



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.

SECTION 1: RETURN

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| <input type="checkbox"/> Checklist of Forms-Substitute
<input type="checkbox"/> Emergency Data
<input type="checkbox"/> Ethnic Origin and Race Questionnaire
<input type="checkbox"/> Oath of Allegiance
<input type="checkbox"/> Child Abuse Reporting Req.
<input type="checkbox"/> Employment Eligibility Verif
<input type="checkbox"/> Copy of Social Security Card
<input type="checkbox"/> Authorization for Electronic Money Trnsfr (Direct Deposit)
<input type="checkbox"/> Federal Withholding Form (W-4)
<input type="checkbox"/> State Withholding Form (DE-4)
<input type="checkbox"/> Retirement Questionnaire
<input type="checkbox"/> STRS Permissive Membership
<input type="checkbox"/> Acknowledgement of Receipt of Election Info Retirement System Coverage (STRS)
<input type="checkbox"/> Retired Employees (STRS)
<input type="checkbox"/> Workers' Compensation Reporting Requirements | <input type="checkbox"/> Tuberculosis Testing Requirements
<input type="checkbox"/> Fingerprinting Requirements
<input type="checkbox"/> Sexual Harassment Reporting
<input type="checkbox"/> Annual Employee Notifications
<input type="checkbox"/> SSA 1945 (Certificated, Certificated Substitute if applicable)
<input type="checkbox"/> Credential (Certificated)
<input type="checkbox"/> Transcripts (Certificated)
<input type="checkbox"/> Salary Schedule
<input type="checkbox"/> Substitute Profile Sheet
<input type="checkbox"/> Newly Hired Certificated Personnel
<input type="checkbox"/> Certificate of Medical Examination of Applicants for First Employment in a California School District | <input type="checkbox"/> Certificate of Understanding: Eligibility for Substitute-Paid Insurance Benefits
<input type="checkbox"/> Serna Center ID Badge Request
<input type="checkbox"/> New Employee Orientation: New Employee Orientation: Date/Time: _____ |
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SECTION 2: APPENDIX: MAINTAIN FOR YOUR RECORDS

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| 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: _____