INSTRUCTIONS FOR COMPLETING NEW ACADEMIC EMPLOYEE PAPERWORK

Human Resources & Equal Employment Opportunity

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

TASKS TO COMPLETE IMMEDIATELY UPON HIRE

- **Official Transcripts:** All official transcripts must be submitted to HR immediately upon hire.

- **Fingerprint Requirements - Request For Live Scan Service** (Form BCIA 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 (see below for explanation of abbreviations) and a valid picture ID to your appointment. The Sheriff's Office will keep the original page of the form and will give you a copy. Return the copy immediately to your hiring department.

- **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. WorkWell Health Services 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 WorkWell, 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 <u>must</u> 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. **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.)

2. **Employment Eligibility Verification (Form I-9):**

Within three (3) days of employment you must complete the I-9 form and present ORIGINAL unexpired 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 document(s) you will show as verification 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). Refer to Employment Eligibility Verification located on the HR website for more information. Timesaving tip: you already must present your social security card for W-4 payroll purposes.

3. **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.

4. **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.”

5. **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.

6. **STRS Permissive Election and Acknowledgment of Receipt of CALSTRS Defined Benefit Plan Membership Information (Form ES 350):**

   Read and complete all information in “Employee Certification” box (including electing 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 vested 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.

7. **Retirement System Election Form (Form ES0372):** Complete and submit, if **applicable.**

8. **Statement Concerning Your Employment in a Job Not Covered by Social Security (Form SSA-1945**)
   Read, sign and date. (Leave the Employee 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.** More information regarding work injuries entitled "Basics of Workers' Compensation" is available 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. **Academic Payroll Election Form (faculty only):**
    This form is to elect your schedule of payment for the academic year. You have the option to elect 11 equal payments or 11 equal payments with one additional month deferment.

12. **Standards of Employment/Service Agreement (Form HR-16)**:
    Read and initial all five paragraphs. A Drug Free Workplace pamphlet has been included in your packet for your reading. Your signature must be made in the presence of your department representative or Human Resources.

13. **Verification/Transfer of accumulated sick leave,** if applicable

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

15. **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.

IMPORTANT POLICIES AND INFORMATION

Please read links provided on Hartnell's HR website and sign acknowledgment below:

- **Basics of Workers' Compensation -** Referred to on *'Physician Designation Form'*
- **Drug Free Workplace Brochure -** Referred to on *'Standards of Employment/Service Agreement'* Form
- **New Health Insurance Marketplace Coverage**

Welcome to CalSTRS 2018 - Referred to on *'STRS Permissive Election and Acknowledgment of Receipt of CALSTRS Defined Benefit Plan Membership Information'* Form

I understand it is my responsibility to review the important policies and information listed above and may contact HR if I have any questions.

_____	_____	_____
Printed Name	**Signature**	**Date**