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|  | **Checklist of Forms-Substitute**(Tear out page and return to Human Resource Services) | **Payroll Sensitive**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**. **Please return the Checklist of Forms with Section 1 forms.** Thank you.

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| SECTION 1: RETURN |
| * **Checklist of Forms-Substitute**
* Emergency Data
* Ethnic Origin and Race Questionnaire
* Oath of Allegiance
* Child Abuse Reporting Req.
* Employment Eligibility Verif
* Copy of Social Security Card
* Authorization for Electronic Money Trnsfr (Direct Deposit)
* Federal Withholding Form (W-4)
* State Withholding Form (DE-4)
* Retirement Questionnaire
* STRS Permissive Membership
* Acknowledgement of Receipt of Election Info Retirement System Coverage (STRS)
* Retired Employees (STRS)
* Workers’ Compensation Reporting Requirements
 | * Tuberculosis Testing Requirements
* Fingerprinting Requirements
* Sexual Harassment Reporting
* Annual Employee Notifications
* SSA 1945 (Certificated, Certifi-cated Substitute if applicable)
* Credential (Certificated)
* Transcripts (Certificated)
* Salary Schedule
* Substitute Profile Sheet
* Newly Hired Certificated Personnel
* Certificate of Medical Examin-ation of Applicants for First Employment in a California School District
 | * Certificate of Understanding: Eligibility for Substitute-Paid Insurance Benefits
* Serna Center ID Badge Request
* New Employee Orientation:

New Employee Orientation:  Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SECTION 2: APPENDIX: MAINTAIN FOR YOUR RECORDS |
| **Appendix A:** School Holidays**Appendix B:** Payroll Deposit/Deduction Options;     Pay Date Schedules**Appendix C:** Child Abuse Reporting Requirements**Appendix D:** Instructions for Employment Eligibility     Verification **Appendix E:** Commission on Teacher Credentialing     and Union Information**Appendix F:** Day-to-Day Substitutes/Eligibility Lists**Appendix G:** Workers’ Compensation Reporting     Requirements | **Appendix H:** Tuberculosis Testing Sites and     Schedules**Appendix I:** Annual Employee Notifications, Sexual     Harassment, Uniform Complaints**Appendix J:** Substitute Finder System**Appendix K:**  Membership in State Teachers     Retirement System**Appendix L:** Health Benefits Schedule**Appendix M:** Bloodborne Pathogens**Appendix N:** No Child Left Behind (NCLB)**Appendix O:** Commonly Asked Questions |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Signature |  | Audited by: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |