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**APPENDIX A**

**APPENDIX OF FORMS**





(Give copies to: Grievant and Union)

-over-

**FIRST LEVEL OF REVIEW**

(File with supervisor/administrator, copies to Director, Human Resources and Local 715)

1. To be completed by grievant:

Request for conference:                     Yes             No

Designation of representative:             Yes             No

Name of representative:

Grievant's signature:

2. To be completed by immediate supervisor/administrator:

Date grievance was filed:

Immediate supervisor's decision and reason(s) for decision:

Immediate supervisor's signature:

Date:

**SECOND LEVEL OF REVIEW**

(File with second level administrator, copies to Director, Human Resources and Local 715)

1. To be completed by grievant:

Request for conference:                     Yes             No

Name of representative (if different from first level):

Grievant's signature:

2. To be completed by Manager:

Date grievance was filed at second level:

Decision of Administrator, and reason(s) for decision:

Administrator's signature:

Date:

**REQUEST FOR ARBITRATION** (File with Director, Human Resources)

Grievant's signature:

Date:

Signature of authorized representative of Local 715, SEIU:

Ben opeiu 29/afl-cio

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT**

**Disciplinary Action Appeal Form**

I, \_\_\_\_\_ hereby appeal the disciplinary action taken against me pursuant to Article 16 of the collective bargaining *Agreement* between the Foothill-De Anza Community College District and SEIU, Local 715.

I request a hearing on the grounds that:

- \_\_\_\_\_ I did not commit the acts or omissions alleged as the events upon which the cause for discipline is based.
- \_\_\_\_\_ The acts or omission(s) alleged do not amount to cause for dismissal, demotion, or suspension.
- \_\_\_\_\_ The penalty imposed is excessive or unreasonable.
- \_\_\_\_\_ The required procedure was not followed.

Dated: \_\_\_\_\_  
(signature)

**Note:** If you wish to appeal the disciplinary action taken against you, you or your representative must date and sign this form. You must also return this form to the Director of Human Resources within seven (7) working days of the effective date of the sanction imposed against you. If the Director of Human Resources has not received this form by that time, you will be deemed to have waived your right to an appeal and the disciplinary action shall be final.

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT**

Office of Human Resources and Affirmative Action

**DONATION OF SICK LEAVE  
PLEDGE FORM**

In accordance with Article 10 of the Agreement between SEIU and the District, I hereby authorize the following sick leave donation to (please type or print):

Name:

Campus:

Division:

I understand that I must retain a minimum of 60 days (480.00 hours) of sick leave and that I must donate sick leave in not less than 8 hour increments.

**DONATING EMPLOYEE INFORMATION:**

(Please type or print)

Name:

Social Security Number:

Campus:

Division:

Number of sick leave hours being donated:

Anonymous Donation

Effective date of sick leave transfer:

Donating Employee's Signature:

Date:

**Return This Form To:**

**Office of Human Resources**

**Foothill-De Anza Community College District**

**12345 El Monte Road, Los Altos Hills, CA 94022**

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**For Office Use Only (initials of processor)**

Criteria Met

Balance of **donor's** sick leave before donation

Criteria Not Met

Sufficient verification of certification for eligibility of **donee**

Not Sufficient

**Donor's** sick leave balance **decreased** to

hours by

effective

**Donee's** sick leave balance **increased** to

hours by

effective

Copy to Payroll Services on

by

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FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT  
Office of Human Resources and Affirmative Action  
**EDUCATIONAL ASSISTANCE**  
**UNIT I**

The District shall maintain a fund for assisting unit members to pay for required tuition, fees, and textbooks to attend any work-related class at an accredited college or university. The fund shall be \$10,000 per year. Remaining money shall be rolled over to the next year but the maximum fund shall be not more than \$15,000. Educational Assistance may be used during a Staff Development Leave.

1. The worker shall provide evidence of successfully completing the class.
2. A worker may receive up to a maximum of \$1,000 per academic year.
3. Assistance shall be on a first come first serve basis, until the fund is depleted.

**Include official transcript verifying successful completion of the work-related class and receipts identifying tuition, fees and textbooks. Parking fees are not included.**

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**To Be Completed By The Employee:**

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount of Educational Assistance Requested: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Date of Course(s): \_\_\_\_\_ Fees: \$ \_\_\_\_\_

Date Course(s) Completed: \_\_\_\_\_ Textbooks: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Information on course(s): \_\_\_\_\_

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

**To Be Completed by the Administrator:**

I verify that this class is a work-related class.

Administrator's Name (please print) \_\_\_\_\_ Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* (For Human Resources Use Only) \*\*\*\*\*

Director, Human Resources \_\_\_\_\_ Amount Reimbursed \$ \_\_\_\_\_

Processor

Date of Reimbursement:

3/99 KEP

**FOOTHILL - DE ANZA COMMUNITY COLLEGE DISTRICT**

**PROFESSIONAL GROWTH AWARD**

**Application Form**

To be filled in by employee and submitted to Professional Growth Review Panel upon completion of requirements (see attached "Guidelines for Professional Growth Award"). Please review the attached CHECKLIST and make sure you have included all necessary paperwork when submitting your application packet for review.

Name

Social Security No.

Position

Campus

Department

Date of Hire

Office Phone No.

1. College, adult education, or trade school courses (See No.1 on Guidelines sheet for explanation, (NO MAXIMUM)

Institution-Qtr/Sem Date	Course Number & Course Title	Specify Qtr or Semester Units	No. of Hours
--------------------------	---------------------------------	----------------------------------	--------------

Use separate sheet if needed

TOTAL

2. District In-Service Workshop (See No.2 on Guidelines sheet, 25 HOUR MAXIMUM)

District In-Service Workshop

Date of Workshop

No. of Hours

Use separate sheet if needed

TOTAL  
(25 Hour Maximum)

Effective January 1997  
(previous forms may NOT be used)

3. Leadership or Committee Work (See No. 3 on Guidelines sheet, 50 HOUR MAXIMUM)

Professional Organization	Date of Activity	No. of Hours
---------------------------	------------------	--------------

Non-Professional Organization (10 HOUR MAXIMUM)

Use separate sheet if needed

TOTAL  
(50 Hour Maximum)

4. District Committee Work (50 HOUR MAXIMUM, Every two hours earns one hour of credit, see No. 4 on Guidelines sheet). District committee work - use Committee Work Verification Form

Professional Organization	Dates of Committee Work	No. of Hours
---------------------------	-------------------------	--------------

Use separate sheet if needed

TOTAL  
(50 Hour Maximum)

5. Special Activities (see No. 5 on Guidelines sheet, 50 HOUR MAXIMUM)

Job Related Special Activities	Date of Activity	No. of Hours
--------------------------------	------------------	--------------

Non-Job Related Special Activities (10 HOUR MAXIMUM)

Use separate sheet if needed

TOTAL  
(50 Hour Maximum)

6. Physical Fitness Activities (see No. 6 on Guidelines sheet, 36 HOUR MAXIMUM)

Institution-Qtr/Sem Date	Course Number & Course Title	Specify Qtr or Semester Units	No. of Hours
--------------------------	---------------------------------	----------------------------------	--------------

Use separate sheet if needed

TOTAL  
(36 Hour Maximum)

NOTE: PLEASE MAKE A COPY FOR YOUR FILE BEFORE SUBMITTING.

Effective January 1997  
(previous forms may NOT be used)

**GUIDELINES FOR PROFESSIONAL GROWTH AWARD**

An employee must have completed at least one year of employment with the District and have achieved permanent status. Course work started prior to employment will not be considered for an award.

An eligible worker must complete a minimum of 200 hours of credited activity, 100 hours of which must have been completed since the last award. One hundred (100) of the 200 hours may be hours completed prior to the last award which were earned in Category 1 of Requirements, completion of college, adult education, or trade school courses.

A minimum of two years in paid status must have occurred since the last award.

An application for an award must be accompanied by OFFICIAL transcripts or official letterhead verifying specific dates and hours of attendance.

The employee must complete a diversity of activities. The hours may be earned through any combination of the following:

1. COLLEGE, ADULT EDUCATION, OR TRADE SCHOOL COURSES. Each course must be approved and evidence of successful completion (grade of "C" or better, or Pass from a Pass/Fail basis) filed with the Review Panel. There is NO MAXIMUM and calculation of hours for courses which are assigned a certain number of units will be based on the following:

Foothill and De Anza Other Colleges

- No. of contact hours/week as stated    a. One Quarter unit = 12 hours  
In the Course Inventory Audit Report    b. One semester unit = 18 hours

2. DISTRICT IN-SERVICE WORKSHOPS. Attendance and participation in voluntary District in-service workshops related to the work of the district. Maximum of twenty five (25) hours per award.
3. LEADERSHIP OR COMMITTEE WORK. Participation in a leadership role or in committee work in local, state, or national professional associations to the extent of the guidelines approved by the Review Panel. Maximum of Fifty (50) hours per award. Participation in a leadership role or in committee work in a non-professional association to the extent of the guidelines approved by the Review Panel. Maximum of Ten (10) hours per award. Total of the two-50 hours max.
4. DISTRICT COMMITTEE WORK. Participation in District committee work to the extent of the guide-

lines approved by the Review Panel. Maximum of Fifty (50) hours per award. Each two hours of committee work under this clause shall earn one hour of credit toward an award.

5. **JOB RELATED SPECIAL ACTIVITIES.** Participation in job related special activities, such as seminars, conferences, conventions, institutes, and lectures offered by colleges, adult schools, professional associations and community organizations. Maximum of Fifty (50) hours per award. Participation in non-job related special activities, such as seminars, conferences, conventions, institutes, and lectures offered by colleges, adult schools, professional associations and community organizations. Maximum of Ten (10) hours per award. Total of the two-50 hours max.
6. **PHYSICAL EDUCATION ACTIVITIES.** A maximum of Thirty Six (36) hours for Physical Education credits per award. The exception to this limit is if the Physical Education credits are work related.

No more than one award (or 200 hours) may be earned for activities during a staff development leave. There will be no carryover of excess hours earned during a staff development leave. It will be the responsibility of the employee to report all hours earned during a leave; if not reported, staff development leave hours will be withheld.

These guidelines apply to all applications filed with the Professional Growth Review Panel.

**FOOTHILL - DE ANZA COMMUNITY COLLEGE DISTRICT**  
**PROFESSIONAL GROWTH AWARD**

**Verification Checklist**

Name: \_\_\_\_\_ Ext. \_\_\_\_\_

Job Title: \_\_\_\_\_ Campus \_\_\_\_\_

1. Official transcript for academic courses.
2. Workshop, conference, or outside committee work.
  - A. Official letterhead
  - B. Authorized signature

3. Professional Growth Verification form for District committee work.

Authorized signature

Note: Omissions may delay your award.

Effective January 1997  
(previous checklist is obsolete)

**FOOTHILL – DE ANZA COMMUNITY COLLEGE DISTRICT**

**PROFESSIONAL GROWTH AWARD**

**Committee Work Verification Form**

(Name)

participated on the

Committee on the following dates and times:

Date:	Time:	No. of Hours
Date:	Time:	No. of Hours
Date:	Time:	No. of Hours
Date:	Time:	No. of Hours
Date:	Time:	No. of Hours

Date:	Time:	No. of Hours
Date:	Time:	No. of Hours
Date:	Time:	No. of Hours
Date:	Time:	No. of Hours
Date:	Time:	No. of Hours
Date:	Time:	No. of Hours
Date:	Time:	No. of Hours
Date:	Time:	No. of Hours
Date:	Time:	No. of Hours
Date:	Time:	No. of Hours
Date:	Time:	No. of Hours
Date:	Time:	No. of Hours
Date:	Time:	No. of Hours

Total No. of Hours:

I verify participation on the \_\_\_\_\_ Committee

by \_\_\_\_\_ on the dates and times recorded.

Date: \_\_\_\_\_ Signature of Committee Chairperson

Effective January 1997  
(previous forms may NOT be used)

**FOOTHILL - DE ANZA COMMUNITY COLLEGE DISTRICT**

**PROFESSIONAL GROWTH AWARD**

**Validation Of Attendance**

This is verification that (Name)

attended a Seminar/Workshop on

Date

Place

The seminar/workshop was presented by

from

a.m./p.m. to

a.m./p.m.

Total hours

Signature of Certifying Official

Title

Effective January 1997  
(previous forms may NOT be used)

Case #

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT**  
**APPLICATION FOR RECLASSIFICATION**



**EMPLOYEE RESPONSIBILITY:**

- 1) An employee applying for reclassification must complete this packet with all requested documents attached and submit it to the Classification Specialist by the 5th of any given month. Incomplete packets will be returned and will need to be resubmitted once the packet is complete.
- 2) It is the responsibility of the employee to send copies of the completed packet to the supervising manager and a campus Union Steward.

**EMPLOYEE INFORMATION**

NAME PHONE EXT.

