California State University Dominguez Hills Foundation

July 1, 2017

To: All Employees and Applicants

The Chief Financial Officer/Chief Operating Officer and the Board of Directors of the California State University Dominguez Hills Foundation, Inc. affirm their commitment to Affirmative Action and Equal Employment Opportunity. The Foundation provides equal employment opportunity to all job applicants and employees, and will not discriminate against individuals because of race, color, religion, age, sex, national origin, gender identity, sexual orientation, pregnancy, medical condition, disability, marital status, veteran status or other protected characteristics.

Affirmative action and equal employment opportunities extend, and are not limited to, the following employment related-areas: recruitment; selection; placement and retention; promotion or transfer; compensation and benefits; selection for training, educational fee reimbursement, discipline, demotion, layoff or separation.

It is our goal to recruit applicants to achieve a work force mixture that reasonably approximates the percentage of women and minorities represented in the local labor market area. We will utilize available recruitment sources to identify and attract minority, women, veteran and disabled applicants who meet the position qualifications.

Affirmative action includes a variety of activities that go beyond passive nondiscrimination. It requires a total and aggressive effort to ensure opportunities for all employees in keeping with the spirit as well as the letter of the law. It also demands imaginative and sustained effort to develop programs and procedures to ensure wider representation of members of minority groups, women, individuals with disabilities and veterans with the intent to help all employees maximize their contributions and develop their abilities to the fullest.

The objectives of the Foundation’s Affirmative Action Program are not only in compliance with state and Federal law, but also work to achieve an enriched environment for fulfilling the Foundation’s mission.

The Director of Human Resources and Payroll, Amanda Dodd, has been designated the EEO Coordinator for ensuring implementation of the Affirmative Action Program for the Foundation. If you have any questions regarding the Foundation’s Affirmative Action Program, please contact Ms Dodd at 310-243-3028.

Cooperation at every level of the organization is vital to the attainment of our affirmative action goals. All Foundation employees must support this policy to ensure its effective implementation and the success of our Affirmative Action Program.

Russel Statham
Chief Financial Officer/Chief Operating Officer
California State University Dominguez Hills Foundation
NEW HEALTH INSURANCE MARKETPLACE COVERAGE
OPTIONS AND YOUR HEALTH COVERAGE

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes, if you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact Amanda Dodd—Director of Human Resources

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
New Hire Notice -- Injuries Caused By Work

What does workers’ compensation cover?
You may be entitled to workers’ compensation benefits if you are injured or become ill because of your job. Workers’ compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures such as hurting your wrist from doing the same motion over and over. Generally, independent contractors, and volunteers who receive no compensation are not covered by workers’ compensation benefits. Injuries resulting from off-duty recreational, social, or athletic activities, unless condoned or sponsored by your employer, are generally not covered.

Benefits:
Workers’ compensation benefits include: Medical care, temporary disability, permanent disability, supplemental job displacement voucher, and death benefits

Medical Care:
You are entitled to medical care that is reasonably required to cure or relieve you from the effects of your work-related injury. Medical care may include doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. Providers should never bill you directly for work-related injuries. There is a limit on some medical services. Your employer is required to provide you with a claim form within one business day of learning about your injury. It is extremely important that you complete the “Employee” section of the claim form as your employer is required to authorize medical care within one working day after you file the form. If additional care is necessary after the initial treatment, the claims administrator will authorize any care that is appropriate for your injury, including the referral to specialists.

Your Primary Treating Physician (PTP):
This is the doctor with overall responsibility for treating your injury or illness. The primary treating physician determines what type of treatment you need and when you may return to work. A multispecialty medical group of licensed doctors and osteopathy may be designated as personal physicians. If your employer or your employer’s insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness by making a request to the claims administrator. Chiropractors may not continue as the primary treating physician after 24 visits. If specialists, diagnostics, etc. are needed in your case, this physician will be responsible for making the referrals. If you name your personal physician before your injury, you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Special rules apply if your employer offers a Health Care Organization (HCO) or has a medical provider network.

You should receive information from your employer if you are covered by an HCO or MPN. Contact your employer for more information.

