



**OFFICE OF THE STATE FIRE MARSHAL
STATEWIDE TRAINING AND EDUCATION ADVISORY COMMITTEE
DEPARTMENT OF FORESTRY AND FIRE PROTECTION**

PO Box 944246
Sacramento, CA 94244-2460
Phone: (916) 445-8200
Website: www.fire.ca.gov



Date: January 17, 2014

Attachment 3

To: Ronny J. Coleman, Chairman
Statewide Training and Education Advisory Committee
c/o State Fire Training

From: Rodney Slaughter, Deputy State Fire Marshal, Specialist III

Subject/Agenda Action Item: Accreditation Status Report

Recommended Actions: Information/Discussion

Background Information:

Accreditation site visits are conducted with at least one member of STEAC and one Community College Fire Technology Director along with State fire Training staff. Coordination of the site visits varies with the academic school year and in many cases the availability of the site team.

Analysis/Summary of Issue:

This is an update from the last STEAC meeting with specific dates for accreditation site visits. See attached locations and dates. Participating STEAC Members and their alternates are asked to fill out the attached forms so that travel can be reimbursed for site visits. These forms will be used to establish STEAC members in the State CAL ATERS Reimbursement System.

No action is required by STEAC at this time. Individual STEAC members are being asked to volunteer for upcoming site visits.

Current Accreditation Applications (Self-Assessment Reports)

	Facility	Address	Contact	New Accreditation	Site Visit	STEAC/CCFTD
1.	Merritt Community College	12500 Campus Center Drive Oakland, CA 94619	Wellington Jackson 510-436-2609	Yes	February 4, 2014	
2.	Fresno City College	2930 East Annadale Fresno, CA 93725	Gordon Moncibias 559-265-5778	Yes	February 11, 2014	
3.	Bakersfield College	2100 Chester Ave, Room 125 Bakersfield, CA 93301	Tim Capehart 661-319-1203	Reaccreditation	March 6, 2014	
4.	Victor Valley College	19190 Navajo Road Apple Valley, CA 92307	Heath Cohen (760) 245-4271 ext. 3116	Reaccreditation	March 12, 2014	
5.	Los Angeles Fire Department	1700 Stadium Way, Rm 101 Los Angeles, CA 90012	Chief Corey Rose 213.893.9837	Reaccreditation	March 18, 2014	
6.	Oxnard Community College	4000 South Rose Ave. Oxnard, CA 93033	Gail Warner 805-384-8102 907-360-3227	Reaccreditation	Fall 2014	
7.	Santa Rosa Community College	5743 Skylane Blvd Windsor, CA 95492	Randy Collins 707-836-2913	Reaccreditation	Fall 2014	

CHECK ONE OF THE FOLLOWING ACTIONS: <input type="checkbox"/> New Employee <input type="checkbox"/> Employee Changing Job Function/Location <input type="checkbox"/> Employee Separating From CAL FIRE

EFFECTIVE DATE	ORG CODE <i>(CAL FIRE = 3540 / Natural Resource Agency = 0540)</i>
EMPLOYEE FULL NAME <i>(First, Middle, Last)</i>	EMPLOYEE LOGIN <i>(Up to first 4 letters of last name plus last 4 digits of SSN. i.e. NG1234, LEE1234, SMIT1234)</i>
EMPLOYEE SSN <i>(Required if new employee, else leave blank)</i>	CLASS TITLE <i>(i.e 541-000-0000-000)</i>
HOME INDEX	HOME PCA
BUSINESS PHONE	EMAIL ADDRESS <i>(Required)</i>
COMMENTS	

DAO USE ONLY
 DATA PROCESSING SECTION *(Cal ATERS HELPDESK)*

TABLE ADMINISTRATOR	DATE
COMMENTS	

PURPOSE:

To record or update the home index and PCA in the Cal ATERS employees' profile. Please attach to AO-449 (if needed) and send to:

CAL FIRE Departmental Accounting Office
 ATTN: Revolving Fund / Cal ATERS Help Desk
 P.O. BOX 944246
 Sacramento, CA 94244-2460

INSTRUCTION:

For New Employee: If new employee, will not be able to prepare expense reimbursement or travel advance request until form is processed. Employee will need to activate the user account by going to the Cal ATERS global website (shortcut on the CAL FIRE website or www.sco.ca.gov/calaters_global.html) and register as a new user. Password will be sent to the users' email address once the registration is completed.

