



Yosemite Community College District
Human Resources

CLASSIFIED EMPLOYEE – New Hire Documents

Please use 1st 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) 575-6539.
- Are you a Retiree from CalSTRS or CalPERS?** ☐ Yes ☐ No
- ☐ **CalPERS Member Reciprocal Self-Certification Form**
- ☐ **Payroll Direct Deposit.** (Optional) Use for direct deposit, and attach a voided check.
- ☐ **Oath of Affirmation**
- ☐ **Policy Acknowledgment**
- ☐ **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. I understand that all documents are due in Human Resources no later than the 1st 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.**