Treatment by your personal physician:
You may be treated by your personal physician if you notify your employer prior to your injury. A personal physician includes a medical group of licensed doctors of medicine or osteopathy. Please have your physician complete the attached form and return to your employer. The following requirements must be met:

1. You must have group health coverage from any source for non-industrial illnesses and injuries.
2. Your personal physician must agree in advance to treat you for any work injuries or illnesses.
3. Your physician must be your regular physician and surgeon.
4. Your physician has previously directed your medical treatment and retains your records, including your medical history.

What happens if your employer disputes your injury?
State law requires employers to authorize medical care within one working day of receiving a DWC 1 claim form. Your employer may be liable for as much as $10,000 in medical care until your claim is accepted or denied.

Medical Provider Networks:
Your employer may be using a MPN, which is a selected network of health care providers to provide treatment to workers injured on the job. If your employer is using a MPN, a MPN notice should be posted next to this notice to explain how to use the MPN. If you have predesignated your personal physician prior to your work injury, then you may receive treatment from your predesignated doctor. If you have not predesignated and your employer is using a MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by the employer. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN.

What if my employer has a Medical Provider Network?
If your employer has Medical Provider Network additional information can be obtained by reviewing the full employee notification which is required to be posted in close proximity to the workers’ compensation poster.

What if my employer does not have a Medical Provider Network?
If your employer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness within 30 days of reporting your injury. Chiropractors may not continue as
the primary treating physician after 24 visits. You may use
the attached Notice of Personal Chiropractor or Personal
Acupuncturist form to notify your employer of this change.

Emergency Medical Care:

If you need emergency care, call 911 for help immediately
from the hospital, ambulance, fire department or police
department.

First Aid:

If you need first aid treatment, contact your employer. If
you have more than a simple first aid injury, you will need
to ask your employer for a claim form.

Temporary Disability (TD) Benefits:

You may be entitled to payments if you lose wages while
recovering. Your temporary disability rate is calculated by
multiplying your average weekly wage by two thirds. The
first 3 days of disability are not payable under California
law unless there is hospitalization at the time of injury or
the disability exceeds 14 days. If your physician returns
you to work on a modified basis, you may be entitled to
wage loss. This is generally calculated by multiplying the
difference between your average weekly wage and your
earnings during modified duties times two thirds. This is
subject to the benefit minimums and maximums set by the
California Legislature. Temporary disability benefits are
payable within 14 days of the date of injury or knowledge
of the injury. Subsequent payments are due every 14
days. For injuries occurring on or after 1/1/08, no more
than 104 weeks of temporary disability are payable within
5 years from the date of injury. For longer term conditions
(hepatitis B & C, amputations, severe burns, HIV, high
velocity eye injuries, chemical burns to the eyes,
pulmonary fibrosis, and chronic lung disease) no more
than 240 weeks within five years from the date of injury
are payable. You may be eligible for state disability
benefits from the Employment Development Department
(EDD) if TD benefits are stopped, delayed, or denied.
There are time limits so contact EDD for more information.

Permanent Disability (PD) Benefits:

You may be entitled to payments if your physician says
your injury has limited your ability to work. The permanent
disability rate is calculated by multiplying your average
weekly wage by two thirds, subject to statutory minimums
and maximums. The amount of permanent disability or
impairment may depend on your doctor's opinion, as well
as your age, occupation type of injury and date of injury.
If you have permanent disability or your claim examiner
suspects you have permanent disability, a letter will be
sent to you explaining your benefits, including the estimate
or total value of permanent disability, weekly payment
amount, how the benefit was calculated, and all of your
related rights under the California Labor Code, including
your right to object to the report upon which the
determination is being based. Permanent Disability
benefits are payable within 14 days of the last payment
of temporary disability benefit or after you physician indicates
there is permanent disability. The benefit is payable every
every fourteen days. Permanent Disability benefits are not
payable until your claim is finalized if your employer
offered a job upon termination of temporary disability
benefits.

Supplemental Job Displacement Benefit:

You may be entitled to a nontransferable voucher payable
to a state approved school. To qualify, your injury must
result in a permanent impairment and your employer is
unable to offer modified or alternative work within 60 days
of receipt of a report asserting that all medical conditions
have reached maximum medical improvement. If your
employer does not offer a modified or alternate job within
60 days of determination of maximum medical
improvement, you may choose to receive a
nontransferable voucher to use at a state accredited
school for education-related retraining or skill
replacement. If you qualify for the supplemental job
displacement benefit, your claims examiner will provide a
voucher for up to $6,000.00.

