Yosemite Community College District
Human Resources

FACULTY – New Hire Documents

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

- ☐ **OFFICIAL College Transcripts.** It is the employee's responsibility to submit Official Transcripts for all conferred degrees and/or academic units evaluated toward salary placement. Please send Official Transcripts to YCCD, Attention HR, PO Box 4065, Modesto CA 95352. For Foreign Degree Evaluation, please refer to https://www.yosemite.edu/hr/foreigndegreeevaluation.
- ☐ **Verification of Experience.** It is the employee's responsibility to submit Academic and Vocational Work Experience forms to previous employers for verification. Required at start of work for initial placement.
- ☐ **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.** No academic employee shall commence service until certificate has been provided. Free testing: MJC Health Services on East 209-575-6038 or West Campus 209-575-6281. Columbia – Nursing services currently unavailable. At your own expense, you may use your primary care 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.** Use for state income tax withholding.
- ☐ **Retirement System Election.** You are eligible to elect membership into CalSTRS Defined Benefit Program. For more information, contact Payroll at (209) 575-6539.
- ☐ **Payroll Designation.** Indicate preference of 10 or 12 equal payments.
- ☐ **Statement Concerning your Employment in a Job Not Covered by Social Security**
- ☐ **Oath of Affirmation**
- ☐ **Policy Acknowledgement**

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

- ☐ **Recipient Designation Form.** In the event of death, this form designates your monetary recipient.
- ☐ **Confidential Data Sheet**
- ☐ **Safety Training (web-based).** Complete & return. For questions, please contact Risk Management at (209) 575-6963
- ☐ **Emergency Contact Information**
- ☐ **YFA New Member Form**
- ☐ **Payroll Direct Deposit.** (Optional) Use for direct deposit, and attach a voided check.
- ☐ **Parking Permit Information**

For Information Only:

Welcome to CalSTRS	On-the-Job Injury Reporting Procedure	YFA Faculty Contract
Certificated Adjunct/Overload	Tax Sheltered Annuities	Affordable Care Act Notice
Hourly Salary Schedule	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.