposes.

(Signature and date)

Data Security and Confidentiality Agreement For new and current student employees

I, _____, [have accepted / currently hold] a position at California College of the Arts (CCA). As a condition of my employment at CCA, I understand and agree with the following provisions that implement the requirements of various ETS and CCA policies.

Confidential Information Access

1. I understand that in performing the duties for which I have been hired, I may see and/or have access to confidential, sensitive, and/or private information (hereafter called "confidential information"). For purposes of this Agreement, "confidential information" means any fact, matter, document, or file in any form (oral, hard copy, electronic, and others), disclosed to me or known by me as a consequence of my employment and not generally known outside CCA. Examples of confidential information include, but are not limited to: Social Security Numbers, financial information, financial aid applications, copies of tax returns, health records, birth date, home address or phone number, gender, ethnicity, citizenship, citizen visa code, veteran and/or disability status, educational services received, student academic information (including but not limited to grades, courses taken, schedule, test scores, advising records), disciplinary actions, and student ID.
2. During my employment and after my employment is terminated, I will not disclose to, discuss, or share with any unauthorized person, group, or department, inside or outside of CCA, any confidential information, in any form, except to the extent that such disclosure, discussion, or sharing is authorized by my supervisor [and/or the appropriate data steward].
3. I will not use confidential information for my own personal purposes.
4. I will not copy or remove from CCA materials containing confidential information, except to the extent that I am given permission to do so by my supervisor [and/or the appropriate data steward].
5. I will not look at, examine, or retrieve any document, file, or database, except those to which I am authorized to access and which are necessary for me to access in order to perform my job duties.
6. I will not make copies, electronic or otherwise, of any files or portions of files containing confidential information outside the scope of my normal job duties.
7. I will not discuss or share with any unauthorized person, group, or department, inside or outside of CCA, any conclusions that I or others draw from confidential information, if discussing or sharing those conclusions would reveal any confidential information.
8. I understand that all confidential information originated or stored on CCA computer systems are CCA property.
9. If I am ever uncertain whether a particular fact, matter, document, or file is covered by this agreement, I will resolve all uncertainties in favor of preserving the confidentiality of that information, and I will seek clarification from my supervisor [and/or the appropriate data steward] before engaging in any conduct that could jeopardize the confidentiality of the information.

Other Policies, Guidelines, and Laws

10. I understand that as a CCA employee, I am bound by all applicable CCA policies as they now exist, and as they may from time to time be amended, including all ETS policies located at <http://technology.cca.edu/about/policies/>.
11. I understand that I am required to abide by all applicable Federal and State guidelines regarding confidentiality of data, including but not limited to the Family Education Rights and Privacy Act (FERPA), Gramm-Leach Bliley (GLB), and the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

Electronic Storage & User Access

12. I understand that all transactions and activity processed by my User ID and Password are my responsibility. I understand that my User ID and password must remain confidential and must not be shared with anyone.
13. I understand that it is my responsibility to prevent unauthorized access to or use of my user account or login credentials, and that it is my responsibility to understand and comply with the ETS Computer Shutdown and Security Policy, at <http://technology.cca.edu/about/policies/securityandshutdown.php>, including physically and electronically locking my computer when I'm away.

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Data Security and Confidentiality Agreement
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14. I will not download, store, or access any files containing confidential data on a computer other than a CCA server (including dada, pomo, ccaoakdc, ccasfdc, adv.admin, adp, colleague), unless otherwise directed by my supervisor [and/or the appropriate data steward].
15. If directed by my supervisor [and/or the appropriate data steward] to download, store, or access any files containing confidential data on a computer other than a CCA server, I will encrypt and password protect any confidential data using guidelines and best practices outlined by ETS.
16. I understand that any confidential information accessed via the CCA VPN must remain on CCA servers (as delimited in item 14 above).

Other Storage Media

17. I will securely lock any archived confidential data that may be stored on computer tape, cartridge, disk, CD-ROM, or other electronic storage media.
18. I will securely dispose of any outputs or files I create in a manner that fully protects the confidentiality of records.

Consequences

19. I understand that I can be held legally personally liable for any harm incurred by individuals or establishments if I disclose confidential information to which I have access.
20. I understand that a breach of confidentiality, including but not limited to cases where I aid, abet, or act in conspiracy with any other person to violate any part of this agreement, and cases that result in a breach of confidentiality but do not violate this agreement, may result in sanctions, civil or criminal prosecution and penalties, and/or employment or other college disciplinary action up to and including termination, and could lead to suspension or revocation of all access privileges.
21. Upon termination, I agree to return all material containing confidential information to my supervisor [and/or the appropriate data steward], including any backup or archival data, on or before my termination date.

By signing and dating this agreement in the spaces below, I certify that I have read and do understand this agreement in its entirety, and that I agree to be bound by its terms both during my employment and after I leave my position at CCA.

Signature of Student Employee

Date

Signature of Supervisor

Date