Changing Profile: If changing profile, verify the home index and PCA has been updated in employees' profile before preparation of Cal ATERS claim. If not, employee will have to use the "Specialized Account Code" process and enter the index and PCA.

CHECK ONE OF THE FOLLOWING ACTIONS:	
<input type="checkbox"/>	Add
<input type="checkbox"/>	Change
<input type="checkbox"/>	Delete

EMPLOYEE FULL NAME <i>(First, Middle, Last)</i>	USER ID <i>(Up to first 4 letters of last name plus last 4 digits of SSN. i.e. NG1234, LEE1234, SMIT1234)</i>
UNIT	PHONE NUMBER () - ext.

The Cal ATERS Global Authorization form must be signed and submitted to the Department of Forestry & Fire Protection, Accounting Office prior to accessing Cal ATERS Global. Upon agreeing to the following requirements, system users will be provided with an individual and unique user ID and password. Departments will assign user IDs for department staff. Passwords will be sent via email after the new user registration process has been completed.

Please check all of the roles that apply to you.

- Employee** - Submission of travel advance and/or expense reimbursement forms will be a true statement of the amount necessary to defray expenses and/or the amount of actual expenses incurred by me while in the service of the State, and will be in accordance with DPA rules and regulations.
- Employee Who Assigns “Submitter”** - Submission of travel advance and/or expense reimbursement forms will be a true statement of the amount necessary to defray expenses and/or the amount of actual expenses incurred by me while in the service of the State, and will be in accordance with DPA rules and regulations. **Although “Submitter” submits claims for employee, employee is responsible for verification of expenses and amounts being claimed.**
- Approver** – I have been authorized by my department to approve travel advance and expense reimbursement forms for employees within my area of responsibility. Each travel advance and/or expense reimbursement request I approve will involve the amount necessary to defray expenses incurred while conducting official State business, and will be in keeping with the applicable rules and policies.

The Roles Below Are For Employees With Privileges

- Prepare For** – I have been authorized by my department to prepare travel advance and expense reimbursement forms on behalf of specific department employees. Travel advance and/or expense reimbursement forms will be consistent with travel advance and expense reimbursement information received from employees. Note: The authority for the “preparer” privilege is assigned by the employee who selects another employee to create claims on his/her behalf.
- Submit For** – I have been authorized by my department to submit travel advance and expense reimbursement forms on behalf of specific department employees. Travel advance and/or expense reimbursement forms will be consistent with the completed and signed paper travel advance and expense reimbursement information received from employees. Note: The authority for the “submitter” privilege is assigned by the employee who selects another employee to create and submit claims on his/her behalf.

The Roles Below Are For Department Accounting Staff

- Work Pool** – I have been authorized by my department to access the Cal ATERS Global work pool to process travel advance and expense reimbursement forms. Each travel advance and/or expense reimbursement form I approve will involve the amount necessary to defray expenses incurred while conducting official State business, and will be in keeping with the applicable rules and policies.
- Travel Advance Administration** – I have been authorized by my department to access Travel Advance Administration to process emergency travel advances, update travel advances with payment information, and clear travel advances.
- Logon As** – I have been authorized by my department to utilize the Logon As Read/Write privilege to assist in helping department staff with the Cal ATERS Global questions or problems.
- Reports** – I have been authorized to access the Cal ATERS Global Reporting system.

The Following Requirements Apply To ALL Of The Roles:

- When using Cal ATERS Global, I authorize the State to take my requested action by an automated means and I authorize the State to accept the combination of my user ID and password in lieu of my written signature.
- My password is unique to me and is to remain confidential. I will not allow other individuals to use my user ID and password to access Cal ATERS Global.
- It is my responsibility to maintain the confidentiality of Cal ATERS Global information.
- My access to Cal ATERS Global can be revoked at any time by the State.

I hereby certify that I have read and understand the above requirements for accessing and using Cal ATERS.

EMPLOYEE NAME (<i>Print</i>)	EMPLOYEE SIGNATURE
USER ID	DATE

FOR DAO USE ONLY

AUTHORIZED DEPARTMENT REPRESENTATIVE	DATE
TITLE	PHONE NUMBER () - ext.

*Authorized department representative must have a signed Signature Authorization form on file with the Controller's Office.
Employee: Submit to Department of Forestry & Fire Protection, Departmental Accounting Office, ATTN: Revolving Fund / Travel Unit, P.O. Box 944246, Sacramento, CA 94244-2460.*