Return to Work Fund

If your injury results in permanent impairment and it is
determined that the amount awarded is disproportionately
low in comparison to your loss of earnings, you may be
entitled to additional compensation. A fund was
established to supplement permanent impairment benefits
under specific circumstances. This fund is administered
by the Division of Workers Compensation. Your examiner
can assist in directing you to the correct resource to
determine eligibility.

Death Benefits:

Death benefits are paid to dependents of a worker who
dies from a work-related injury or illness. The benefit is
calculated and paid in the same manner as temporary
disability. This benefit is paid at a minimum rate of $224
per week. The death benefit rates are set by state law and
the amount depends upon the number of dependents. If
dependent minor children are involved, death benefits are
payable at least until the youngest child reaches majority
age. Burial expenses are also provided under this benefit.

Report Your Injury:

Report the injury immediately to your supervisor or to:

Employer representative: Amanda Dood

Phone number: 310 243 2373

Don't delay. There are time limits. If you wait too long,
you may lose your right to benefits. Your employer is
required to provide you a claim form within one working
day after learning about your injury. Within one working
day after you file a claim form, your employer shall
authorize the provision of all treatment, consistent with
the applicable treating guidelines, for your alleged injury
and shall be liable for up to ten thousand dollars ($10,000)
in treatment until the claim is accepted or rejected. Until
the date the claim is accepted or rejected, liability for
medical treatment shall be limited to ten thousand dollars
($ 10,000). If your claim is denied, you have the right to
appeal the decision within one year of the date of injury.
Discrimination:

It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions?

If you have questions, see your employer or the claims examiner who handles workers' compensation claims for your employer.

Claims Administrator:

Sedgwick Claims Management Services, Inc.

Address: P.O Box 14479

City: Lexington State: KY Zip: 40512-4479

Phone: (916) 851-8060

The employer is insured for workers' compensation by:

This employer is self-insured.

How do I locate information regarding my employer's current workers' compensation carrier?

For information regarding your employer's workers' compensation carrier, please visit the below website.

https://www.caworkcompcoverage.com

If the workers' compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement - their number can be found in your local White Pages under California State Government, Department of Industrial Relations.

You can get free information from a State Division of Workers' Compensation Information & Assistance Officer.

The nearest Information & Assistance Officer is at:

Address: 7575 Metropolitan Drive, Suite #202

City: San Diego, CA 92198 Phone: (619) 767-2085

Hear recorded information and a list of local offices by calling toll-free (800) 736-7401.

Learn more online: www.dir.ca.gov.

False claims and false denials:

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.
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.) or doctor of osteopathic medicine (D.O.) if:

On the date of your work injury you have health coverage for injuries and illnesses that are not work related;

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 non-occupational 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

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.)

(Street address, city, state, ZIP) (Telephone number)

Employee Name (please print):

Employee’s Address:

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

Employee’s Signature: Date:

Physician: I agree to this pre-designation:

Signature: Date:

(physician or designated employee of the physician)

The physician is not required to sign this form, however, if the physician or designated employee of the physician does not sign, other documentation of the physician’s agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1 (a)(3).
NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer’s insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist. Chiropractors may not continue as the primary treating physician after 24 visits.

Note: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term “chiropractic visit” means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by a surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers’ Compensation’s Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist’s Information:

(Name of chiropractor or acupuncturist)

(Street address, city, state, ZIP)

(Telephone number)

Employee Name (please print):

Employee’s Address:

Employee’s Signature: ____________________________ Date: __________
Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)
☐ NO, I DON'T HAVE A DISABILITY
☐ I DON'T WISH TO ANSWER

________________________________________  __________________________________________
Your Name                        Today's Date
Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

1 Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.
CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS FOUNDATION
CODE OF CONDUCT

Purpose

The purpose of this Code of Conduct (hereinafter "Code") is to guide the conduct of those acting for/on behalf of the California State University, Dominguez Hills Foundation (hereinafter "Foundation"), which guidance will enhance the Foundation’s performance in assisting the University in the attainment of its educational mission.

Statement of Policy

Specifically, this Code applies to all board members, officers, representatives, committees, affiliates of the Foundation, and employees acting for/on behalf thereof (hereinafter collectively referred to as "staff"), whether full-time, part-time, or casual appointees.

Regulations

1. Respect for the Law

Staff, in common with all citizens, have an obligation to observe all applicable federal, state, and local laws, regulations, ordinances, and authoritative orders, and are required to conduct themselves accordingly.

2. Respect for Persons

The Foundation seeks to create an environment where all persons are treated equitably and with respect, where persons' rights are respected and where staff are encouraged and their achievements given due recognition.

Respect for persons extends to the manner in which the individuals comprising the staff deal with one another, with employees of the university, with students, as well as members of the community. The Foundation regards a staff member's personal behavior towards and interaction with others as a vital part of the duties of their position. A collegial working environment is particularly encouraged.

3. Courtesy and Responsiveness

Staff are expected to be responsive, courteous and prompt in dealing with others, whether with other staff, employees of the university, students, or members of the community.

4. Obligations of Staff Supervising Other Staff

Individuals who supervise other staff members have special responsibilities to treat their staff members fairly and to afford them equality of opportunity, to maintain open and honest communication with them and to ensure that their staff members understand performance standards expected of them. Evaluations of staff performance must be undertaken against these standards objectively and without bias.
5. **Making Fair Decisions**

When making a decision, taking action of a discretionary nature or resolving a grievance, which may adversely affect a person's rights, liberties, interests or legitimate expectations, the principles of procedural fairness must be applied. Specifically, persons affected must have the opportunity to respond to allegations or assertions made and to have a decision made without bias. Decisions must be based on considerations relevant to the matter at hand. Decisions may be accepted more readily if reasons are given.

6. **Staff Must Not Unfairly Discriminate**

Staff must treat other persons equitably, irrespective of gender, sexual orientation, race, disability, medical condition, cultural background, religion, marital status, age, or political conviction.

7. **Harassment Unacceptable**

Staff must not engage in conduct, which amounts to or may be perceived as sexual, racial, or gender-based harassment. Staff must not behave towards other persons in a manner, which may reasonably be perceived as intimidating, overbearing or unreasonable.

8. **Avoidance of Conflicts of Interest**

Staff must avoid conflicts between their private interests and their staff responsibilities. In this regard, staff must refrain from participating in making decisions affecting said individual's financial interests, as well as indecisions affecting another person with whom said staff member has a personal relationship (i.e., spouse, relative, close personal relationship, etc.).

A. Specific instances: A "transaction" is defined as a business arrangement whereby a party thereto provides property or services to the other in exchange for compensation. The above-referenced definition of the word "transaction" does not include gift agreements between a donor and the Foundation. With specific regard to financial interests, the following transactions are absolute conflicts of interest, and are hereby proscribed:

1. A transaction between the Foundation and a member of any governing board or committee thereof;

2. A transaction between the Foundation and a partnership or unincorporated association of which any member of the governing board or committee of the Foundation is a partner or of which he/she is the owner or holder, either directly or indirectly, of a proprietorship interest.

3. A transaction between the Foundation and a corporation in which any member of a governing board or committee of the Foundation is the owner or holder, directly or indirectly, of 5% or more of the outstanding common stock.

4. A transaction in which a member of the governing board or committee of
the Foundation is financially interested other than as specified in subsections 8(A)(1) – (3) above, and either: (i) the member fails to first disclose such interest to the governing board or committee at a public meeting of the board or committee, or (ii) the member influences, or attempts to influence another member or members of the board or committee into entering into the transaction.

B. Staff who are members of the governing board or a committee, have an absolute duty to disclose actual or potential conflicts of interest and all material facts related thereto, to the governing board or committee, and shall disclose at least annually in writing any interests that could give rise to a potential conflict of interest. If said member is financially interested in a potential transaction other than as specified in section 8(A) above, said transaction may be allowed if all of the following occur, and the board or committee (without involvement of the interested member) vote to approve the transaction:

1. The fact of such financial interest is disclosed to or known by the governing board or committee, and noted in the minutes thereof. Once the actual or potential conflict is disclosed or known, the financially interested person will be allowed to make a presentation to the board or committee, after which he or she shall leave the board room for discussion and prior to any voting thereon.

