Adjunct Faculty
Orientation Packet
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The information below should be reviewed and (as appropriate) filled in, printed out, signed and forwarded to Human Resources Office.

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**Note:** If you have any questions, please contact Martha Sanchez at ext. 6210
**Imperial Valley College**

**Academic Calendar 2011-2012**

**2011 FALL SEMESTER**

### AUGUST 2011

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### SEPTEMBER 2011

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### OCTOBER 2011

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<td>Nov 11-12 - Veterans' Day (Campus Closed)</td>
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<td>Nov 24-26 - Thanksgiving (Campus Closed)</td>
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<td>Dec 12-16 - No Classes, Campus Open</td>
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<td>Dec 19-30 - Winter Recess (Campus Closed)</td>
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### DECEMBER 2011

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<td>May 28 - Memorial Day (Campus Closed)</td>
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**2012 SPRING SEMESTER**

### JANUARY 2012

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<td>Mar 19-23 - Spring Recess (Campus Closed)</td>
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### 2012 SUMMER SESSION I

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<td>June 11 - Summer Term II (8 Wks, No Fri) Begin</td>
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<td>June 21 - Summer Term II/Classes End</td>
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<td>June 25 - Summer Term III/Classes Begin (23 days - Mon thru Thu)</td>
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### 2012 SUMMER SESSION II & III

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<td>July 4 - Independence Day (Campus Closed)</td>
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<td>Aug 2 - Summer Term II/Classes End</td>
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<td>Aug 9 - All Grades due Thursday - Aug 9th</td>
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### NEXT ACADEMIC YEAR

**JUNE 2012**

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**JULY/AUGUST 2012**

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<td>Aug 9 - All Grades due Thursday - Aug 9th</td>
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**LEGEND/KEY**

- **Holidays(s):**
  - Spring Breaks
  - Summer Session I (5 Wks)
  - Summer Session II (8 Wks)
  - Summer Session III (5 Wks)
  - Thanksgiving (Closed)
- **Instruction Days:**
  - Spring Semester
  - Summer Semester
  - Winter Recess
- **Campus Open/No Classes:**
  - Campus Open/No Classes
  - Campus Closed/Summer
TO: Adjunct Faculty

FROM: Martha Sanchez, HR Specialist

DATE: August 18, 2011

RE: Adjunct Faculty Agreements and 2011 – 2012 Pay Dates

Agreements
Adjunct Faculty Agreements will be ready for signature by September 9, 2011. You will need to come to the Human Resources Office to sign your “Agreement” and to make sure that you are paid properly. Agreements that aren’t signed by September 30th will be mailed to your current address. Please carefully review your agreement and if there are any discrepancies, let know immediately.

Payments
Payments will be issued as follows:

Regular Pay Dates:

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<tr>
<td>September 9, 2011</td>
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<td>September 30, 2011</td>
<td>February 29, 2012</td>
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<tr>
<td>October 31, 2011</td>
<td>March 30, 2012</td>
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<td>November 30, 2011</td>
<td>April 30, 2012</td>
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<tr>
<td>December 16, 2011</td>
<td>May 31, 2012</td>
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Paychecks and paycheck stubs can be picked up in the Human Resources Department on payday from **10:00 am – 5:00 pm**. All remaining paychecks and paycheck stubs that are not picked-up on payday will be mailed out the following workday.

Direct Deposit
If you have direct deposit, your pay will be deposited on the above dates (except for September 9, 2011 and February 9, 2012) for the 2011 – 2012 fiscal year. If you would like to learn more about direct deposit feel free to contact me.

If you have any questions and/or concerns, please do not hesitate to contact me at (760) 355-6210. Thank you.
TO: Adjunct Faculty
From: Martha Ulloa-Sanchez, Human Resources Specialist
DATE: August 18, 2011
RE: New Pay Rate Information

New Pay Rate

On July 27, 2011 the Board of Trustees approved Resolution No. 15088: Compensation Method for Adjunct Faculty. The Resolution is as follows:

BE IT RESOLVED that the Board approves the recommendation of the Interim Superintendent/President to approve salary changes for adjunct credit (teaching and non-teaching) faculty.

