Section 6
This checklist identifies the two kinds of forms in this packet: (1) those you must complete and return to Human Resource Services (Section 1); and (2) those you are to retain for your own information or records (Section 2 Appendix). Please keep in mind the importance of completing and returning the forms in Section 1 to Human Resource Services within two working days. Please return the Checklist of Forms with Section 1 forms. Thank you.

### SECTION 1: RETURN

- **Checklist of Forms-New Employee**
  - Emergency Data
  - Ethnic Origin/Race Questionnaire
  - Oath of Allegiance
  - Child Abuse Reporting Request
  - Employment Eligibility Verification
  - Copy of Social Security Card
  - Authorization for Electronic Money Transfers (Direct Deposit)
  - Federal Withholding Form (W-4)
  - State Withholding Form (DE-4)
  - Retirement Questionnaire
  - STRS Permissive Membership
  - Retired Employees (STRS)
  - Workers' Compensation Reporting Requirements
  - Tuberculosis Testing Requirements
  - Fingerprinting Requirement
  - Sex Harassment Reporting
  - Annual Employee Notifications
  - Benefit Authorization Form
  - Serna Center ID Badge Request
  - New Employee Orientation: Date/Time: ________________

- **Certificated Forms**
  - Contract (Certificated)
  - BTSA New Hire Notification (Certified if applicable)
  - SSA 1945 (Certified, Certified Substitute if applicable)
  - Credential (Certificated)
  - NCLB Paperwork (Credential Specialist)
  - Salary Placement (Certificated)
  - Salary Schedule
  - Transcripts for Salary Placement
  - Verification of Teaching Experience for Salary Placement
  - Verification of Allied Experience for Salary Placement
  - Salary Plan (Certificated)
  - Professional Development (Certificated)

- **Classified Forms**
  - Terms of Employment (Classified)
  - Salary Schedule

### Classified Forms (cont'd)

- Transcripts: NCLB (Original req'd if applicable) (48 units)
- Experience Verification for Classified Salary Placement
- Salary Plan (Certificated)
- Professional Growth (Certificated)

### Management Forms

- Terms of Employment (Mgmt)
- Form 700 Statement of Economic Interests (Designated Management)
- SSA 1945 (Certified, Certified Substitute if applicable)
- Salary Schedule
- Verification of Management Experience for Salary Placement
- Verification of Management Allied Experience for Salary Placement
- Verification of Management Comparable Experience for Salary Placement

### SECTION 2: APPENDIX: MAINTAIN FOR YOUR RECORDS

- **Appendix A**: School Holidays, Vacation Allowance and Sick Leave
- **Appendix B**: Medical Benefits, Dental Coverage, Vision Coverage, Life Insurance, and COBRA
- **Appendix C**: Flexible Reimbursement Accounts, Payroll Deposit/Deduction Options, Pay Date Schedules
- **Appendix D**: Child Abuse Reporting Requirements
- **Appendix E**: Instructions for Employment Eligibility Verification
- **Appendix F**: Commission on Teacher Credentialing and Union Information
- **Appendix G**: Day-to-Day Substitutes/Eligibility Lists
- **Appendix H**: Workers’ Compensation Reporting Requirements
- **Appendix I**: Tuberculosis Testing Sites and Schedules
- **Appendix J**: Annual Employee Notifications, Sexual Harassment, Uniform Complaints
- **Appendix K**: Bloodborne Pathogens
- **Appendix L**: No Child Left Behind (NCLB)
- **Appendix M**: Commonly Asked Questions

---

Audited by: ______________
Name: _____________________________

Employee Signature

11/15/10, Rev. H