Volunteer HR CHECKLIST

Volunteer must Complete and Sign:

- Employee Data Sheet
- Background Screening form
- Fingerprint Authorization form – must be completed in HR
- Administrative Procedures and Board Rules Manual form
- Disclosure Exemption Questionnaire
- Ethics Policy
- Drug Free Workplace
- Managed Care for Workers Compensation Acknowledgement

NEW HIRE ACTIVATION FORM
If this volunteer needs access to a computer, email, or Banner, the supervisor should complete the “New Hire Activation Form” located on the Employee Forms link: http://www.lssc.edu/staff/Pages/EmployeeForms.aspx

Please contact HR at (352) 365-3557 or hr@lssc.edu if you have any questions and to make arrangements for fingerprinting.
# VOLUNTEER LOG

**Volunteer’s Name**

**Department**

<table>
<thead>
<tr>
<th>Date</th>
<th>Location of Service</th>
<th>Hours Worked</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Volunteer’s Signature**  **Date**  **Department Head Signature**  **Date**
Have you ever: □ worked at LSSC □ attended LSSC □ been an LSSC vendor □ None of the previous

**PLEASE TYPE OR PRINT LEGIBLY**

<table>
<thead>
<tr>
<th>X-ID NUMBER</th>
<th>PREFIX</th>
<th>EMPLOYEE LEGAL NAME (last name, first name, middle name)</th>
<th>SUFFIX</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>PREFIX</th>
<th>PREVIOUS LEGAL NAME</th>
<th>SUFFIX</th>
</tr>
</thead>
</table>

Date of Birth | Preferred FIRST NAME if different from above:

**NOTE:** Legal name used **must** be the name listed with the Social Security Administration.

**ADDRESS INFORMATION**

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>APT #</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOME PHONE</th>
<th>CELL PHONE</th>
<th>WORK PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMAIL ADDRESSES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Email</td>
<td>Personal Email</td>
</tr>
</tbody>
</table>

**EMERGENCY CONTACT INFORMATION - PRIMARY**

<table>
<thead>
<tr>
<th>PRIMARY CONTACT NAME</th>
<th>HOME PHONE</th>
<th>CELL PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOME ADDRESS: STREET</th>
<th>APT #</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>DATE OF BIRTH [MO/DAY/YR]</th>
<th>ARE YOU A U.S. CITIZEN?</th>
<th>ETHNICITY: Colleges and universities are asked by many entities, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. To respond to these requests, we ask you to answer the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______________</td>
<td>□ Yes □ No</td>
<td>□ White □ Asian □ Native Hawaiian or Other □ Black or African American □ American Indian or Alaska Native □ Other</td>
</tr>
<tr>
<td>SEX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ MALE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ FEMALE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ ______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARITAL STATUS:</td>
<td></td>
<td>□ DIVORCED □ MARRIED □ SEPARATED □ SINGLE □ WIDOWED</td>
</tr>
<tr>
<td>MILITARY STATUS:</td>
<td></td>
<td>ARE YOU A VETERAN? □ YES □ NO</td>
</tr>
</tbody>
</table>

**CHECK ONE, IF APPROPRIATE**

- □ SPECIAL DISABLED VETERAN
- □ ARMED FORCES SERVICE MEDAL VETERAN
- □ OTHER PROTECTED VETERAN

**DISCHARGE DATE:**

---

**VETERAN FILE #:**

**MILITARY RESERVE STATUS:**

---

**CHECK ONE, IF APPROPRIATE**

- □ ACTIVE RESERVE
- □ INACTIVE RESERVE

---

**Signature:** ___________________________  **Volunteer** ___________________________  **Date** ___________________________
START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name)                         First Name (Given Name)                         Middle Initial                         Other Last Names Used (if any)
Address (Street Number and Name)                Apt. Number                         City or Town                         State                         ZIP Code
Date of Birth (mm/dd/yyyy)                      U.S. Social Security Number
Employee's E-mail Address                         Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See instructions)
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
   Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: ______________________________
   OR
2. Form I-94 Admission Number: ______________________________
   OR
3. Foreign Passport Number: ______________________________
   Country of Issuance: ______________________________

Signature of Employee                         Today’s Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):
☐ I did not use a preparer or translator.  ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
   (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator                         Today’s Date (mm/dd/yyyy)

Last Name (Family Name)                         First Name (Given Name)
Address (Street Number and Name)                City or Town                         State                         ZIP Code
Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents.”)