Effective August 1, 2011, adjunct credit (teaching and non-teaching) faculty members shall be compensated at a rate of $50 per hour for every lecture and lab hour taught;

BE IT FURTHER RESOLVED that the Board approves the recommendation of the Interim Superintendent/President to compensate adjunct credit faculty (teaching and non-teaching) at the current overload rate.

If you have any questions and/or concerns, please do not hesitate to contact me at (760) 355-6210. Thank you.
Thank you for taking the time to complete this form. The Human Resources Office updates the emergency information in your personnel record on an annual basis. Please complete this form and return it to the Human Resources Office **no later than August 31, 2011.** This information is for official use only.

**Please Print or Type**

Name: ____________________________________________

(First) (Middle) (Last)

Home Address: ____________________________________________________________

P.O. Box: ___________ ________________________________________________________

(City) (Zip Code) (If Applicable)

Telephone Number: _(______)_________________________ Unlisted: Yes____ No____

In Case of Accident to Illness, Please Notify:

Name: ________________________________________________________________

Business Telephone Number: _(______)_________________________ Business Hours: ________________

Home Telephone Number: _(______)__________________________

Address: ______________________________________________________________

____________________________________________________________________________

(City, State) (Zip Code)

Special Emergency Instructions (Optional)

Allergic To: ______________________________________________________________

Physician To Be Contacted: _________________________________________________

Telephone Number: _______________________________________________________

Hospital: __________________________________________________________________

Special Instructions/Comments: ______________________________________________

____________________________________________________________________________

Employee Signature ___________________________ Date ____________________________

August 2011
What Is An Industrial Illness Or Injury?

An illness or injury that has been determined to be work-related (also known as workers’ compensation).

What Should I Do If Hurt On The Job?

STEP 1. Report The Injury - Employees must notify their immediate supervisor as soon as an industrial injury/illness occurs. Human Resources MUST also be notified immediately. If your injury or illness developed gradually, report it as soon as you learn it was caused by your job.

STEP 2. Get Emergency Treatment If Needed - If it is a medical emergency; call 911 and call the Switchboard at Ext. 0, who will notify the Administrator on duty; go to an emergency room right away (tell the health care provider who treats you that your injury or illness is job related).

For Non-Emergency Treatment – Report to Human Resources and follow the steps below.

STEP 3. Fill Out A Claim Form - Human Resources will provide you with an “Employee’s Claim for Workers’ Compensation Benefits (DWC Form 1)” within one working day after learning about your injury or illness. You use it to request workers’ compensation benefits. Fill out and sign the employee portion of the claim form, describe your injury completely and include every part of your body affected by the injury. Submit the form to Human Resources.

An “Authorization for Medical Services” form will be provided to you for non-emergency medical treatment.

A “Supervisor’s Report of Accident” will be provided to the injured employees’ supervisor. The report is to be completed within five (5) working days of the injury and submitted to Human Resources.

How Do I Report Time Off Work For Medical Treatment?

When an employee suffers an industrial illness/injury that is verified as work-related by our worker’s compensation carrier, the employee may be given industrial leave.

Employees will be granted sixty (60) working days of Industrial Leave for time the employee must be off from work to visit the treating physician, and/or for the period of time the treating physician specifies in writing that the employee must be off for recuperation.

In all cases, the employee is responsible for providing verification to H.R. for all medical visits, stating the date, time, and reason for the appointment. The employee must also attach a copy of verification to his/her timesheets, when time off is indicated as “IL” (industrial leave). If the employee fails to provide the required verifying documentation, his or her time card will be docked for sick leave instead of industrial leave.

PLEASE NOTE: Completing & signing an “Employee’s Claim for Workers’ Compensation Benefits (DWC Form 1)” is not an Admission of Liability by the District.

FOR MORE INFORMATION REGARDING WORKERS’ COMPENSATION, PLEASE CONTACT ANGIE GALLO IN HUMAN RESOURCES AT EXT. 6194.
STEP 1. MEDICAL TREATMENT
For minor illness/injuries/first aid: The college nurse is available during business hours in the Health Sciences Building.

For more serious illness/injuries/emergencies: The employee is directed/transported to one of the medical facilities listed on the back of this form.

