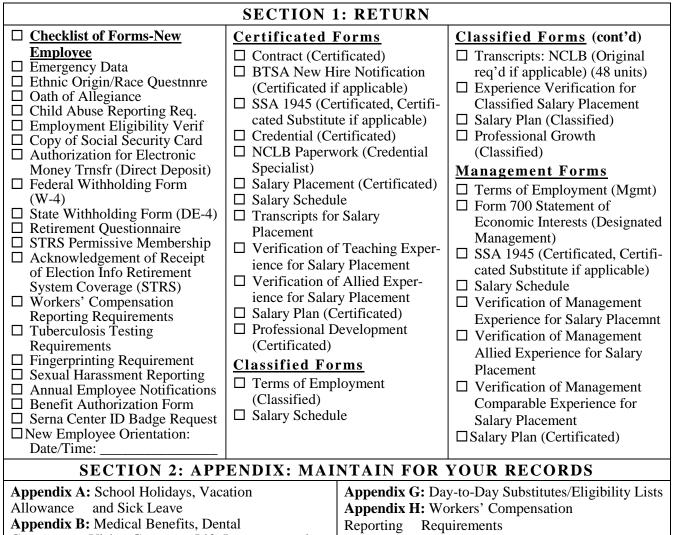


## Checklist of Forms-New Employee (Tear out page and return to Human Resource Services)

Name:

Site/School:

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. <u>Please return the Checklist of Forms with Section 1 forms</u>. Thank you.



Appendix B: Medical Benefits, Dental	Reporting Requirements
Coverage, Vision Coverage, Life Insurance, and	Appendix I: Tuberculosis Testing Sites
COBRA <b>Appendix C:</b> Flexible Reimbursement Accounts, Payroll Deposit/Deduction Options, Pay Date Schedules <b>Appendix D:</b> Child Abuse Reporting Requirements <b>Appendix E:</b> Instructions for Employment Eligibility Verification	<ul> <li>Appendix I: Tuberculosis Testing Sites</li> <li>and Schedules</li> <li>Appendix J: Annual Employee Notifications,</li> <li>Sexual Harassment, Uniform Complaints</li> <li>Appendix K: Bloodborne Pathogens</li> <li>Appendix L: No Child Left Behind (NCLB)</li> <li>Appendix M: Commonly Asked Questions</li> </ul>
Appendix F: Commission on Teacher	
Credentialing and Union Information	

**Employee Signature** 

Audited by:	Date
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Name: