



New Employee Orientation

I acknowledge by signing below that I have received the following information and provided all required documents as requested: I understand that all documents requested are necessary to process my employment and failure to submit may cause a delay in my first paycheck and/or continuous employment status. This form will be maintained in my official personnel file in the Office of Human Resources.

Policy Information. A check (✓) in the box means that I have received information and/or a copy of the policy:

- Non-discrimination Policy and Complaint Procedures
- Sexual Harassment Policy (reference the same Complaint Procedures)
- Americans with Disabilities Act information
- Smoking Policy
- Drug-Free Workplace Policy
- Employee Safety Handbook (Illness and Injury Prevention)
- Campus Security Report (Workplace Safety)
- Workers' Compensation and Medical Provider Network information
- Family and Medical Leave Act and California Family Rights Act information
- National Directory of New Hires / CA New Employee Regulations

Human Resources Documents. A check (✓) in the box means that I have completed and submitted the document:

- Job Applicant and Employee Survey Form
- Employment Information Form (Oath, Child Abuse, Emergency Contacts)
- Fingerprinting Requirements and Fingerprint Processing Form
- Personal Data Report Form
- Tuberculosis Clearance Form: initial employment and every 4 years
- Privacy and Confidentiality Agreement (Datatel users)
- Workers' Compensation information and Physician Pre-Designation Form
- I-9 Form and Employment Authorization Documents
- PERS/STRS Beneficiary Designation Form

Payroll Documents. A check (✓) in the box means that I have completed and submitted the document:

- Payroll Information (Affidavit of warrants designation, STRS/PERS, Check disbursement)
- Employee State Withholding Form (DE4)
- Employee Federal Withholding Form (W4)
- Transfer of Accumulated Sick Leave (if applicable)

Print Your Full Name: _____ **College / District Office:** _____

Employee Signature: _____ **Date:** _____ **HR Received:** _____

Job Title: _____ **Division/Dept.:** _____

Hire Date: _____ **Immediate Supervisor Name:** _____