STEP 2. NOTIFICATION AND DOCUMENTATION OF THE INDUSTRIAL ACCIDENT

1. Notification to the Human Resources Office
   In case of a serious accident, the Associate Vice President for Human Resources must be notified immediately.

2. Supervisor’s Injury Investigation Report
   Immediately after an industrial injury, the injured employee’s supervisor must complete a SUPERVISOR’S REPORT OF ACCIDENT form and forward it to the Human Resources Office.

3. Employee’s Claim For Worker’s Compensation Benefits
   Within (24) hours of notification of an industrial accident, the Human Resources Office must provide the injured employee with a copy of DWC Form 1, EMPLOYEE’S CLAIM FOR WORKER’S COMPENSATION BENEFITS. Within (1) working day of receipt of the completed form from the injured employee, Human Resources must forward copies of this form to the employer’s insurer and to the employee, his/her dependent or representative who filed the claim.

4. Employer’s Report of Occupational Injury or Illness
   Within five (5) working days of notification of an industrial injury or illness which (a) results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid, the employer must forward to the insurer a completed State of California Form 5020, EMPLOYER’S REPORT OF OCCUPATIONAL INJURY OR ILLNESS.

5. Notification of Fatal Injury, Serious Injury or Illness
   If an industrial injury or illness (a) requires inpatient hospitalization for more than 24 hours, (b) results in the loss of any member of the body, (c) produces any serious degree of permanent disfigurement, or (d) results in death of the employee, then the nearest district office of the California Division of Safety and Health (DOSH) must be notified within eight (8) hours. This notification is not required if the injury or death results from an accident on a public street or highway.

6. Other Reporting Requirements
   Employees with a lost-time industrial injury or illness shall not be returned to work without approval of the treating physician and the Associate Vice President for Human Resources.

   Human Resources must be notified by the employee or the employee’s supervisor each time the employee leaves work or returns to work as a result of job injury or illness.

   Refer all inquiries about employee injuries/Worker’s Compensation claims to the Human Resources Office.

August 2011
NON-EMERGENCY TREATMENT FACILITIES

Industrial Family Medical Care
(760) 337-1771
General Practice
1441 State Street, Suite B
El Centro, CA 92243

Thomas C Bruff MD
(760)370-0020
Internal Medicine
Occupational Medicine
1850 W Main St Ste E
El Centro, CA 92243

George C Fareed MD
(760)344-8750
Family Practice
751 W Legion Rd Ste 105
Brawley, CA 92227

EMERGENCY TREATMENT FACILITIES

Pioneers Memorial Hospital
207 W. Legion Road
Brawley, CA 92227
Tel. (760) 351-3333 (General Business Telephone Number)

El Centro Regional Medical Center
1415 Ross Avenue
El Centro, CA 92243
Tel. (760) 339-7100 (General Business Telephone Number)
Tel. (760) 339-7254 (Emergency Room)
An industrial illness or injury is an illness or injury that has been determined to be work-related. The objective of worker’s compensation program is to provide medical care to the employee who has suffered a work-related illness or injury and to return this employee to work as soon as possible.

When an employee suffers an industrial illness or injury that is verified as work-related by our worker’s compensation carrier, or the employee is directed to a medical facility by the Human Resources Office for a work-related illness or injury, the employee may be given industrial leave for the period of time that he or she must be off from work to visit the treating physician, and/or for the period of time the treating physician specifies in writing that the employee must be off for recuperation up to a maximum of 60 days.

If the work-relatedness of the injury or illness is not apparent, the employee will be examined by a physician certified by the state to conduct a medical evaluation and render a determination.

In all cases, the ill or injured employee is responsible for providing an appointment slip or letter from the attending physician stating the date, time and reason for the appointment and/or recuperation period.