2. If necessary, appointment of a person or committee to investigate the situation prior to any voting thereon, and to investigate alternatives to the proposed transaction or arrangement.

3. Consideration of the findings of the above-referenced investigative effort and determination of the board as to whether the transaction is just and reasonable and whether it could obtain a more advantageous transaction or arrangement with an entity for which there is no actual or potential conflict of interest. If it cannot obtain a more advantageous transaction or arrangement, the board may, in its discretion, vote to approve the proposed transaction or arrangement.

9. Receipt of Gifts

Staff must not ask for or encourage the giving of any form of gift or benefit in connection with the performance of their duties. Receipt of gifts can be perceived as an inducement to act in a particular way, thus creating a real or apparent conflict of interest. However, a staff member may, of course, give or accept an occasional gift of nominal value, which is offered in accordance with social or cultural practice.

10. External Activities and Public Comment

Staff are free to engage in party-political, professional, interest group and charitable activity, provided that participation does not give rise to a conflict of interest or impede the performance of a staff member’s duties. Where a staff member comments publicly in connection with party political or interest group activities, it must be made clear that such comment is made on behalf of the political party or association which they represent, and not in their capacity as
members of staff of the Foundation.

Public comment by staff in their capacity as private citizens is certainly permitted. In making private comment (including electronic means such as electronic mail), every effort must be made to ensure that the opinions expressed are not represented as an official view of the Foundation.

11. Diligence

A. The Foundation aims to achieve the highest standards in the conduct of its business, which ultimately serves to advance the educational interests of the University. All staff contribute to the achievement of this aim when they carry out their duties honestly and to the best of their ability. In this regard, staff is expected to carry out their duties in a professional, responsible, impartial and conscientious manner, and to be accountable for their official conduct and decisions.

B. Staff members should endeavor to maintain and enhance their skills and expertise and keep up to date the knowledge associated with their particular field or area of work. High standards of performance are expected. Staff must not allow outside work to interfere with the performance of their Foundation duties.

C. Staff must exercise due care in undertaking their activities, particularly where others will rely on advice or information offered. Staff have a duty to take reasonable care to avoid causing harm (including physical harm) to anyone. Thus, staff must actively promote safe working practices and environments for everyone using Foundation facilities. In this connection, staff must ensure that the personal use of alcohol or other drugs does not affect work performance or the safety and well-being of others.

D. Fraud, corrupt conduct or malfeasance is contrary to law and is to the detriment of the Foundation, as well as ultimately to the University. Staff are therefore required to report genuinely-suspected or known fraud or corrupt conduct in accordance with section 13 hereof.

E. Appropriate measures to ensure proper internal control with respect to Foundation assets must be observed at all times. Staff members must not be assigned job duties or allowed to engage in conduct that may compromise the maintenance of proper internal control.

12. Economy and Efficiency

Staff has a responsibility to ensure that the Foundation's resources are managed effectively. In this regard, material, financial and computerized resources should only be used for Foundation purposes. Though staff members may occasionally need to use Foundation resources for personal reasons, such as personal telephone calls, such usage must be kept to a minimum, and must not result in additional expense to the Foundation. Additionally, equipment, materials and facilities must be treated with appropriate care and secured against theft and
misuse in order to ensure that the maximum level of resources are available to discharge the Foundation's functions.

