

# New Hire Checklist

Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 Board Approval Date \_\_\_\_\_  
 DOH (1st day wk) \_\_\_\_\_

Provided  
 Rec'd  
 N/A

**FOR ALL TYPES OF EMPLOYEES (except sub teachers):**

			TB Test Results <input type="checkbox"/> Negative <input type="checkbox"/> Skin Test <input type="checkbox"/> X-ray <input type="checkbox"/> Risk Assessment Expiration Date _____
			Pre-employment Physical <input type="checkbox"/> N/A <input type="checkbox"/> YES Date _____
			Fingerprint Clearance Submitted _____ Cleared _____ SID# _____
			W-4 and/or DE-4
			I-9
			Copy of Social Security Card
			Copy of Driver License
			Oath of Office or Affirmation
			Automatic Deposit Form (optional)-Voided Check
			DMV Printout and DMV Employer Pull Notice Waiver faxed to Transportation Date _____
			DMV Printout (Driving Record Release) <input type="checkbox"/> Faxed to SISC <input type="checkbox"/> Printout Received
			District Driver Registration Form
			District Driver Instruction Acknowledgment of Receipt Form
			PERS/STRS Retirement Systems Letter/Election Acknowledgement Form
			Work and School Calendar (if Different)
			Non-Discrimination Brochure
			District Injury/Illness Prevention Program Document-IIPP
			OSHA Heat Illness Prevention Brochure
			Hazardous Materials/ Safety Data Sheets (SDS) Info. Document
			FMLA/CFR Brochures/Information
			Mandatory Race and Ethnicity Data Collection Form
			Welcome Employee Letter
			Health Enrollment Form
			Insurance Plans Sheet
			Benefit Election/Declination Form
			Verification of Employment Form (for salary placement and sick leave transfer)
			10/12 Month Pay Form
			Board Policy Binder Location
			125 Info Packet
			Absence/Leave Request Form
			Contract- Master Agreement-CBA
			Employee Master File (QSS)
			Keys Issued
			Time Sheet
			Job Description
			Handbook & Salary Schedule
			Hepatitis B Vaccine Declination
			Activity Supervisor Clearance (ASCC)
			Training Matrix - Schedule Appropriate to Employee Type

Could be in Employee Compliance Packet

			Mandated Reporter Child Abuse
			Procedures for Informing Teachers of Student Conduct
			Universal Precautions/Infectious Diseases Board Policy/Blood Bourne Pathogens Sexual
			Harassment Flyer/District Sexual Harassment Prevention Document
			WC Packet/Emp Info Change Form/Pre-Designated Physicians Form <input type="checkbox"/> Check off Rec'd
			Emergency Notification Form
			Technology Use Policy
			Uniform Complaint Procedure
			Drug & Alcohol-Free Workplace
			Tobacco-Free School Policy
			Asbestos Management Program
			Aerosol Transmissible Disease Exposure Control Plan
			Consealed Weapons Policy
			Transportation Policy

# New Hire Checklist page 2

Name \_\_\_\_\_

Position \_\_\_\_\_

Board Approval Date \_\_\_\_\_

DOH (1st day wk) \_\_\_\_\_

Provided  
Rec'd

## FOR ALL CERTIFICATED EMPLOYEES:


- Original Certificated Transcripts
- Copy of Credential - original goes to County Schools Office
- STRS Non-Social Security Acknowledgement
- Union Dues.
- Preapproval for Additional Units Form

## FOR ALL CLASSIFIED EMPLOYEES:


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

## 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  Results Received
- 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