A copy of the appointment slip shall be submitted as follows:

<table>
<thead>
<tr>
<th>Injured</th>
<th>Submit to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classified Employees, Student Workers, Volunteers (non-certificated),</td>
<td>Immediate Supervisor and Angie Gallo, Human Resources</td>
</tr>
<tr>
<td>Short Term Employees (District)</td>
<td>Technician</td>
</tr>
<tr>
<td>Students enrolled in Nursing and EMS Programs</td>
<td>Instructor and Angie Gallo, Human Resources Technician</td>
</tr>
<tr>
<td>Full Time Faculty</td>
<td>Academic Services Office and Angie Gallo, Human</td>
</tr>
<tr>
<td>Part Time Faculty</td>
<td>Services Office and Angie Gallo, Human Resources</td>
</tr>
<tr>
<td>Volunteers (counselors, etc.)</td>
<td>Technician</td>
</tr>
</tbody>
</table>

The employee’s time sheet will reflect industrial leave for the period of time reflected on the appointment slip or letter only. If the employee fails to provide the required verifying documentation, her or his time card will be docked for sick leave instead of industrial leave.
PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- your employer offers group health coverage;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor’s name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: ___________________________ (name of employer)  If I have a work-related injury or illness, I choose to be treated by:

______________________________________________________ (name of doctor)(M.D., D.O., or medical group)
______________________________________________________ (street address, city, state, ZIP)
______________________________________________________ (telephone number)

Employee Name (please print):

______________________________________________________

Employee’s Address:

______________________________________________________

Employee’s Signature_________________________________________ Date: ____________

Physician: I agree to this Predesignation:

Signature: __________________________________________ Date: ____________

(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician’s agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.
(Optional DWC Form 9783 March 1, 2007)
TO: Faculty & Staff
FROM: Rick Webster, Director
DATE: August 16, 2011
RE: Regular and Bulk Mail Procedures

Outgoing mail must have department name:
Outgoing IVC mail is required to have a department name either printed or written on the envelope. This is essential in order to ensure that the right departments are charged for postage.

Mail pick-up:
Monday through Friday all outgoing mail is picked up on campus between 11:30 am and 1:00 pm. Mail is postmarked and sorted between 1:00 pm and 2:45 pm. Mail is delivered to the Imperial Post Office at 3:00 pm. Mail that is delivered to the mailroom after 2:30 pm will be processed for delivery on the next business day.

Bulk Mail:
When planning a bulk mail-out, please inform the mailroom as soon as possible. We need to ensure that there is enough postage in our account to cover the cost.

- When processing a bulk mail-out, make sure that the appropriate permit is included on the envelopes of the material to be mailed.
- Bulk mail-out must be counted, sorted, and accompanied by an appropriate bulk mail form.
- If you have a large mailing (30 or more pieces), the pieces need to be sorted by city or zip code.
- When delivering a package for shipping, please make sure that the package has been properly sealed and labeled.

PERSONAL MAIL:
- It is inappropriate to use the district mail services for personal use.
- Please refrain from using the district mail services to ship or receive personal mail.
- The district will not be responsible for lost or late personal mail.
TO: Faculty & Staff
FROM: Rick Webster, Director
DATE: August 16, 2011
RE: Inter-Office Mail

**Inter-Office Mail:**

· When sending inter-office mail, be sure to include the name of the department in which the recipient works.

· Do not use new clasp envelopes, letterhead envelopes, or new plain envelopes for inter-office use.

· Please give all extra inter-office envelopes to the mail clerk or leave them in the mailroom.

· Please recycle clasp envelopes (or other large mailing envelopes) you receive in the mail for inter-office use.

· If inter-office envelopes are needed, call the Maintenance Department at ext. 6371.
TO: Faculty & Staff
FROM: Rick Webster, Director
DATE: August 16, 2011
RE: FedEx & UPS

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**FedEx & UPS:**

- The cut-off time to call in a pick up for FedEx packages is 2:30 pm. If this deadline is not met, you will need to deliver the package directly to the FedEx Office.

- FedEx will only pick up at the Maintenance Office.

- Account Codes to be charged must be included with all packages to be sent out via FedEx or UPS.

- FedEx & UPS services will only be provided for College business related material.

