



# 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.

## SECTION 1: (Return to HR)

### A) All New Employees Must Complete

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

### B) Certificated Forms

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

### C) Classified Forms

- |                                                                      |                                                                                            |                                                           |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Terms of Employment (Classified) (PSL-F042) | <input type="checkbox"/> Transcripts: NCLB (Original req'd if applicable) (48 units) (NDF) | <input type="checkbox"/> Professional Growth (Classified) |
| <input type="checkbox"/> Terms of Employment (Non-Mgmt) (PSL-F043)   | <input type="checkbox"/> Experience Verification for Classified Salary Plcmt (PSL-F018)    | <input type="checkbox"/> CalPERS Member Recp. Cert. (NDF) |
|                                                                      | <input type="checkbox"/> Salary Plan (Classified) (PSL-F200)                               | <input type="checkbox"/> AB-1522 Form (NDF)               |
|                                                                      |                                                                                            | <input type="checkbox"/> AB-Subst-Per Diem (PSL-F012B)    |

### D) Management Forms

- |                                                                                                 |                                                                                              |                                                                     |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Terms of Employment (Mgmt)(PSL-F040)                                   | <input type="checkbox"/> SSA 1945 (Certificated if applicable) (NDF)                         | <input type="checkbox"/> Verification of Mgmt Comparable (PSL-F020) |
| <input type="checkbox"/> Terms of Employment (Class Mgmt) (PSL-F041)                            | <input type="checkbox"/> Verification of Mgmt Experience for Salary Placmt (PSL-F021)        | <input type="checkbox"/> Salary Plan (Certificated) (PSL-F188)      |
| <input type="checkbox"/> Form 700 Statement of Economic Interests (Designated Management) (NDF) | <input type="checkbox"/> Verification of Mgmt Allied Experience for Salary Placmt (PSL-F019) |                                                                     |

### E) Substitute Forms

- |                                                        |                                                                              |
|--------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> AB-1522 Form (NDF)            | <input type="checkbox"/> Certificated Sub Profile (Teachers Only) (PSL-F059) |
| <input type="checkbox"/> AB-Subst-Per Diem (PSL-F012B) | <input type="checkbox"/> Certificate of Understanding Benefits (RSK-F001G)   |

## 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](http://www.scusd.edu/salary-schedules).