

CLASSIFIED EMPLOYEE – New Hire Documents

Please use 1 st day of start of work when signing <u>all</u> documen	nts. Sign & return the following:
Fingerprint & Criminal History Background Check. At emplo maximum of 10 working days from the date of employment.	yee expense. Additional information enclosed. Required within a
TB Clearance. Free testing: MJC Health Services on East or West Ca 209-588-5204. At your own expense, you may use your primary care protify the Campus Nurse prior to testing.	
I-9 Form – Employment Eligibility Verification. Verifies you a with first day of work. See "List of Acceptable Documents" and provide	
W-4 Form. Use your legal name (as listed on your Social Security ca	rd) and mailing address.
EDD Employee's Withholding Allowance Certificate. This form	n is required for state income tax withholding.
CalPERS Beneficiary Designation. You are eligible for membership into CalPERS Retirement. For more	
information, contact Payroll at (209) 575-6538.	Are you a Retiree from CalSTRS or
CalPERS Member Reciprocal Self-Certification Form	CalPERS?
Payroll Direct Deposit. (Optional) Use for direct deposit, and attach a voided check.	
□ Oath of Affirmation	
Policy Acknowledgement	
Recipient Designation Form. In the event of death, this form designates your monetary recipient.	
Safety Training (web-based). Complete & return. For questions, please contact Risk Management at (209) 575-6963.	
Confidential Data Sheet	
Emergency Contact Information	
Parking Permit Information	
CSEA Application for Membership & Salary Deduction Authorization. Authorizes automatic deduction of CSEA Union dues. Please read Article 4 of the CSEA Collective Bargaining Agreement.	
For Information Only:	
What you Need to Know About Your CalPERS Tax Sheltered Annuities CSEA Collective Bargaining Agreement Affordable Care Act Notice	On-the-Job Injury Reporting Procedure Injury & Illness Prevention Program Manual Schedule of Holidays
I have received, understand, and completed all the above documents. Resources no later than the 1 st day of start of work and failure to comp delay in salary placement, delay in pay and/or delay in start of work.	
Employee Signature:	Date:

**Please refer to the Benefits Office website for the New Employment Benefits Information.