- All packages to be mailed out must be labeled, sealed and ready to send upon its delivery to the IVC mailroom.
*Office Supply–

- Buyer places the order online, an approved PO is required. Purchasing Department will receive an automated message from Office Supply “order for approval”. Purchasing department will check for the following:
  1) PO - Approval
  2) Utilization of the proper account number
  3) If items are available through IVC warehouse

Purchasing Department will contact buyer if there are any issues that need to be resolved with the above. Once everything is clarified or corrected the order will be approved; buyer will receive an order confirmation from Office Supply

- Buyer also has the option to fax or e-mail the purchase order to the Purchasing Department then order will be placed online
- Vendor delivers order directly to each department

*Staples -

- Buyer has the option to pick up the items directly from vendor, a PO and staples’ card are required (card is checked out at the Purchasing Department)
- Buyer also has the option to fax or e-mail the PO to the Purchasing Department then the order will be placed online. Staples offers free delivery
- Vendor does not deliver to departments, but will deliver to the Purchasing Department. Depending on the Purchasing Department personnel’s availability supplies will be delivered to the departments. If items are needed right away, departments can pick up items from the Purchasing Department.

*Costco/Home Depot/Sears/Wal Mart

- Buyer has the option to pick up the items directly from the vendor, a PO and the vendor’s credit card are required (credit card can be checked out at the Purchasing Department)
- Buyer also has the option to fax or e-mail the PO to the Purchasing Department and order will be picked up on Fridays and delivered to buyer

*Target & Lowes -

- Buyer does not have the option to pick up items directly from vendor, PO can be faxed or e-mail to the Purchasing Department and order will be picked up on Fridays and delivered to the buyer

*Best Buy & other vendors-

- Buyer can faxed PO to the vendor or fax/e-mail to the Purchasing Department and order will be faxed to the vendor
- Vendor will deliver items through carrier to the Purchasing Department
- Purchasing Department will deliver item(s) after they have been tagged (if required)

Enterprise/Hertz Rental –

- Departments fax their signed approved travel request to the Purchasing Department (5 working days in advance of departure date)
- Purchasing Department will place the request online or call Enterprise/Hertz depending on the vehicle size. Enterprise/Hertz will provide a rental confirmation and the information will be e-mailed to the requestor.
- Gas card can be checked out from the Purchasing Department. Vehicle and Gas card can only be release to an IVC employee.

*If a buyer is purchasing a computer, the buyer is required to go online to the IT website* [http://imperial.campushp.com/](http://imperial.campushp.com/) a FOAPAL -Budget account(s) is required.

Contact: Betty Kakiuchi –Director of Purchasing/Accounting ext.6368
Raquel Gonzalez –Purchasing/Receiving Coordinator ext. 6370
Welcome to Imperial Valley College

WebSTAR Faculty Handbook

For Technical Support, please contact:
Larry Valenzuela
Human Resources
(760) 355-6189
How do I access my IVC WebSTAR account?

Step 1. Go to the IVC website: http://www.imperial.edu

Step 2. Click on the (Student Portal) link

Step 3. Login Instructions:

In the IVC ID text box: type in your Social Security Number or user ID (also known as the G number) Sample: G00348500 provided by the Instruction office or Human resources office.

In the PIN text box: for First-Time Users, if you've never logged into WebSTAR or the Student Portal your first PIN is your 6-digit birth date in mmddyy order. For example - (August 4, 1990) you will type 080490.
After logging in you may access WebSTAR by clicking the **WebSTAR button** in the top menu. The first time you access WebSTAR, you will be asked to change your PIN. The PIN you choose will be your permanent login PIN.

How will my screen look when I access the main menu?

You will always have access to the Personal Information Menu. Faculty will have access to the Faculty & Advisory Menu. Faculty members who are students will also see the Student Menu.
If you forget your PIN, how do I access my security question to help me remember my PIN?
Go to the IVC website: [www.imperial.edu](http://www.imperial.edu) click on link (Forgot your PIN?).

**How do I recover PIN using my security questions?**

Click on the First tab labeled (Recover PIN using Security Question) In the IVC ID text box:

Type in your G# Sample: G00348500 then click Retrieve Security Question button

You will then type in the security answer, then press

**How do I recover PIN using my personal information?**

Click on the Second tab labeled (Recover PIN using Personal Information)

In the text boxes, type in your G# Sample: G00348500

Type Date of Birth (YYYY-MM-DD) and Last 4 digits of SS# then click on Recover Pin button.

The PIN will be displayed at the top highlighted in blue.
How do I recover my ID Number?

Click on the third tab labeled (Recover ID Number)
In the text boxes, type in your full social security number with no dashes, then type your Date of Birth (YYYY-MM-DD) then click on Recover ID button. The ID Number will be displayed at the top, highlighted in blue.

How do I print my Opening Day Roster and my Add Authorization Codes?

Admissions will no longer print Opening Day Rosters for instructors. You do it yourself.

- Click on Faculty & Advisors Menu which will take you to the Faculty Services Page.
- Click on Roster Selection Menu
- Select a Term [Fall 2009] and Submit
- Select one or more CRN’s
- Press the Create Roster(s) button
- Configure Margins (To see directions for configuring margins click the link on the Rosters page)
- Print

Rosters

<table>
<thead>
<tr>
<th>CRN</th>
<th>COURSE</th>
<th>TITLE</th>
<th>START</th>
<th>END</th>
<th>ENROLL</th>
</tr>
</thead>
<tbody>
<tr>
<td>21067</td>
<td>PE 102</td>
<td>Physical Fitness</td>
<td>28-SEP-04</td>
<td>05-NOV-04</td>
<td>8</td>
</tr>
</tbody>
</table>
What will my classroom roster(s) look like?

The first page(s) will consist of your classroom roster and the last page will have the add authorization codes to add students to your roster at your discretion.

### Imperial Valley College
Fall 2006
Full Term

<table>
<thead>
<tr>
<th>CRN</th>
<th>SUBJ</th>
<th>COURSE</th>
<th>CREDITS</th>
<th>DIVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1122</td>
<td>CS13</td>
<td>100</td>
<td>1.00</td>
<td>BUS</td>
</tr>
</tbody>
</table>

**REIECTOR(S)**

<table>
<thead>
<tr>
<th>Instructo(s)</th>
<th>TYPE</th>
<th>DATE</th>
<th>TIME</th>
<th>BUILDING</th>
<th>ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Name] (P)</td>
<td>Lecture</td>
<td>MWF</td>
<td>0800-0900am</td>
<td>BLA  200</td>
<td></td>
</tr>
</tbody>
</table>

**Course Start Date:** 06 SEP 2006
**Course End Date:** 10 DEC 2006

**Deadline to Drop WITH "W":** 10 NOV 2006

<table>
<thead>
<tr>
<th>ID</th>
<th>Student Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>000612345</td>
<td>Boyle, Boyle</td>
</tr>
<tr>
<td>000612346</td>
<td>Boyle, Boyle</td>
</tr>
</tbody>
</table>

---

Add Authorization Codes: Sample Copy.

### Imperial Valley College
Fall 2006
Full Term

<table>
<thead>
<tr>
<th>CRN</th>
<th>SUBJ</th>
<th>COURSE</th>
<th>CREDITS</th>
<th>DIVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1122</td>
<td>POLS</td>
<td>102</td>
<td>3.00</td>
<td>BUS</td>
</tr>
</tbody>
</table>

**REIECTOR(S)**

<table>
<thead>
<tr>
<th>Instructo(s)</th>
<th>TYPE</th>
<th>DATE</th>
<th>TIME</th>
<th>BUILDING</th>
<th>ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Name] (P)</td>
<td>Lecture</td>
<td>MWF</td>
<td>0200-0600pm</td>
<td>200</td>
<td></td>
</tr>
</tbody>
</table>

**Course Start Date:** 22 AUG 2006
**Course End Date:** 10 DEC 2006

**Deadline to Drop WITH "W":** 10 NOV 2006

Add codes are valid through the Last Date to Add.

**Add Authorization Codes**

<table>
<thead>
<tr>
<th>Author</th>
<th>Student Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>30994</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8849</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7701</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What information is available in the Excel Download?
Student ID
Student Name
Student Major
Student Class Standing
Student Phone
Student Email
Student Registration Sequence

How do I exit out of the Web Star Self Service? Click the Exit Button. For security reasons, please exit out of your web browser (Internet Explorer, Netscape, or Mozilla).

More information will be provided by the Admissions Office by e-mail.