INSTRUCTIONS FOR COMPLETING NON-CREDIT INSTRUCTOR EMPLOYEE PAPERWORK

Human Resources & Equal Employment Opportunity

Welcome to Hartnell College! This packet includes the forms necessary to process you as a new academic employee and therefore authorizes you to begin service. You may not begin service until these forms are completed and returned to your **hiring department.** Please return all required forms in **one single submission**. The following should provide you with helpful information for completing your employment process.

REMINDER

- **Fingerprint Requirements - Request for Live Scan Service** (Form BCII 8016):
  The California Education Code requires that you be fingerprinted within 10 working days of employment. Hartnell contracts with the Monterey County Sheriff's Office at 1414 Natividad Road in Salinas to take and submit your fingerprints at no charge to you.
  Call the Sheriff's Office at 755-3726 for an appointment (expect an approximate two week wait time). Bring your Request for Live Scan Service form with the applicant information section completed **and** a valid picture ID to your appointment. The Sheriff's Office will keep the original page of the form. Return the yellow copy immediately to your hiring department and retain the pink copy for your records.
  NOTE: You cannot begin employment without being cleared by HR.

- **TB Requirements - TB Skin Test Authorization** (Form HR-9):
  The California Education Code requires that you provide proof that you are free of active tuberculosis through an examination performed within the past 60 days. If you are joining Hartnell directly from employment with another California educational institution where you had a TB test within the past four years, you may ask your former school to transfer your TB record to Hartnell. Agile Occupational Health in Salinas has been contracted to administer your TB Skin Test or X-ray at Hartnell's expense. If you do not reside in Salinas, and/or your work schedule does not allow you an open window of opportunity to be tested by Agile, you may have your TB test performed by one of the alternative Doctors locations listed on the back of your TB Skin Test Authorization. Complete the information on the TB Skin Test Authorization form and be sure to refer to the back of the form for important information. Your TB Skin Test Authorization letter from the Human Resources Office must be presented at the time of testing or you will be charged for the testing.
  Submit the results of your TB Test to your hiring department within 10 days of employment. Failure to submit your test results may result in withholding your paycheck or removal from your teaching assignment.

FORMS FOR YOU TO COMPLETE AND RETURN

1. **Data Sheet for Non-Credit Instructors (Form HR-43):**
   Complete top portion of this form and refer to the bottom for a list of all documents to be completed and returned. Return this sheet with your Employment Paperwork

2. **Employment Eligibility Verification (Form I-9):**
   Within three (3) days of employment you must complete the I-9 form and present ORIGINAL copies of your verification documents to your hiring department for inspection and verification. On the I-9 Form, complete all of Section 1, ending with "Employee's Signature" and "Date". Choose the documents(s) you will show as verification of your eligibility to work in the U.S. (Review the list on the reverse side of the form—you may use either one item from list A only, or one item from list B and one from list C).
   Timesaving tip: you already must present your social security card for W-4 purposes.

3. **Employee's Withholding Allowance Certificate (Form W-4):**
   Complete all sections on the Certification section (bottom portion); Do not leave box #5 blank! (Your original social security card reflecting your current name must be presented to your hiring department to be photocopied for payroll verification of your name and Social Security Number. Bring your card with you.)

4. **Automatic Deposit Authorization (Form HR-25X):**
   This form is optional. You are responsible for contacting your bank for the exact information and format required by your bank. Currently our payroll system only allows automatic deposit to one account at one banking institution. If you choose this option, you will still receive a pay stub delineating your earnings and deductions.

5. **Certificated Personnel Information (Form HR-24X):**
   Complete "Part I" through "Part III" (the top box). Don't forget your signature at the bottom of "Part III."

6. **Retirement Questionnaire (Form HR-19):**
   Answer each yes/no question and fill in the blanks as applicable. Sign the form. Hint: If you previously taught in CA and worked 60 hours or more in one pay period, you most likely contributed to STRS.

7. **STRS Permissive Election and Acknowledgment of Receipt of CALSTRS Defined Benefit Plan Membership Information (Form ES 350):**
   You are employed in a temporary position normally not subject to mandatory membership in the California State Teachers' Retirement System (STRS). You must elect or decline voluntary membership in the STRS retirement system by completing this form. If you elect STRS membership, your membership election is irrevocable for all future employment in a STRS covered position; If you do not elect STRS membership, the only optional retirement program currently available to you through this District is Social Security.

   Read and complete all information in "Employee Certification" box (including electing or declining membership), sign and date form. Your signature also acknowledges that you have received information from us concerning the CalSTRS Defined Benefit Program (DB Program) and understand the criteria for membership in the plan. This information is available in the "Welcome to CalSTRS"

publication (specifically page 7) on the HR website. This link also provides access to current "Member Handbook," as well as the "Join CalPERS? Join CalSTRS?" publication.

PERS MEMBERS NOTE: If you are a PERS member, you must notify Human Resources. Failure to do so may negate your opportunity to elect to remain in PERS and continue contributing to the PERS retirement system. This election MUST be made in writing, within 60 days of hire. Please contact Human Resources to ensure you receive the mandatory election form and relevant information.

8. **Statement Concerning Your Employment in a Job Not Covered by Social Security (Form SSA-1945):**
   Read, sign and date. (Leave the Employee ID and Employer ID # blank)

9. **Physician Designation Form (Form HR-20):**
   This is for work related accidents or illnesses. If you DO NOT designate a doctor you must go to a listed Medical Panel provider for your first 30 days of treatment. If you DO designate a doctor, you may go to that doctor for treatment without having to wait the 30 days. Your name, social security number, signature and completion of the Emergency Information are required regardless of whether or not a doctor is designated. An informational packet regarding work injuries entitled "The Injured Worker" is on the HR website.

10. **Warrant(s) Recipient Designation (Form HR-17):**
    Fill in the blanks. You may also wish to amend the form so that it reads "…as the person who, after my death, or incapacitation, is entitled to receive…"

11. **Standards of Employment/Service Agreement (Form HR-16):**
    Read and initial all five paragraphs. A Drug Free Workplace pamphlet is on the HR website. Your signature must be made in the presence of your department representative or Human Resources.

12. **Demographic Information (Form HR-36):**
    Complete and submit. This form is required for reporting purposes only. It will be kept confidential and separate from all employment information.

13. **Computer, Electronic Communication, and Network Use (AP 3720 & BP 3720)**:
    Complete the Computer and Network Use Agreement.

INFORMATION PROVIDED FOR YOU TO REVIEW

Please read links provided on Hartnell's HR website

- **Workers' Compensation Basics** - Referred to on '*Physician Designation Form*'
- **Drug Free Workplace Brochure** - Referred to on *'Standards of Employment/Service Agreement'* Form
- **Welcome to CalSTRS** - Referred to on *'STRS Permissive Election and Acknowledgment of Receipt of CalSTRS Defined Benefit Plan Membership Information'* Form, CalSTRS Retirement System Election Form (Optional)
- **Postretirement Earnings Information**
- **Family Medical Leave Act**