



**Yosemite Community College District**  
**Human Resources**

**CLASSIFIED EMPLOYEE – New Hire Documents**

Please use 1<sup>st</sup> day of start of work when signing all documents. Sign & return the following:

- ☐ **Fingerprint & Criminal History Background Check.** At employee expense. Additional information enclosed. Required within a maximum of 10 working days from the date of employment.
- ☐ **TB Clearance.** After receiving your YCCD email, contact MJC Health Services on East 209-575-6038 or West Campus 209-575-6281. Columbia – Nursing services are currently unavailable, you may see community medical provider. **If you have tested positive in the past, please notify the Campus Nurse prior to testing.**
- ☐ **I-9 Form – Employment Eligibility Verification.** Verifies you are legally eligible to work in the U.S. Complete Section 1. Date with first day of work. See “List of Acceptable Documents” and provide identification from that list.
- ☐ **W-4 Form.** Use your legal name (as listed on your Social Security card) and mailing address.
- ☐ **EDD Employee’s Withholding Allowance Certificate.** This form 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.
- ☐ **CalPERS Member Reciprocal Self-Certification Form**
- ☐ **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.

**Are you a Retiree from CalSTRS or CalPERS?**    ☐ Yes    ☐ No

**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. I understand that all documents are due in Human Resources no later than the 1<sup>st</sup> day of start of work and failure to complete fully and sign all required documents may result in 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.**