



# Checklist of Forms- Benefits Only

Name: \_\_\_\_\_

Site/School: \_\_\_\_\_

(Tear out page and return to Human Resource Services)

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). Please keep in mind the importance of completing and returning the forms in Section 1 to Human Resource Services **within two working days**. Thank you.

SECTION 1: RETURN	SECTION 2: KEEP
<input type="checkbox"/> Benefit Authorization Form <input type="checkbox"/> Emergency Data <input type="checkbox"/> Transcripts: NCLB (Orig. required if applicable) <input type="checkbox"/> Cert <input type="checkbox"/> Class (48 units) <input type="checkbox"/> Credential (Certificated) <input type="checkbox"/> Contract (Certificated) <input type="checkbox"/> Pay Plan (Certificated) <input type="checkbox"/> Salary Plan (Classified) <input type="checkbox"/> Salary Placement (Certificated) <input type="checkbox"/> Professional Development (Certificated) <input type="checkbox"/> Professional Growth (Classified) <input type="checkbox"/> SSA 1945 (Certificated, Certificated Substitute if applicable) <input type="checkbox"/> BTSA New Hire Notification (Certificated if applicable) <input type="checkbox"/> Online Access to Student Records (Certificated if applicable) <input type="checkbox"/> Network/Email Access Form <input type="checkbox"/> Serna Center ID Badge Request <input type="checkbox"/> Experience Verification <input type="checkbox"/> Terms of Employment (Classified, Management)	<p><b>Appendix A:</b> Holidays, Vacation and Leave</p> <p>A-1 Holidays  A-2 Vacation Allowance and Leave: Classified Employees—SEIU  A-3 Vacation Allowance and Leave: Classified Employees—Teamsters  A-4 Vacation Allowance and Leave: Certificated Employees—SCTA</p> <p><b>Appendix B:</b> Benefits</p> <p>B-1 Sacramento City Teachers Association (SCTA)  B-2 Service Employees International Union (SEIU)  B-3 Flexible Health Benefit Stipend for Members of UPE and Non-Represented Groups  B-4 Teamsters  B-5 Classified Supervisors Association  B-6 Dental Coverage  B-7 Vision Coverage  B-8 Life Insurance  B-9 Voluntary Life Insurance  B-10 COBRA</p> <p><b>Appendix C:</b> Payroll, Pay Dates, Salaries</p> <p>C-1 Flexible Reimbursement Accounts  C-2 Payroll Deposit/Deduction Options  C-3 Pay Date Schedules for New Hires and Reassignments</p> <p><b>Appendix D:</b> Commission on Teacher Credentialing and Union Information</p> <p><b>Appendix E:</b> Day-to-Day Substitutes and Eligibility Lists</p> <p><b>Appendix F:</b> Commonly Asked Questions</p>

\_\_\_\_\_  
Employee Signature

Audited by: _____	Date: _____
Name: _____	