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Information

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee’s first day of employment (mm/dd/yyyy): ____________ (See instructions for exemptions)

Signature of Employer or Authorized Representative 

Today’s Date (mm/dd/yyyy) 

Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative

First Name of Employer or Authorized Representative

Employer’s Business or Organization Name

City or Town

State

ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

C. If the employee’s previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative

Today’s Date (mm/dd/yyyy) 

Name of Employer or Authorized Representative
LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

### LIST A
**Documents that Establish Both Identity and Employment Authorization**

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
   a. Foreign passport; and
   b. Form I-94 or Form I-94A that has the following:
      (1) The same name as the passport; and
      (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

### LIST B
**Documents that Establish Identity**

1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

**For persons under age 18 who are unable to present a document listed above:**

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

### LIST C
**Documents that Establish Employment Authorization**

1. A Social Security Account Number card, unless the card includes one of the following restrictions:
   (1) NOT VALID FOR EMPLOYMENT
   (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
   (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (Form I-197)
6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
# GENERAL INQUIRY/RELEASE FORM

**Please Print**

<table>
<thead>
<tr>
<th>NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT ADDRESS:</td>
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<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE:</td>
<td>ZIP CODE:</td>
<td></td>
</tr>
<tr>
<td>HOME PHONE NUMBER</td>
<td>CELL PHONE NUMBER</td>
<td>E-MAIL</td>
<td></td>
</tr>
<tr>
<td>SOCIAL SECURITY NUMBER:</td>
<td>RACE/SEX:</td>
<td>DATE OF BIRTH:</td>
<td></td>
</tr>
<tr>
<td>DRIVERS LICENSE NUMBER</td>
<td>STATE OF ISSUE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st PREVIOUS ADDRESS:</td>
<td>DATES FROM: TO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE:</td>
<td>ZIP CODE:</td>
<td></td>
</tr>
<tr>
<td>2nd PREVIOUS ADDRESS:</td>
<td>DATES FROM: TO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE:</td>
<td>ZIP CODE:</td>
<td></td>
</tr>
<tr>
<td>3rd PREVIOUS ADDRESS:</td>
<td>DATES FROM: TO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE:</td>
<td>ZIP CODE:</td>
<td></td>
</tr>
<tr>
<td>LAST SCHOOL TO RECEIVE A DEGREE</td>
<td>DEGREE</td>
<td>STATE</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>DATES ATTENDED (FROM/TO)</td>
<td>LAST NAME USED IN SCHOOL (IF DIFFERENT)</td>
<td></td>
</tr>
</tbody>
</table>

**Employer**

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>PHONE</th>
</tr>
</thead>
</table>

**Employer**

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>PHONE</th>
</tr>
</thead>
</table>

**Authorization to Release Criminal History Information Reports, Drug Offense, Violence Reports, Credit Bureau Reports, and/or Motor Vehicle Reports**

I acknowledge that I may be subject to a "Consumer Report" and/or an "Investigative Consumer Report" (which may include information about my character, general reputation, personal characteristics and/or mode of living, and which can involve personal interviews with sources such as neighbors, friends and associates.) For and in consideration of being considered for Employment or Advancement, I hereby authorize the Company designated below to make inquiries to MAF Background Screening ("MAFBS"), a consumer reporting agency, concerning my Employment suitability and qualification; including: (i) any public record of any incidents of crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, or other employment related acts of violence or drug related offenses or drug test results reported to MAFBS by any employer where such acts occurred; or (iii) any credit bureau reports; any driving record history. I further authorize any governmental agency where such information is on file, or any company ("Prior Company") where such incident or credit transaction occurred, and MAFBS to disseminate such report(s) to Company. During any period(s) while I may be engaged by Company, I hereby authorize Company to make further like inquiries to MAFBS as Company may from time to time, deem necessary for Employment purposes. I also hereby authorize MAFBS, any such governments agency, any such credit bureau and any such Prior Company to issue such reports in response to Company’s inquiry(ies). I waive any further notice with respect to Company's inquiries or with respect to such governmental agency's, such Prior Company's, such credit bureau's or MAFBS's dissemination of any such report(s). I hereby generally release and fully discharge MAFBS every such government’s agency, every such credit bureau, and every such Prior Company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my Employment or retention may be determined, in whole or in part, based on the report(s) so issued to Company by MAFBS. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to Company by writing or calling MAFBS at the address or telephone numbers listed below.

(X) ____________________________

**SIGNATURE OF APPLICANT**

**DATE SIGNED**

<table>
<thead>
<tr>
<th>COMPANY NAME:</th>
<th>MEMBER NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TELEPHONE NUMBER:</td>
<td>FAX NUMBER:</td>
</tr>
</tbody>
</table>

**Authorized Company Representative:**

Company’s Certification: Company hereby certifies to MAF Background Screening that it is requesting a consumer report(s) on the applicant named above and that Company will use that report(s) for PERMISSIBLE purposes.

