New Hire Checklist

Name_____

Position_____ Board Approval Date_____

Board Approval Date DOH (1st day wkd)_

OH (1st day wkd)	
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Aerosol Transmissible Disease Exposure Control Plan				Aerosol Transmissible Disease Exposure Control Plan
Consealed Weapons Policy				
Transportation Policy				Transportation Policy

New Hire Checklist page 2

Name_____

Position_____ Board Approval Date_____

DOH (1st day wkd)_	

Provided Rec'd

FOR ALL CERTIFICATED EMPLOYEES: Original Certificated Transcripts

Union Dues.

FOR ALL CLASSIFIED EMPLOYEES:

Union Enrollment Form CalPERS Benefits Booklet or Notice of Exclusion (as applicable)

Copy of Credential - original goes to County Schools Office

STRS Non-Social Security Acknowledgement

Preapproval for Additional Units Form

FOR SEASONAL COACHES (paid stipends):

CPR Card
First Aid Card
CIF Coaching Certification Date
CalPERS Benefits Booklet or Notice of Exclusion (as applicable)
Contract if Applicable

FOR CLASSIFIED BUS DRIVER, SUB BUS DRIVER

DOT Preemployment Drug/Alcohol Test Chain of Custody Form Employer copy D Results Received D
Consent for Drug/Alcohol Test Form
CDS Drivers Handbook Signed Acknowledgement received
Accident Kit
CDS Form 1020 and 1021
CDS FMCSA Pre-Employment Investigation Report
CDS Form 1041
CDS Form Current Employee Listing
DOT Policy Binder Location

FOR SUB TEACHERS (they sign up at the County Schools Office):

W-4 and/or DE-4
Emergency Notification
Pre-Designated Workers' comp Physician Form
Date of Birth
Acknowledgement of STRS Form (comes filled out from HS)
Time Sheet