CURRENT TITLE LEVEL

DEPARTMENT

SUPERVISING MANAGER

REQUESTED TITLE REQUESTED LEVEL

ARE YOU REQUESTING RECLASSIFICATION TO AN EXISTING CLASSIFICATION OR A NEW CLASSIFICATION?

REQUEST RATIONALE:

(A WORKER WHO HAS APPLIED FOR RECLASSIFICATION MAY NOT APPLY FOR ANOTHER RECLASSIFICATION FOR AT LEAST TWO YEARS FROM THE DATE OF THE LAST RECLASSIFICATION REQUEST, INCLUDING A RECLASSIFICATION REQUEST UNDER A PRIOR AGREEMENT, EXCEPT IN EXTRAORDINARY CIRCUMSTANCES.)

Last date that you applied for reclassification?

**SUPERVISING MANAGERS RESPONSIBILITY**

- 1) The supervising manager is responsible to review and initial all duties that have been assigned to the employee in the DUTIES section (page 2 of the classification packet).
- 2) It is the responsibility of the supervising manager to inform his/or her superiors that a reclassification request has been submitted.

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**A - DUTIES**

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(You must be a permanent classified worker performing the duties listed below for at least six months in order to apply for reclassification)

Please list in priority order the duties that you are currently performing. In the left hand column, please identify the date that the duties were added or changed. To the right of each duty listed, indicate the % of time you perform the function on a daily basis.

DATE ADDED OR CHANGED	% of time performed	SUPERVISING MANAGERS INITIALS
-----------------------------	------------------------	-------------------------------------

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

(Please use back side of page, if necessary)

DATE  
ADDED OR  
CHANGED

% of time  
performed

SUPERVISING  
MANAGERS  
INITIALS

13.

14.

15.

16

17.

18.

*Duties that have been assigned to your position must be initialed by your supervising manager in the right hand column.*

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### **B - SUPERVISION EXERCISED**

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Do you exercise supervision over any employees?

Yes No

If yes, please list the name, job title and level of each employee that you supervise. In the right hand column, indicate whether you provide INDIRECT or DIRECT supervision. Indirect Supervision - you are responsible for assigning, monitoring and reviewing the tasks and duties performed. Direct Supervision - In addition to indirect supervision, you participate in, or are responsible for, discipline, grievances, and formal performance evaluations.

EMPLOYEES	JOB TITLE	SUPERVISION	TYPE OF
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Please list the total number of employees that you are responsible for supervising:

Full-time

Part-time

Seasonal/Temp

Students

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### **C - JOB RELATED REQUIREMENTS**

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Please describe the basic knowledge that the employees must possess in order to perform the work. Do not include information that can be learned on the job i.e. policies of the division, a specific software package. Show only the knowledge that is essential for full performance of the work, not the knowledge that the employee personally possesses.

Kind of Knowledge:

How Used:

Kind of Knowledge:

How Used:

Kind of Knowledge:

How Used:

Kind of Knowledge:

How Used:

Kind of Knowledge:

How Used:

Kind of Knowledge:

How Used:

Kind of Knowledge:

How Used:

Employee Signature

Date

Supervising Manager Signature

Date

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**D - FORMS AND-DOCUMENTS REQUIRED**

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The following materials must be included in order for the reclassification packet to be complete.

**A. COMPLETED APPLICATION FOR AFFECTED EMPLOYEE**

**B. COPY OF CURRENT JOB DESCRIPTION FOR THE EMPLOYEE**

If you do not have a copy of the current job description, please call Human Resources and request a copy of the description that is in the employee's personnel file.

**C. REVISED JOB DESCRIPTION**

If you are requesting reclassification under an existing job description, you can obtain the appropriate job description from the Classification Specialist. If you are proposing assigned duties that are different from an existing job description, you will need to submit a revised job description.

**D. CURRENT ORGANIZATIONAL CHART**

This chart should include all managers and employees in the division/department including name, current classification and level.

**E. PROPOSED ORGANIZATIONAL CHART**

This chart should reflect all proposed changes to the current organizational chart.

For additional information or clarification, call the Classification Specialist at ext. 6228.

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**APPENDIX B**

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**PROFESSIONAL GROWTH PROGRAM  
FOR CLASSIFIED WORKERS**



APPENDIX B  
**PROFESSIONAL GROWTH AWARD**

**Purpose:**

The purpose of the Professional Growth program is to provide incentives to classified personnel in the District to enhance and update their performance through continuing education and through involvement in professional organizations and associations.

**Review Panel:**

The Professional Growth Review Panel is composed of seven members: The Director of Human Resources or his/her designee and up to six appointees of SEIU, Local 715, Unit 1 Members.

The District grants members of the Review Panel time during working hours to carry out their official duties. The responsibilities of the Panel are the following:

1. To select their own chairperson.
2. To meet as required to review applications received prior to each meeting
3. To review and approve or deny all applications for point credit.
4. To submit their decisions to the Director of Human Resources

**Worker Eligibility:**

1. A worker must have completed at least one year of employment with the District and have achieved permanent status.
2. An eligible worker must complete a minimum of 200 hours of credited activity, 100 hours of which must have been completed since the last award. One hundred (100) of the 200 hours may be hours completed prior to the last award which were earned in Category 1 of requirements; completion of college, adult education, or trade school courses.
3. A minimum of two years in paid status must have occurred since the last award.

**Requirements:**

A worker must accumulate 200 hours of professional growth activities. Course work and other activities completed prior to employment with the District as a classified worker in the bargaining unit are not eligible hours for a Professional Growth Award.

An application for an award must be accompanied by appropriate documentation; e.g., transcripts or verification specifying dates and hours of attendance.



The worker must complete a diversity of activities. The hours may be earned through any combination of the following:

1. Completion of college, adult education, or trade school courses. Each course must be approved and evidence of successful completion (that is, a grade of C or better unless the course is taken on a pass/fail basis in which case pass is acceptable) filed with the Review Panel. The calculation of hours for courses which are assigned a certain number of units will be based on the following:
  - a. one quarter unit = 12 hours
  - b. one semester unit = 18 hours

The District agrees to waive, at the time of registration, all fees other than those required by law for Foothill or De Anza Colleges.

No hours are earned for an audited class.