MAF BACKGROUND SCREENING

800-226-4483

134 S Tampa St, Tampa FL 33602
Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau

VECHS WAIVER AGREEMENT AND STATEMENT
Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (enter Name of Qualified Entity) Lake-Sumter Community College to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FLE, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

☐ have OR ☐ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

________________________________________________________________________

☐ do OR ☐ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee ☐ Volunteer ☐ Contractor/Vendor ☐

Signature: ___________________________ Date: ___________________________

Printed Name: ___________________________

Address: _______________________________________________________________

Date of Birth: ___________________________

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Lake-Sumter Community College
Address: 9501 US Hwy 441 Leesburg, FL 34788
Telephone: 352-365-3557 Fax: 352-435-5026
FDLE Assigned Qualified Entity Number: E35020008/V35020008

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY
COPY - SEND TO FDLE WITH FINGERPRINT CARD
LSCC Fingerprint Information Card

Legal Name: ________________________________

Date of Birth: ____________________________

Place of Birth: ____________________________

Gender (Please circle only one): F=Female, M=Male, X=Unknown

Race (Please circle only one): A=Oriental/Asian, B=Black, I=American Indian/Alaskan Native, U=Unknown, W=White/Mexican

Color Eyes (Please circle only one): BLK=black, BLU=blue, BRO=brown, GRN=green, GRY=grey, HAZ=hazel, MAR=maroon, MUL=multicolored, XXX=unknown

Hair Color (Please circle only one): BAL=bald, BLK=black, BLN=blonde, BLU=blue, BRO=brown, GRN=green, GRY=grey, ONG=orange, PLE=purple, PKK=pink, RED=red, SDY=sandy, WHI=white, XXX=unknown

Height: ________________________________

Weight: ________________________________
Florida Statute 119.07 sets forth exceptions to the general information disclosure rule affecting certain personal information for certain categories of employees. Please indicate below if you believe your situation fits one or more of these categories.

I am (Check if applicable):

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a current or former</td>
<td>Law enforcement official, including correctional and correctional probation officers, personnel of the Department of Children and Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement.</td>
</tr>
<tr>
<td>the spouse of a current or former</td>
<td></td>
</tr>
<tr>
<td>a child of a current or former</td>
<td></td>
</tr>
<tr>
<td>a current or former</td>
<td>Firefighter certified in compliance with s. 633.35.</td>
</tr>
<tr>
<td>the spouse of a current or former</td>
<td></td>
</tr>
<tr>
<td>a child of a current or former</td>
<td></td>
</tr>
<tr>
<td>a current or former</td>
<td>Supreme Court Justice, district court of appeal judge, circuit court judge, or county court judge.</td>
</tr>
<tr>
<td>the spouse of a current or former</td>
<td></td>
</tr>
<tr>
<td>a child of a current or former</td>
<td></td>
</tr>
<tr>
<td>a current or former</td>
<td>State attorney, assistant state attorney, statewide prosecutor, or assistant statewide prosecutor.</td>
</tr>
<tr>
<td>the spouse of a current or former</td>
<td></td>
</tr>
<tr>
<td>a child of a current or former</td>
<td></td>
</tr>
<tr>
<td>a current or former</td>
<td>Human resource, labor relations, or employee relations director, assistant director, manager, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties.</td>
</tr>
<tr>
<td>the spouse of a current or former</td>
<td></td>
</tr>
<tr>
<td>a child of a current or former</td>
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<tr>
<td>a current or former</td>
<td>Code enforcement officer.</td>
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<td>the spouse of a current or former</td>
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<td>a child of a current or former</td>
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<tr>
<td>None of the above is applicable to me.</td>
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Printed Name and Signature:                                               Date:

FOR HUMAN RESOURCES USE ONLY

Remarks:                                                                   Date Updated: Updated By:

08/2014
CODE OF ETHICS

Florida Community Colleges are entrusted by the citizens of Florida with great resources and hold public trust responsibilities. Therefore, to guide all employees in attending to the custody of these resources and public trust, LSSC has established its Code of Ethics. Besides abiding by the State of Florida Code of Ethics (FL Statute 112.324) as applicable, employees are to practice at all times this LSSC Code of Ethics.

