

# EMPLOYEE ORIENTATION

DISTRICT/CHARTER \_\_\_\_\_

Employee Name \_\_\_\_\_

Position Title \_\_\_\_\_

## PERSONNEL

- ☐ Human Resources Information Form (HRIF)
- ☐ Payroll Authorization Request (PAR)
- ☐ Payroll Work Calendar
- ☐ Social Security Reporting Information (Handout)
- ☐ I-9 Form (copy acceptable documents, i.e. SS card & DL)
- ☐ Fingerprint Form (Request for Live Scan Service)
- ☐ TB Test Card and Information
- ☐ Employee Internet Use Agreement (District's)
- ☐ Uniform Complaint Policy (District's)
- ☐ Probationary Period Agreement
- ☐ Child Abuse Reporting Requirements Form
- ☐ Oath or Affirmation of Allegiance Form
- ☐ Personal Vehicle Use Form & Instructions
- ☐ Procedure for Industrial Injuries Form
- ☐ Facts About Workers' Compensation Pamphlet
- ☐ WellComp Employee Notification – Eng/Span Flyer
- ☐ WellComp – Medical Provider Network Pamphlet
- ☐ Hazard Communication Program
- ☐ Injury and Illness Prevention Program Form
- ☐ Employee Medical Emergency Information Form
- ☐ Notice of Right to Continue Coverage - COBRA
- ☐ Medical/Dental/Vision Insurance Enrollment,  
(Discussion of benefits and % of coverage if part-time. Explain  
coverage begins on the first of the month following hire/start date.)
- ☐ Declination of Coverage Form (part-time employees only)
- ☐ Health Insurance Market Coverage Options
- ☐ Classif. Only copy CalPERS Benefits Booklet

## FILM(S) AND OTHER ITEMS

- ☐ Safety for School Employees/SB198 Awareness Training
- ☐ Other \_\_\_\_\_

*Sign below to indicate the above information and forms have been reviewed.*

\_\_\_\_\_  
District Personnel Signature

\_\_\_\_\_  
Date

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

## PAYROLL

- ☐ Human Resources Information Form (HRIF)
- ☐ Payroll Authorization Request (PAR)
- ☐ Copy of Completed I-9 Form (pages 1 & 2)
- ☐ Verify Social Security Card (copy preferred)
- ☐ Verify Driver's License
- ☐ W-4 (federal)/DE-4 (state) Forms
- ☐ Self-Identification Form
- ☐ Cert. and Class. Retirement System Status Questionnaire
- ☐ Cert. only STRS Permissive Membership Election Form ES0350 (for subs and certificated staff under .50 FTE)
- ☐ Cert. or Classif.: Retirement System Election Form ES0372 (If qualified for CalSTRS or CalPERS but already member of other retirement system – form allows them to remain in other system)
- ☐ Classif. – PERS Member Reciprocal Self-Certification Form (all classified employees must complete)
- ☐ Classif. - PERS Notice of Exclusion Form (classified employees who do not immediately qualify for PERS)
- ☐ Arrears Pay Authorization Form
- ☐ Direct Deposit Authorization Form
- ☐ Direct Deposit Delivery Option Form
- ☐ Designation of Person to Receive Warrant Form
- ☐ Verification of Employment and Transfer of Accumulated Sick Leave Form
- ☐ "Optional Employee Benefits" Enrollment forms for TSA (403b) & (457) Plans, and Credit Unions
- ☐ Premium Only Plan (POP), Flexible Spending Accounts (FLEX) & Additional Insurance Plans (Disability, etc.)







*Sign below to indicate the above information and forms have been reviewed.*

\_\_\_\_\_  
VCSBSA Payroll Signature

\_\_\_\_\_  
Date

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

## **PARTIAL LIST OF OTHER FORMS WHICH MAY BE INCLUDED IN THE PERSONNEL PACKET**

-  Certificate of Bus Driver's License
-  Drug & Alcohol-Free Workplace Policy (BP 4020)
-  Personal Vehicle Insurance Requirement Form
-  Probationary Agreement
-  Sexual Harassment Policy (BP 4119.11)
-  Tobacco-Free Schools/Smoking Policy (BP 3513.3)

## **PERSONNEL FORMS TO BE SENT TO VCSBSA PAYROLL OFFICE**

Copy of Human Resources Information Form (HRIF) \*\*\*\*\*  
Copy of Payroll Authorization Request (PAR) \*\*\*\*\*  
Copy of I-9\*\*\*\*\*  
Copy of Social Security Card \*\*\*\*\*  
Copy of Driver's License \*\*\*\*\*  
W-4/DE-4 \*\*\*  
Retirement System Status Questionnaire – (VCSBSA will forward this to the Retirement Department)  
Retirement System Election Form (if applicable) – (VCSBSA will forward to the Retirement Department)  
CalSTRS Election Form (if applicable) – (VCSBSA will forward to the Retirement Department)  
Arrears Pay Authorization Form \*\*\*  
Direct Deposit \*\*\*\*\*  
Direct Deposit Delivery Option\*\*\*\*\*  
Designation of Person to Receive Warrant \*\*\*  
Medical Insurance Enrollment Form (with required documentation)\*\*\*\*\*  
Declination of Coverage \*\*\*\*\*

## **PERSONNEL FORMS TO BE KEPT IN PERSONNEL FILE**

Human Resources Information Form (HRIF) \*\*\*\*\*  
Payroll Authorization Request (PAR) \*\*\*\*\*  
I-9 Form and Information \*\*\*\*\*  
Fingerprint Form \*\*\*\*\*  
TB Test Information \*\*\*\*\*  
Employee Internet Use Agreement \*\*\*\*\*  
Probationary Period Agreement \*\*\*\*\*  
Child Abuse Reporting Requirement \*  
Oath or Affirmation of Allegiance Form \*\*\*\*\*  
Procedure for Industrial Injuries \*\*\*\*\*  
Hazard Communication Program \*\*\*  
Injury & Illness Prevention Program Information \*  
Employee Medical Emergency Information \*\*\*\*\*  
Certification of Medical Examination \*\*\*\*\*  
Physician Pre-Designation Form \*\*\*\*\*

## **RETENTION LEGEND**

- \* Class 1 - Permanent Records
- \*\* Class 2 - Optional Records
- \*\*\* Class 3 - Disposable Records
- \*\*\*\* No Legal Requirements
- \*\*\*\*\* Recommend retention for one year after termination of employment