13. Violations of the Code

A. Subject to sections (B) and (C) below, actual or suspected violations of this Code by any Foundation staff member shall be reported to the Director of Business and Finance and Chief Financial Officer of the Foundation, or to the Foundation Human Resources Manager. If the report is made to the Human Resources Manager, he/she shall promptly inform the Director of Business and Finance and Chief Financial Officer of the report. The Director of Business and Finance and Chief Financial Officer and/or the Human Resources Manager shall then, in his or her discretion, conduct a reasonable investigation of the facts of the alleged or suspected violation(s), or appoint other competent staff who is not alleged to be involved in the violation, to conduct the same. Findings of all investigations not conducted by the Director of Business and Finance and Chief Financial Officer shall be reported to the Director of Business and Finance and Chief Financial Officer for consideration thereof and resolution of the matter. The Director of Business and Finance and Chief Financial Officer shall have the authority to either dismiss a staff member found to have violated this Code, or discipline said staff member in a manner, which the Director of Business and Finance and Chief Financial Officer, in his or her discretion, deems appropriate. If the staff member alleged to have violated this Code is the Director of Business and Finance and Chief Financial Officer, the allegation of the violation shall be made either to the University Vice President for Administration and Finance, or to the Human Resources Manager, who shall promptly report the allegation to the Vice President for Administration and Finance. Investigation and resolution of such matter shall be made in accordance with the process specified in section (B) below. No staff member who is alleged to be involved in the violation shall take part in the investigation or resolution of such alleged violation.

B. Notwithstanding the foregoing, actual or suspected violations of this Code by a member of the Board of Directors or any committee or sub-committee thereof shall be reported to the Chair of the Board of Directors, who shall undertake an investigation of the allegation. Thereafter, the Chair shall either dismiss the matter or make recommendations to the Board of Directors for resolution of the allegation.

C. Reports of, investigations of, and resolutions of allegations of fiscal misconduct shall be administered exclusively in accordance with the University Procedures for Investigating Suspected Employee Fiscal Misconduct.
14. **Whistleblower Policy**

A. Staff may report any violation of the Code in accordance with section 13 hereof. The Foundation encourages all Staff to so report all occurrences that in good faith are reasonably believed to be violations of this Code. Any Staff making such a report shall be deemed to be a "Whistleblower". It is the intent of this provision that Staff making such good faith reports (pursuant to section 13 hereof) of suspected fiscal misconduct, violations of law, or other violations of this Code shall be made to feel safe from retaliation, and shall be protected from retaliatory action as follows:

1. The Foundation will use its best efforts to conduct a thorough investigation of actual or suspected violations of the Code that are reported by Whistleblowers. In this regard, the Foundation will attempt to keep its discussions and actions confidential to the greatest extent possible. In the course of its investigation, the Foundation may find it necessary to share information with others on a "need to know" basis. In all such circumstances, however, the Foundation will use its best efforts to protect a Whistleblower against retaliation.

2. In recognition of the Foundation's intention to protect Whistleblowers from retaliation, it is the policy of the Foundation that Staff shall not intimidate, threaten, coerce, or attempt to intimidate, threaten, or coerce a Whistleblower (including but not limited to, threats of physical harm, loss of job, punitive work assignments, or impact on salary or wages) in retaliation for a Whistleblower reporting the actual or suspected violation. Specifically, neither the Foundation, nor any person acting on behalf of the Foundation shall retaliate against an employee for:

   A. disclosing information, or because it is believed that the employee disclosed or may disclose information, to a government or law enforcement agency, to a person with authority over the employee or another employee who has the authority to investigate, discover, or correct the violation or noncompliance, or for providing information to, or testifying before, any public body conducting an investigation, hearing, or inquiry, if the employee has reasonable cause to believe that the information discloses a violation of state or federal statute, or a violation of or noncompliance with a local, state, or federal rule or regulation, regardless of whether disclosing the information is part of the employee's job duties;

   B. refusing to participate in an activity that would result in a violation of state or federal statute, or a violation of or noncompliance with a local, state, or federal rule or regulation; or

   C. having exercised his or her rights under sections (A) or (B) above in any former employment.
3. Whistleblowers who believe they have been retaliated against may file a written complaint in accordance with section 13 hereof. A reasonably believed or proven complaint of retaliation shall result in the protection of the Whistleblower. A proven complaint of retaliation shall result in a proper remedy for the Whistleblower, and the initiation of disciplinary action, up to and including dismissal, against the retaliating person.

4. Though anonymous reports of violations of the Code may be more difficult for the Foundation to effectively investigate (as the Foundation would be unable to have access to the Whistleblower), nothing in this section 14 is intended to prohibit or discourage the anonymous reporting of actual or suspected violations of the Code by a Whistleblower. In such circumstances, the Foundation will use its best efforts to conduct a thorough investigation of the reported matter, and take appropriate actions based on its findings.