2. Attendance and participation in voluntary District in-service workshops related to the work of the District. Maximum of twenty five (25) hours per award.
3. Participation in a leadership role or in committee work in local, state or national professional associations to the extent of the guidelines approved by the Review Panel. Maximum of fifty (50) hours per award. Participation in a leadership role or committee work in a non-professional association to the extent of the guidelines approved by the Review Panel. Maximum of ten (10) hours per award.
4. Participation in district committee work to the extent of the guidelines approved by the Review Panel. Maximum of fifty (50) hours per award. Each two hours of committee work under this clause shall earn one hour of credit towards an award.
5. Participation in job related special activities, such as seminars, conferences, conventions, institutes, and lectures offered by colleges, adult schools, professional associations, and community organizations. Maximum of fifty (50) hours per award. Participation in non-job related special activities, such as seminars, conferences, conventions, institutes, and lectures offered by colleges, adult schools, professional associations, and community organizations. Maximum of ten (10) hours per award.
6. No more than one award (or 200 hours) may be earned for activities during a staff development leave. There will be no carryover of excess hours earned during a staff development leave. It will be the responsibility of the worker to report all hours earned during a leave; if not reported, staff development leave hours will be withheld.
7. A maximum of thirty six (36) hours for Physical Education credits per award. The exception to this limit is if the Physical Education credits are work related.

**Effective Date:**

The Professional Growth Program is effective July 1, 1974. It replaces the former Program of Acknowledgment of Professional Development, which was discontinued on July 1, 1974. All persons who previously were awarded the Acknowledgment of Professional Development will continue to receive that award.

Changes to the Professional Growth Program are effective upon ratification of this article.

**Applications:**

Application forms for professional growth awards are in the appendix of forms and are also available from the Office of Human Resources, review panel members, and SEIU, Local 715.

**Educational Assistance:**

The District shall maintain a fund for assisting unit members to pay for required tuition, fees, and textbooks to attend any work-related class at an accredited college or university. The fund shall be \$10,000 per year. Remaining money shall be rolled over to the next year but the maximum fund shall be not more than \$15,000. Educational Assistance Funds may be used during a Staff Development Leave.

1. The worker shall demonstrate that he/she has successfully completed the class.
2. A worker may receive up to a maximum of \$1000 per academic year.
3. Assistance shall be on a first come first serve basis, until the fund is depleted.

The District shall maintain a list of all disbursements under this fund and make it available for review by the Union each quarter.

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**APPENDIX C**

**SALARY SCHEDULE FOR  
CLASSIFIED STAFF**

**1998/99**

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APPENDIX C  
**SALARIES FOR CLASSIFIED STAFF**

1. The salary schedule for the 1998-99 school year shall be increased by 3.0% effective July 1, 1998.
2. Additionally the salary schedule for the 1998-99 school year shall be increased by 0.50% effective March 1, 1999.

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**APPENDIX D**

**DEVELOPMENT LEAVE FOR  
CLASSIFIED STAFF**

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APPENDIX D  
**DEVELOPMENT LEAVE FOR CLASSIFIED STAFF**

1. Obtain from and return to the Department of Human Resources, an application for Classified Staff Development Leave before December 15.
2. Included with the application must be a detailed plan of activities and two recommendations, one from the immediate supervisor and the other from the appropriate administrator.
3. The application shall then be forwarded to the Classified Staff Development Leave Committee for recommendation.
4. If at anytime plans or the leave change, the worker shall, as soon as feasible, notify the Assistant Director of Human Resources.
5. If the leave is granted, the worker must agree in writing to render, upon return from leave, two (2) months of service to the District for every month of leave.
6. The worker shall file a written report of the activities of the leave within 30 days after return from leave.



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**APPENDIX E**

**POSITION RANGES AND TITLES**

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<b>JOB TITLE</b>	<b>RANGE</b>
CAMPUS CENTER ASSISTANT	13
FOOD SERVICE DISHROOM ASSISTANT	13
FOOD SERVICE ASSISTANT I	20
FOOD SERVICE ASSISTANT II	23
FOOD SERVICE ASSISTANT III	26
FOOD SERVICE COOK	30
FOOD SERVICE OPERATIONS COORDINATOR	32
COMMUNICATIONS OPERATOR-RECEPTIONIST	33
MOBILITY ASST/VAN DRIVER	33
OFFICE ASSISTANT	33
OTI OFFICE ASSISTANT	33
TESTING ASSISTANT	33
BOOKSTORE TEXTBOOK ASSISTANT	34
BOOKSTORE SHIPPING/RECEIVING ASST.	35
CASHIER	35
COMMUNITY SERVICE OFFICER	35
POSTAL SERVICES ASSISTANT	35
PRESS OPERATOR I	36
EMPLOYMENT TRAINING ASSISTANT	37
OTI SECRETARY	37
SECRETARY	37
ACADEMIC SCHEDULING ASSISTANT	38
ADMISSIONS AND RECORDS ASSISTANT	38
CAREER SERVICES ASSISTANT	38
EVALUATION ASSISTANT	38
FINANCIAL AID ASSISTANT	38
LIBRARY TECHNICIAN	38
OTI INTERNSHIP ASSOCIATE	38
PRINTING SERVICES SPECIALIST (FISCAL)	38
BOOKSTORE COURSEWARE COORDINATOR	39
FACILITIES AND EQUIPMENT ASSISTANT	39
HEALTH SERVICE ASSISTANT	39



<b>JOB TITLE</b>	<b>RANGE</b>
ACCOUNTING ASSISTANT	40
ACCOUNTS PAYABLE ASSISTANT	40
PRESS OPERATOR II	40
TECHNOLOGY SERVICES ASSISTANT	40
BOOKSTORE ASSISTANT	41
CACT SECRETARY, SENIOR	41
CASHIER, SENIOR	41
COMPUTER OPERATOR	41
DEGREE AUDIT SPECIALIST	41
EOPS SPECIALIST	41
LIBRARY TECHNICIAN, SENIOR	41
PAYROLL TECHNICIAN I	41
PEACE OFFICER SUPPORT SERVICES SPECIALIST	41
PLANETARIUM SPECIALIST	41
PUBLICATIONS PRODUCTION TECHNICIAN	41
SECRETARY, SENIOR	41
TESTING TECHNICIAN	41
VETERANS PROGRAM COORDINATOR	41
ADMINISTRATIVE ASSISTANT I	42
EMPLOYMENT SERVICES TECHNICIAN	42
DIVISION ADMINISTRATIVE ASSISTANT	44
FINANCIAL ANALYST	44
GRAPHIC DESIGN TECHNICIAN	44
PRESS OPERATOR, SENIOR	44
SPECIAL EVENTS COORDINATOR	44
STUDENT ACTIVITIES SPECIALIST	44
COMPUTER OPERATOR, SENIOR	45
COMPUTER/ELECTRONICS REPAIR TECHNICIAN	45
DEAF SERVICES/ACCESS CENTER INSTR. ASSOC.	45
INSTRUCTIONAL ASSOCIATE	45
LABORATORY TECHNICIAN	45
LABORATORY TECHNICIAN, PHYSICAL THERAPY	45
LABORATORY TECHNICIAN, PHYSICS	45
OTI INSTRUCTIONAL ASSOCIATE	45
TUTORIAL CENTER ASSOCIATE	45
ACADEMIC ADVISOR	46
ADAPTIVE PHYSICAL EDUCATION SPECIALIST	46
ADMINISTRATIVE ASSISTANT II	46
ADMISSIONS AND RECORDS SUPERVISOR	46

