

## Yosemite Community College District Human Resources

## <u>MANAGEMENT EMPLOYEE – New Hire Documents</u>

Please use  $1^{st}$  day of start of work when signing <u>all</u> documents. Sign & return the following:

☐ Fingerprint & Criminal History Background Check. At emp days from the date of employment.	loyee expense. Required within	n a maximum of 10 working
☐ TB Clearance		
☐ I-9 Form – Employment Eligibility Verification. Verifies you Date with first day of work. See "List of Acceptable Documents" and		
☐ <b>W-4 Form.</b> Use your legal name (as listed on your Social Security of	eard) 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.	Are you a Retiree from	CalSTRS or CalPERS?
☐ CalPERS Member Reciprocal Self-Certification Form	☐ Yes	□ No
CalSTRS Permissive Membership. (Educational Administrator Only) You are eligible to elect membership into CalSTRS Defined Benefit Program. For detailed information please visit: <a href="www.calstrs.com">www.calstrs.com</a> or contract Payroll at (209) 575-6538		
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 contract Risk Management at (209) 575-6963.		
☐ Confidential Data Sheet		
☐ Emergency Contact Information		
☐ Parking Permit Authorization		
For Information Only:  What you Need to Know About Your CalPERS  Welcome to CalSTRS (Educational Administrators Only)  Injury & Illness Prevention Program Manual  Affordable Care Act Notice	On-the-Job Injur Tax Sheltered A Schedule of Hol Leadership Hand	idays
I have received, understand, and completed all the above documents. It Resources no later than the 1 <sup>st</sup> day of start of work and failure to complete delay in salary placement, delay in pay and/or delay in start of work.		
Employee Signature:	D	ate:
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