A. Ethics related to the community served by LSSC Employees

1. Employees shall deal conscientiously with professional assignments. Employees shall respect the rights of others.
   a. For teaching faculty, this ethic entails careful planning of courses and class presentations, meeting scheduled classes, informing students of course requirements and impartial grading according to standards appropriate to the level of instruction. Faculty will conduct instructional activities in an atmosphere of equality, civility and mutual respect.
   b. For advisors or counselors, this ethic entails providing those services which will facilitate the achievement of educational and personal goals. Advisors/counselors will be available to students, respect student confidentiality, and provide advising that is always in the best interest of the student.
   c. For administrators, this ethic entails making careful analysis of student and educational needs and providing quality educational programs to meet those needs. Administrators will work with faculty to obtain the necessary support services, facilities and budget to provide a quality education program. They will also act as leaders in the consistent practice of LSSC Values.
   d. For other professional support personnel, this ethic entails providing services to faculty and students in the achievement of educational goals and informing them of support services.
   e. For librarians, this ethic entails the provision of access to a broad range of high-quality information resources in physical and electronic formats. Librarians shall also foster information fluency and life-long learning through group and individual instruction.

2. Because employees often serve as models and exercise great influence, they should set and demonstrate standards in personal integrity, professional ethics, and academic excellence.

3. Students deserve respect as individuals and have certain rights that must be protected. Employees must demonstrate appropriate interest in the individual student and his academic growth, give professional advice, and treat students with courtesy.
LSSC Code of Ethics
This interest should be objective and compatible within the individual employee's total responsibilities within the institution.

B. Professional and Institutional Ethics for All Employees

1. Employees shall condemn comments which unjustly damage colleagues.

2. Employees shall delegate assigned tasks to qualified persons only.

3. Employees shall refrain from misinterpreting or misrepresenting the statements of other employees.

4. Employees shall conscientiously fulfill all contractual obligations for the period of time agreed and give the College appropriate notice per policy when resigning.

5. Employees shall make conscientious use of the College funds and equipment entrusted to their responsibilities and assignments.

6. Employees shall make every effort to avoid professional and personal actions which may diminish the College's image.

7. Employees shall abide by College policies and procedures and notify appropriate authorities of conflicts that may jeopardize institutional effectiveness.

8. Without specific permission of the College, employees shall avoid use of College resources, equipment and labor for personal or financial gain.

9. Employees shall provide whenever possible support to College-wide activities.

10. In making public statements, employees shall indicate clearly whether they are speaking as representatives of the College or as individuals.

11. Employees shall accept only novelties and treats of nominal value from vendors. Preferably, these items should be shared within the work group or department.

12. Employees when acting as purchasing agents are prohibited from purchasing, renting or leasing goods or services from employees' immediate family-owned businesses.

13. Employees whose professions have defined codes of ethics will abide by such professional ethical codes.

14. Employees shall refrain from claiming or implying professional qualifications that exceed those acquired.

C. Additional Student Related Ethics for Faculty and/or Advisors

1. Student conferences shall be held in confidence unless doing so jeopardizes the
2. Faculty will encourage students in their quest for knowledge, giving them every assistance in the free exploration of ideas. Teaching frequently and legitimately involves presentation often of disquieting facts and controversial theories and faculty must present such information with tact and respect for the individual.

3. Faculty and advisors should recognize limitations of their skills and competencies in dealing with student and academic problems and should make appropriate referrals.

4. Faculty and advisors have the responsibility to refrain from exploiting for private advantage individual students or student groups/clubs.

5. A faculty member has the responsibility to acknowledge student or colleague contributions in their research.

6. Advisors and those faculty providing academic advisement should provide effective and appropriate academic advisement, recognizing that the advisement is an integral feature of higher education and must be conducted in an informed and objective manner that best meets the student’s needs. Poor or indifferent advisement based on personality of colleagues must be avoided. Students should be advised on the selection of courses, not instructors.

7. A faculty member shall not infringe upon students’ obligations to other faculty members in such matters as class attendance or student conferences. Requests for student to miss classes shall be made in advance, and students should be made aware that they are accountable for the content in classes missed. Granting of requests for approved absences rests with the instructor affected. Faculty shall adhere to the printed/approved class times.

D. Additional Professional Ethics for Faculty

1. Faculty has responsibility to be current in their area of competence and maintain their teaching and technical effectiveness.

2. Faculty has the responsibility to assist colleagues in the following
   a. Curriculum studies and development at both the department and College levels
   b. Departments, Chairs and College faculty meetings
   c. Committee assignments
   d. Library collection development.

3. Faculty shall take an active role in protecting and enhancing the academic and
professionalism of the faculty by making appropriate recommendations regarding hiring, reappointment or tenure appointments, and dismissal of colleagues.

4. Faculty shall respect and defend the free inquiry of students and associates.

5. Faculty shall refrain from placing students in compromising situations by soliciting from them information concerning other professionals.

