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|  | **On-boarding Checklist of Forms For New Employee**  *(Tear out page and return to Human Resource Services)* | **Payroll Sensitive**  Name:    School/Dept:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_  HR Analyst:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ |

Please complete the required forms below:

1. **Section 1**: Complete and return to Human Resource Services **within two (2) business days.**
2. **Section 2**: (Appendix) Please review and retain these forms for your records.

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| **SECTION 1:** **(Return to HR)** |
| * **A) All New Employees Must Complete** |

* **On-boarding Checklist of Forms- For New Employee** (PSL-F064)
* Emergency Data (PSL-F053)
* Ethnic Origin/Race Qu (PSL-F054)
* Oath of Allegiance (PSL-F49)
* Child Abuse Rept. Req.(PSL-F52)
* Employment Eligibility Veri (NDF)
* Copy of Social Security Card (NDF)
* Authoriza. for Electronic Money Trnsfr (Direct Deposit) (PSL-F086)
* Federal Withh. Form (W-4) (NDF)
* State Withhol. Frm (DE-4) (NDF)
* Reemployment Qu (PSL-F055)
* STRS Permissive Memb. (NDF)
* Acknowledgement of Receipt of Election Info Retirement System Coverage (STRS) (NDF)
* Employee Process. Pckt (PSL-F177)
* Workers’ Compensation Reporting Requirements (PSL-F057)
* Tuberculosis Testing Requirements (Hand-Out)
* Tuberculosis Risk Assemt Form (NDF)
* Fingerprinting Requirement(PSL-F50)
* Sexual Harassment Reptg. (PSL-F56)
* Annual Employee Notfc. (PSL-F244)
* Benefit Auth. Form (B-F001A)
* New Employee Orientation:   
  Date/Time: \_\_\_\_\_\_\_\_\_(PSL-F68)

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| * **B) Certificated Forms** |

* Contract (Certificated) (NDF)
* BTSA New Hire Notification (Certificated if applicbl)(NTS-010)
* SSA 1945 (Certificated, Certifi-cated Substitute if applicbl) (NDF)
* Credential (Certificated) (NDF)
* NCLB Paperwork (Credential Specialist) (NDF)
* Salary Placement (Certificated) (NDF)
* Transcripts for Salary Placmt(NDF)
* Verification of Teaching Exper-ience for Salary Placmt (PSL-F022)
* Verification of Allied Experience for Salary Placement (PSL-F017)
* Newly Hired Personnel (PSL-F060)
* Salary Plan (Certificated)(PSL-F188)
* Professional Dev.(Cert) (PSL-F039)
* Cert of Medical Exam (PSL-F058)

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| * **C) Classified Forms** |

* Terms of Employment (Classified) (PSL-F042)
* Terms of Employment (Non-Mgmt) (PSL-F043)
* Transcripts: NCLB (Original req’d if applicable) (48 units) (NDF)
* Experience Verification for Classified Salary Plcmt (PSL-F018)
* Salary Plan (Classified) (PSL-F200)
* Professional Growth (Classified)
* CalPERS Member Recp. Cert. (NDF)
* AB-1522 Form (NDF)
* AB-Subst-Per Diem (PSL-F012B)

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| * **D) Management Forms** |

* Terms of Employment (Mgmt)(PSL-F040)
* Terms of Employment (Class Mgmt) (PSL-F041)
* Form 700 Statement of Economic Interests (Designated Management) (NDF)
* SSA 1945 (Certificated if applicable) (NDF)
* Verification of Mgmt Experience for Salary Placmt (PSL-F021)
* Verification of Mgmt Allied Experience for Salary Placmt (PSL-F019)
* Verification of Mgmt Comparable (PSL-F020)
* Salary Plan (Certificated) (PSL-F188)

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| * **E) Substitute Forms** |

* AB-1522 Form (NDF)
* AB-Subst-Per Diem (PSL-F012B)
* Certificated Sub Profile (Teachers Only) (PSL-F059)
* Certificate of Understanding Benefits (RSK-F001G)

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| **SECTION 2:** **(APPENDIX)** |
| * **ALL EMPLOYEES RETAIN FOR YOUR RECORDS** |

**Appendix A:** School Holidays, Vacation Allowance, Sick Leave

**Appendix B:** Medical Benefits, Dental/Vision Coverage, Life Ins/COBRA

**Appendix C:** Flexible Reimbursement, Payroll Deposit/ Deduction Options, Pay Date Schedules

**Appendix D:** Child Abuse Reporting Requirements

**Appendix E:** Instructions for Employment Eligibility Verification

**Appendix F:** CTC and Union Information

**Appendix G:** Day-to-Day Substitutes/ Eligibility Lists

**Appendix H:** Workers’ Comp Reporting Req

**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

**Appendix O:** New Health Insurance Marketplace Coverage Memo (Non- Rep Management & Confidential)

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_ HR Rep Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_

Note: Salary Schedules are available online at www.scusd.edu/salary-schedules.