<b>JOB TITLE</b>	<b>RANGE</b>
ATHLETIC TRAINER	46
BUYER	46
EMPLOYMENT TRAINING ADVISOR	46
EOPS SPECIALIST, SENIOR	46
EVALUATION SPECIALIST	46
EXECUTIVE ASSISTANT	46
FINANCIAL AID COORDINATOR	46
HUMAN RESOURCES TECHNICIAN I	46
INTERPRETER SPEC/SCHEDULER	46
OFFICE SUPERVISOR	46
OTI PROGRAM ANALYST	46
PAYROLL TECHNICIAN II	46
POLICE SUPPORT SERVICES COORDINATOR	46
ACCOUNTS PAYABLE SUPERVISOR	48
ASST. COORD. CAMPUS CENTER FOOD SER.	48
HUMAN RESOURCES TECHNICIAN II	48
OTI SERVICES COORDINATOR	48
PEACE OFFICER	48
PROGRAM COORDINATOR I	48
EVALUATION SPECIALIST, SENIOR	49
AUTOMOTIVE TECHNICIAN	50
COMPUTER/ELECTRONICS REPAIR TECHNICIAN, SENIOR	50
MACHINE TOOL TECHNICIAN	50
POLICE OFFICER	50
PUBLIC ACCESS SPECIALIST	50
STAFFING AND FACILITY COORDINATOR	50
TECHNOLOGY TRAINER	50
TELEVISION TECHNICAL COORDINATOR	50
VIDEO CONFERENCE COORDINATOR	50
ACCOUNTANT	51
PAYROLL TECHNICIAN, SENIOR	51
ACADEMIC SCHEDULING COORDINATOR	52
ADMINISTRATIVE ASSISTANT, SENIOR	52
BUYER, SENIOR	52
CASHIERING SERVICES SUPERVISOR	52
COMPUTER LAB INSTRUCTIONAL COORDINATOR	52
COMPUTER LAB OPERATIONS COORDINATOR	52
EMPLOYEE BENEFITS SPECIALIST	52
GRADUATION & EVALUATIONS SUPERVISOR	52
GRAPHIC DESIGN COORDINATOR	52

<b>JOB TITLE</b>	<b>RANGE</b>
MEDIA RELATIONS/EDITORIAL COORDINATOR	52
OTI PROGRAM COORDINATOR II	52
OUTREACH SPECIALIST	52
PROGRAM COORDINATOR II	52
PUBLIC, PRESS & PROMOTION COORDINATOR	52
RESEARCH ANALYST	52
THEATER & FINE ARTS FAC. COORDINATOR	52
ASSISTANT DEVELOPMENT OFFICER	54
CAMPUS BUDGET/ENROLLMENT ANALYST	54
DISABLED STUDENT SERVICES COORDINATOR	54
EXECUTIVE DIRECTOR CALIFORNIA HISTORY CENTER	54
EXECUTIVE DIRECTOR MUSEUM	54
TELEVISION TECHNICAL COORDINATOR, SENIOR	54
COMPUTER OPERATIONS COORDINATOR	55
COMPUTER SUPPORT ANALYST I	55
PROGRAMMER ANALYST I	55
ASST DIRECTOR, ADMISSIONS & RECORDS	56
BOOKSTORE COORDINATOR	56
BUDGET ANALYST	56
CAMPUS COORDINATOR	56
COMPUTER LABORATORY SUPERVISOR	56
DISABLED STUDENT SERVICES SUPERVISOR	56
EOPS SUPERVISOR	56
HEALTH EDUCATOR	56
NETWORK SPECIALIST	56
NETWORK SYSTEM TECHNICIAN	56
OTI ASSISTANT DIRECTOR	56
OTI PROGRAM COORDINATOR, SENIOR	56
PRODUCTION OPERATIONS COORDINATOR	56
PROGRAM COORDINATOR, SENIOR	56
TECHNOLOGY SERVICES SUPERVISOR	56
EMPLOYMENT AND AFF. ACTION SUPERVISOR	60
NETWORK ADMINISTRATOR	60
SYSTEMS AND NETWORK PROGRAMMER I	60
TECHNOLOGY SERVICES SUPERVISOR, SENIOR	60
ACCOUNTANT, SENIOR	63
ACCOUNTANT, SENIOR /GRANTS MONITOR	63

<b>JOB TITLE</b>	<b>RANGE</b>
COMPUTER SUPPORT ANALYST II	64
PROGRAMMER ANALYST II	64
TELEVISION SYSTEMS ENGINEER	64
SYSTEMS AND NETWORK PROGRAMMER II	66
COMPUTER SUPPORT ANALYST, SENIOR	70
SYSTEMS AND NETWORK PROGRAMMER, SENIOR	72
COMPUTER PROJECT COORDINATOR	73
APPLICATIONS PROG., SUPERVISOR	78
COMPUTER AND NETWORK SUPERVISOR	78



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**APPENDIX F**

**ELIGIBILITY CRITERIA FOR  
DOMESTIC PARTNERS' BENEFITS  
AND  
AFFIDAVIT FORM**



APPENDIX F  
**ELIGIBILITY CRITERIA  
FOR DOMESTIC PARTNERS' BENEFITS**

**I. DEFINITIONS:**

Domestic Partnership. Domestic partners are two persons, each aged 18 or older, who have chosen to live together in a committed relationship, who are not legally allowed to marry in the state in which they reside, and who have agreed to be jointly responsible for living expenses incurred during the domestic partnership.

- Live Together. "Live together" means that two people share the same living quarters. Each partner must have the legal right, documented in writing, to possess the living quarters.
- Living Expenses. "Responsible for living expenses" means that the partners are jointly responsible for the common welfare and financial obligations of each other which are incurred during the domestic partnership.

**II. ELIGIBILITY AND ENROLLMENT CRITERIA:**

- A. In order to enroll for coverage of the domestic partner, the employee and his or her domestic partner must complete, sign under penalty of perjury, and file with the District an affidavit attesting to their meeting eligibility requirements, as provided below.
- B. In order to be eligible for domestic partner coverage, the following criteria must be met:
1. The benefit must be one for which the employee's spouse would be eligible, if the employee were married.
  2. The employee and the non-employee must be domestic partners according to the definition in Section I above.
  3. Both members of the domestic partnership must have reached the age of 18 and be mentally competent to consent to contract.
  4. The employee and non-employee must be each other's sole domestic partner.
  5. Neither member of the domestic partnership may be married.
  6. Neither member of the domestic partnership may have had another domestic partner within the previous six months, unless that domestic partnership terminated by death.
  7. Neither of the partners is related to the other by blood as would prevent them

from marrying under California law (i.e., parent, child, sibling, half-sibling, grandparent, grandchild, niece, nephew, aunt, uncle).

8. The domestic partners must share the same principal place of residence and intend to do so indefinitely. They must disclose the address of that residence.
9. The domestic partners must agree that they both are jointly responsible for the common welfare and financial obligations of each other which are incurred during the domestic partnership. The partners' practice need not be to contribute equally to the cost of the living expenses as long as they agree that both are responsible for the total cost.
10. The domestic partners must intend that the circumstances which render them eligible for enrollment will remain so indefinitely.
11. The domestic partners must acknowledge that they understand and agree that the employee domestic partner may make health plan and other benefit elections on behalf of the non-employee domestic partners.
12. The domestic partners must acknowledge that the District may require supportive documentation satisfactory to the District concerning any and all eligibility criteria. Such documentation may include but not be limited to: a deed showing joint ownership of property, a lease stating both partners' names as lessees, a joint bank account, or other similar documentation.
13. The domestic partners must acknowledge that they understand that in addition to the eligibility requirements of the District for domestic partner coverage, there are terms and conditions and limitations of coverage set forth in the offered benefit plans themselves. The domestic partners must agree that by executing the affidavit, each agrees to be bound by the terms and conditions of coverage of the plans.
14. The employee must acknowledge that he or she understands that under applicable federal and state tax law, District-provided benefits coverage of the non-employee domestic partner could result in imputed taxable income to the employee, subject to income tax withholding and applicable payroll taxes.
15. The domestic partners must agree to notify the District within 30 days if there is any change of circumstances attested to in their affidavit. The notice is to be in the form of an amendment of their affidavit. The non-employee domestic partner must agree that the employee domestic partner may terminate the domestic partner benefits unilaterally, at any time, irrespective of the view of the non-employee. If the employee executes such an option, that employee shall notify the non-employee domestic partner as soon as possible that his or her benefits have been terminated and it shall be sole responsibility of that employee to make such notification.

16. The domestic partners must acknowledge that they understand that, if either has made a false statement regarding his or her qualification as a domestic partner or has failed to comply with the terms of the affidavit, the District shall have the absolute right to terminate any and all of the domestic partner's benefits in accordance with the eligibility procedures specified in the health benefits plan. Additionally, if the District suffers any loss thereby, the District may bring a civil action against either or both of the domestic partners to recover its losses, including reasonable attorney's fees and court costs.
17. The domestic partners must acknowledge that the District Administrator of any benefit plan at issue will be the sole and final judge of whether a domestic partner is qualified for benefits.

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT**  
**Department of Human Resources**

**AFFIDAVIT FOR ENROLLMENT OF DOMESTIC PARTNERS**

I, \_\_\_\_\_,  
(print name of employee)

and

I, \_\_\_\_\_,  
(print name of non-employee domestic partner)

certify that:

1. We are domestic partners of one another within the following definitions:

**DEFINITIONS:**

Domestic Partnership. Domestic partners are two persons, each aged 18 or older, who have chosen to live together in a committed relationship, who are not legally allowed to marry in the state in which they reside, and who have agreed to be jointly responsible for living expenses incurred during the domestic partnership.

- Live Together. “Live together” means that two people share the same living quarters. Each partner must have the legal right, documented in writing, to possess the living quarters.
- Living Expenses. “Responsible for living expenses” means that the partners are jointly responsible for the common welfare and financial obligations of each other which are incurred during the domestic partnership.

2. Each of us understands that in addition to meeting the definition of domestic partnership provided in Section I above, we must satisfy the additional eligibility criteria provided herein.
3. We are both eighteen (18) years of age or older and are mentally competent to consent to contract.
4. We are each other’s sole domestic partner.
5. Neither of us is married.

6. Neither of us has been a member of another domestic partnership within the previous six months, unless that domestic partnership terminated by death.
7. Neither of us is related to the other by blood as would prevent us from marrying under California law (i.e., parent, child, sibling, half-sibling, grandparent, grandchild, niece, nephew, aunt, uncle).
8. We share the same principal place of residence and we intend to do so indefinitely. Currently the address of our principal place of residence is:

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9. By signing this Affidavit for enrollment of a Domestic Partner for District benefits, we agree that we both are jointly responsible for the common welfare and financial obligations of each other which are incurred during the domestic partnership. We understand that our practice need not be to contribute equally to the cost of our living expenses but we agree that both of us are responsible for the total cost.
10. Each of us intends that the circumstances which render us eligible for enrollment will remain so indefinitely.
11. Each of us understands and agrees that the employee domestic partner may make health plan and other benefits elections on behalf of the non-employee domestic partner.
12. Each of us understands and agrees that the District may in its discretion, require supportive documentation satisfactory to the District concerning the eligibility criteria and assertions herein. Such documentation may include but not be limited to: a deed showing joint ownership of property, a lease stating both partners' names as lessees, a joint bank account, or other similar documentation.
13. Each of us understands that, in addition to the eligibility requirements of the District for domestic partner coverage, there are terms and conditions and limitations of coverage and eligibility criteria set forth in the offered benefit plans themselves. We understand that we are also bound by the terms of these policies and agreements.
14. Each of us understands that under applicable federal and state tax law, District-provided benefits coverage of the non-employee domestic partner could result in imputed taxable income to the employee, subject to income tax withholding and applicable payroll taxes.
15. Each of us agrees that if there is any change of circumstances attested to in this affidavit, we will, within thirty (30) days of such change of circumstances, file an amendment of this affidavit. The non-employee domestic partner agrees that the employee domestic partner may terminate the domestic partner benefits unilaterally, at any time, irrespective of the view of the non-employee. If the employee-domestic partner executes such an option, the employee shall notify the non-employee domestic partner as soon as possible that his or her benefits have been terminated and it shall be the sole responsibility of that employee to make such

notification.