E. Additional Professional Ethics for Administrators and Supervisors

1. Administrators and supervisors shall refrain from using their position power inappropriately by placing employees in compromising ethical and business situations.

2. Administrators and supervisors have the responsibility to be current in their functional area of responsibility by reading and attending not only training & conference events, but also applicable College meetings and events.

3. Administrators and supervisors shall act as leaders in the consistent practice of LSSC Values, Rules and Procedures.

4. Supervisors shall responsibly and respectfully

   a. Lead and direct their subordinates' work in keeping with LSSC initiatives, goals and values
   b. Provide regular feedback and coach their subordinates for improved performance and career development
   c. Provide fair and appropriate discipline when necessary in accordance with LSSC policy and procedures as aided by Human Resources
   d. Direct subordinates when necessary to helpful resources such as an employee assistance program, health benefits, etc. and educational experiences to ensure their well-being and positive development.

5. Administrators and Supervisors shall demonstrate responsible use and protection of LSSC resources and refrain from using their position power for personal gain.

I understand and agree to demonstrate LSSC’s Values. I also understand and agree to honor and abide by the LSSC Code of Ethics. I understand that failure to abide by the LSSC Code of Ethics is subject to appropriate disciplinary action up to and including dismissal from employment.

______________________________  ______________________________  ______________________________
Employee’s Signature           Employee’s Name (printed)       Date
EMLOYEE NOTIFICATION STATEMENT
1988 DRUG FREE WORKPLACE ACT

TO: All Employees

This statement is your official notification under the Drug-Free Workplace Act of 1988 that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace. Violation of this policy will result in appropriate disciplinary action, up to and including termination of employment, and/or the requirement that you satisfactorily participate in a drug abuse assistance or rehabilitation program as a condition of continued employment.

As a present condition of employment, the undersigned employee agrees to:

1. Abide by the terms of this statement; and
2. Report to their supervisor any arrest, indictment or conviction of a drug or alcohol related violation or alleged violation of law not later than the next work day after they become aware of it.

I have received a copy of this Employee Notification Statement, and I agree to comply with its terms.

Employee: ___________________________ Date: ________________
Managed Care Arrangement
Workers Compensation
Employee Acknowledgement

To All Employees:

Effective January 1, 1998 all employers in the State of Florida were required to have in place a program of managed care for workers’ compensation injuries. Lake-Sumter State College participates in a fully-insured program for workers’ compensation along with 26 other community colleges in the state of Florida.

In order to provide the most timely and suitable medical care should you have an injury on the job, we have instituted a Managed Care Arrangement (MCA), a nationally managed health care company and Preferred Provider Organization (PPO).

What is a Managed Care Arrangement? A Worker’s Compensation Managed Care Arrangement is a health care delivery system which provides quality medical care while ensuring proper treatment and containing medical costs.

How does it work? If you have an on the job injury, we will refer you to one of CCN’s Medical Care Coordinators (MCC) for treatment. You will be given an identification form (Referral for Medical Services) to present to the MCC at the time of treatment. As your employer, we will report the injury to CCN and the care management process will begin. Please note the following....

When an employer joins a managed care arrangement, Florida Statue 440.134(17) states that: “Treatment received outside the workers’ compensation managed care arrangement is not compensable unless authorized by the employer/ adjuster prior to the treatment date.” This means that when you have a work related injury which requires medical attention, you will need to obtain treatment from a physician within the Preferred Provider Organization. For your convenience, a list of providers has been provided to your college. In an emergency, you may seek treatment from any emergency facility.

What if I would like to change my doctor or am dissatisfied with the medical care provided? During the course of treatment, you may request one change of provider with the same specialty and network as the treating physician. Requests for more than one change to another provider must be submitted through the grievance process. Grievance forms may be obtained from the Human Resources Office.

What if I want a second medical opinion? You may obtain a second medical opinion, in the same specialty and within the provider network, during the course of treatment for a work-related injury by consulting with your MCC.

What if I want an Independent Medical Examination (IME)? You may obtain an IME, by an independent medical examiner in connection with a dispute arising under Chapter 440, Florida Statue. An employee may obtain an IME in the same specialty area and within the provider network, during the course of treatment for a work-related injury.

If you are dissatisfied with the medical care provided to you within the managed care arrangement, you have the right to file a grievance. Grievance forms may be obtained from the Human Resources Office.

What if I require emergency care? In the event of an emergency, proceed immediately to the nearest emergency facility.

How will I benefit from this program? You will be provided medical services to aid your recovery and return to employment.

Please sign and date this form in the space below to indicate that you have received this information and that you understand it. Return the signed and dated form to the Human Resources Office.

Employee’s Signature & Date: ___________________________________________