



Additional Costs for STNC/Professional Expert Employees

Please complete this form and attach to the PAF for new hires and ongoing employees (benefit coverage becomes effective the 1st of the month following eligibility):

A. New hires

Any new STNC or Professional Expert employee working for 130 or more hours per month for greater than two full consecutive months. New hires are the only employees eligible to be offered medical benefits after two full consecutive months if they meet the requirement above.

B. Ongoing STNC or Professional Expert employees new to your department, but not new to Santa Rosa Junior College

These employees are measured on a yearly basis and if they work an average of 130 or more hours per month over a 12-month measurement period would be entitled to the offer of medical coverage. If they work an average of 129 or less hours per month over a 12-month measurement period, they would not qualify for benefits, but this form is needed to be signed in advance in case they do end up qualifying.

C. AND/OR any employee being PAF'ed for greater than 1,000 hours per fiscal year.

Any PAFs that require this form will be rejected without it.

Medical Benefits Coverage

Under the Affordable Care Act (ACA), any new employee who works 130 hours per month for greater than two full consecutive months is entitled to medical coverage. Ongoing employees' hours would be tracked on a yearly basis to determine if they qualify for medical coverage. Departments wanting to work employees 130 or more hours per month will be responsible for providing the funding for this coverage if the employee ends up qualifying for medical coverage. Per the ACA legislation, this employee may be eligible for continuation of coverage beyond your department's assignment, regardless of hours worked. If this occurs, your department will continue to be responsible for those costs from your discretionary budgets. The current cost is approximately \$6,400 per year.

Employee Name: _____ Effective Date: _____ End Date: _____

Signature: _____ Date: _____

Name: _____ Title: _____

VP approval: _____ Date: _____

By signing this form, the department is acknowledging that they will be responsible for funding the medical coverage of the employee while they are employed by the District unless the employee qualifies for coverage in another department.

Retirement

If an employee is employed for greater than 1,000 hours in a fiscal year, they are mandated to be enrolled in CalPERS. If a department PAFs an employee for greater than 1,000 hours, the employee will be enrolled in CalPERS immediately. If the employee works greater than 1,000 hours on multiple PAFs, they will be enrolled into CalPERS when they have worked 1,000 hours. If this occurs while the employee works in your department, you will be responsible for the additional CalPERS costs (currently at 13.88% of salary) from your discretionary budgets.

Employee Name: _____ Effective Date: _____ End Date: _____

Signature: _____ Date: _____

Name: _____ Title: _____

VP approval: _____ Date: _____

By signing this form, the department is acknowledging that they will be responsible for funding the District's retirement costs of the employee.