16. Each of us understands that if either of us has made a false statement regarding his or her qualifications as a domestic partner or has failed to comply with the terms of the Affidavit, the District shall have the absolute right to terminate any and all of the domestic partner's benefits in accordance with the eligibility procedures specified in the health benefits plan. Additionally, if the District suffers any loss thereby, the District may bring a civil action against either or both of the domestic partners to recover its losses, including reasonable attorneys' fees and court costs.
17. Each of us understands and agrees that the District Administrator of any benefit plan at issue shall be the sole judge of determining whether we qualify as domestic partners.
18. Each of us declares under penalty of perjury under the laws of the State of California that the assertions in this Affidavit are true and correct.

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Non-Employee  
Domestic Partner

\_\_\_\_\_  
Date of Birth

State of California     )  
  ) ss.  
County of Santa Clara)

On this \_\_\_\_\_ day of  
\_\_\_\_\_,  
in the year \_\_\_\_\_, before  
me, \_\_\_\_\_,  
a Notary Public, State of California, duly commis-  
sioned and sworn, personally appeared  
\_\_\_\_\_ personally known to me (or  
proved to me on the basis of satisfactory evidence) to  
be the person(s) whose name(s) \_\_\_\_\_ subscribed to  
the within instrument and acknowledged to me that  
\_\_\_\_\_ he \_\_\_\_\_ executed the same in his/her/their autho-  
rized capacity(ies), and that by his/her/their  
signature(s) on the instrument the person(s), or the en-  
tity upon behalf of which the person(s) acted, executed  
the instrument.



WITNESS my hand and official seal.

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NOTARY PUBLIC, STATE OF CALIFORNIA  
My commission expires:

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**APPENDIX G**

**FAMILY MEDICAL LEAVE ACT**



## **FAMILY MEDICAL LEAVE ACT/CALIFORNIA FAMILY RIGHTS ACT**

### **POLICY:**

In compliance with the Family Medical Leave Act (FMLA) and the California Family Rights Act, eligible District employees may take unpaid leave of up to 12 weeks for qualified medical and family reasons. The purpose of the Family Medical Leave Act is to provide employees reasonable leave to care for an eligible family member, or the employee himself or herself, in the event of a serious medical condition, or to enable the employee to care for a child within one year of the child's adoption or receipt into foster care. While on leave, employees are entitled to District paid benefits.

### **NOTE:**

Family Medical Leave runs concurrently with other applicable leaves. This means that the leave is granted only to ensure a total of 12 weeks of leave with benefits for certain qualifying events (see below). For example, if an employee has paid personal necessity leave of one week available, the Family Medical Leave will be for an additional 11 weeks, making a total of 12 weeks of leave in any 12 month period.

### **ELIGIBILITY:**

Full-time or part-time employees are eligible for this leave who have been employed for more than 12 months with the District and have worked at least 1,250 hours in the 12-month period prior to the date the leave begins.

### **QUALIFYING EVENTS FOR PURPOSE OF FAMILY MEDICAL LEAVE:**

The conditions for which Family Medical Leave may be taken are:

1. birth or adoption of a child, or the receipt of a child into foster care, within one year of such birth or placement, or
2. the employee's own serious health condition that makes the employee unable to work at all or unable to perform essential job functions, or
3. a serious health condition of an employee's child, spouse, parent or member of the immediate household, which requires the employee to care for the family member.

A serious health condition means an illness, injury, impairment, or physical or mental condition which involves either inpatient care or continuing treatment or supervision by a health care provider.

### **ELIGIBLE CHILD:**

An eligible child is defined as:

1. a biological, adopted or foster child, a stepchild, or a legal ward under the age of 18, or
2. an adult dependent child over the age of 18 who is incapable of self-help due to a mental or physical disability, or
3. a child under 18 who is treated as the employee's child or for whom the employee has been "in loco parentis."

### **APPLICATION FOR LEAVE:**

A request for Family Medical Leave must be made in writing by completing the Family Medical Leave application form. The application must be submitted to the employee's administrator and then forwarded to the Office of Human Resources at least thirty days before the requested start of the leave unless the reason for the leave is due to an emergency, in which case the request must be made immediately. The completed application must state the reason for the leave and the beginning and ending dates of the leave.

### **CONDITIONS OF LEAVE:**

1. An employee who requests medical leave for his or her own serious health condition is required to use all accrued paid leave, including vacation time, sick leave and extended sick leave if applicable concurrently with the Family Medical Leave Act leave. Because Family Medical Leave is limited to twelve work weeks, it is unlikely that an employee will run out of extended sick leave within the duration of this leave.
2. An employee who requests Family Medical Leave to care for his or her spouse, child, parent or member of the immediate household with a serious medical condition must first use all available paid leave, including vacation time and personal necessity and then sick leave to the extent allowed in the employee's relevant bargaining unit agreement for care of family members. At the exhaustion of all paid leaves, the remainder of the leave - up to a maximum of twelve weeks - will be unpaid.
3. Leave taken because of the serious health condition of an employee, spouse, child, parent or member of the immediate household may be taken intermittently or on a reduced medical schedule when medically necessary. Leave may be counted in full or partial days or full or partial weeks. Such intermittent or reduced time schedule leave may require the employee to transfer temporarily to another position. Leave taken because of the birth or placement of a child may not be taken intermittently or on a reduced schedule leave unless expressly approved by the Director of Human Resources.
4. While in unpaid status under Family Medical Leave, an employee will not accrue additional benefits such as sick leave, vacation, or seniority. However, Family Medical leave is counted as active work status for the purposes of pension vesting or eligibility in pension plans.

5. If both a husband and wife work for the District, their leave is limited to a combination of twelve weeks for the qualifying event of a birth, adoption, or foster care placement.

#### **MEDICAL CERTIFICATION STATEMENT:**

An application for leave based on the serious health condition of the employee or the employee's spouse, child, parent or member of the immediate household must be accompanied by a Medical Certification Statement completed by a health care provider. The certification must state the date on which the health condition commenced, the probable duration of the condition, and the appropriate medical facts regarding the condition. If leave is for the care of a family member, it should also estimate the amount of time that the employee will be needed to care for the patient. If leave is for the employee's own health condition, certification should also state that the employee is unable to perform the functions of his or her own position. The District may require the employee to obtain a second medical opinion at District expense. If the two medical opinions conflict, the opinion of a third medical provider, approved jointly by the employee and the District, may be required at District expense, and the third opinion will be final and binding. If additional leave is requested beyond the period stated in the certification, the District may require recertification in accordance with these procedures.

#### **RETURN FROM OR FAILURE TO RETURN FROM LEAVE:**

The employee is expected to return to work on the date stated in the application for leave. If the employee wishes to return earlier, both the employee's administrator and the office of Human Resources should be notified at least 5 days before the employee's planned return. Failure to return from leave without notification may be construed as an abandonment of the employee's position. The District will require a certification that the employee is physically able to return to work upon return from leave due to the employee's own serious health condition. However, if an employee returning from Family Medical Leave due to his or her own serious medical condition is unable to perform the essential functions of his or her job because of a physical or mental condition, the Americans with Disabilities Act may govern.

#### **REINSTATEMENT RIGHTS:**

Unless considered a "key" employee, an employee on Family Medical Leave, he/she is entitled to be returned to the same position held prior to the leave, if still available, or to a comparable position with equivalent pay, benefits, if applicable, and other terms and conditions of employment, subject to provisions of the contract with the relevant bargaining unit. A "key" employee is one who is among the highest paid 10% of the District's employees and whose reinstatement would cause substantial harm to the District's operations. An employee on Family Medical Leave will not suffer the loss of any other employment benefit that the employee earned or was entitled to before using the leave.

#### **HEALTH CARE BENEFITS (if applicable):**

District paid benefits will continue during the period of Family Medical Leave. If the employee does not return from leave for a reason other than continuation or recurrence of the serious health

condition that entitled the employee to leave in the first place and employment is terminated, the District can recover the cost of the health care premiums from the employee.

**COORDINATION WITH PREGNANCY DISABILITY LEAVE:**

Family Medical Leave is separate and distinct from disability leave for pregnant employees. Pregnant employees may be entitled to a disability leave in addition to the Family Medical Leave. An eligible employee may be entitled to take a pregnancy disability leave of up to four months and a Family Medical Leave of up to twelve weeks for a combination of approximately seven months.

**REFERENCE:**

The Family Medical Leave Act became effective on August 5, 1993.

The California Family Rights Act was amended by AB 1460 to conform the state law to the federal Family Medical Leave Act. These amendments were effective on October 5, 1993.

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT**

**APPLICATION FOR FAMILY MEDICAL LEAVE**

NAME: \_\_\_\_\_ DIVISION: \_\_\_\_\_

SOC. SEC. #: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

Beginning Date of Leave: \_\_\_\_\_ Ending Date of Leave: \_\_\_\_\_

Reason for Leave (check one):

- a) birth or adoption of a child, or the receipt of a child into foster care, within one year of such birth or placement, or
- b) the employee's own serious health condition that makes it impossible to perform essential job functions, or
- c) a serious health condition of an employee's eligible child, spouse, parent or member of the immediate household, which requires the employee to care for the family member.





Medical facts regarding the condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explanation of extent to which employee is needed to care for ill family member: (if applicable)  
\_\_\_\_\_  
\_\_\_\_\_

Explanation of extent to which employee is unable to perform the functions of his or her job:  
\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

**Medical Release:**

I authorize the release of any medical information necessary to process the above request.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please return this form to Foothill-De Anza Community College District, Office of Human Resources at 12345 El Monte Road, Los Altos Hills, CA 94022.

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**APPENDIX H**

**JOINT CLASSIFICATION AND  
COMPENSATION STUDY  
IMPLEMENTATION  
AGREEMENT**



## APPENDIX H

### **Implementation of the District and SEIU, Local 715 Joint Classification and Compensation Study, Agreed to March 1, 1999**

- Implementation Effective September 1, 1998 (see Exhibit I).
- Moratorium on individual reclassifications for twelve (12) months, effective February 1, 1999 and ending January 31, 2000.
- All persons whose positions are down graded will continue to receive their current wage and benefits, including all future steps and COLA's.
- A successor class list was agreed upon by the District and Union for use in the case of layoff (see Exhibit II).
- Seniority will be determined by date of hire in the current classification, or if the worker was employed prior to September 1, 1998, date of hire in the classification held immediately prior to September 1, 1998.

The implementation plan will apply to all unit members in paid status at the time of ratification by the Union and District Board of Trustees. Workers who have changed classifications since September 1, 1998 will receive any increases applicable to their prior classification effective September 1, 1998.

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**MEMORANDA  
OF  
UNDERSTANDING**



**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT  
AND  
SEIU, LOCAL 715, UNIT 1**

This Memorandum of Understanding is entered into by and between the Foothill-De Anza Community College District ("District") and SEIU, Local 715, Unit 1 (SEIU).

The parties agree to meet and confer regarding temporary work within the District. The parties will meet six weeks (6) after the ratification of the 1998/2001 Agreement. The parties will share information in connection with assignments for both student employees and temporary workers.

If agreement is reached prior to the fall of 1999/2000 reopener, that agreement will be implemented; otherwise, Article 4, Temporary Work shall be an additional reopener for 1999/2000 negotiations.

Dated: January 29, 1999

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT  
AND  
SEIU, LOCAL 715, UNIT 1**

This Memorandum of Understanding is entered into by and between the Foothill-De Anza Community College District ("District") and SEIU, Local 715, Unit 1 (SEIU).

The parties agree to meet and confer regarding temporary work within the District. The parties will meet six weeks (6) after the ratification of the 1998/2001 Agreement. The parties will share information in connection with assignments for both student employees and temporary workers.

If agreement is reached prior to the fall of 1999/2000 reopener, that agreement will be implemented; otherwise, Article 4, Temporary Work shall be an additional reopener for 1999/2000 negotiations.

January 29, 1999  
Date:



**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT  
AND  
SERVICE EMPLOYEES INTERNATIONAL UNION  
LOCAL 715, UNIT 1**

The Foothill-DeAnza Community College District (District) and Service Employees International Union, Local 715 (SEIU) hereby agree that the positions of Food Service Evening Supervisor and Assistant Supervisor, Campus Center Food Services at DeAnza College shall be subject to the following contingencies:

- Between the end of each the summer session and the opening of the DeAnza College Campus Food Services for the fall quarter, employees in the above two positions will voluntarily take two weeks of leave without pay.
- Between the end of each the summer session and the opening of the DeAnza College Campus Food Services for the fall quarter, employees in the above two positions will take a minimum of two weeks vacation.
- At the time one or both of the above positions become vacant they will be reduced from twelve (12) month positions to eleven (11) month positions.

The above contingencies become effective July 31, 1997.

Date: August 15, 1996









