

Student or Non-Student Onboarding Document Checklist

Employee Name: _____ Date: _____

Supervisor: _____ Supv. Ext: _____

Department: _____ Position: _____

1. _____ Request for Live Scan/Fingerprint Clearance (COM Police 415-485-9455; **Non-Student**)

2. _____ TB Risk Assessment (COM Health Center 415-485-9462; see attached forms)

3. _____ Personnel Action Form (Hiring Dept. – **SUBMIT to FISCAL**)

4. _____ Student/Non-Student Application (**SUBMIT to HR**)

5. _____ Form I-9 (Employment Eligibility - see Page 3 of Form I-9; **SUBMIT to HR**)

6. _____ W-4 & DE-4 Forms (Federal and State Tax – **SUBMIT to HR**)

7. _____ Loyalty Oath (Government Code 3100-3109; CA Penal Code 15630 – **SUBMIT to HR**)

8. _____ Non-Student/Student Employee Statement (**SUBMIT to HR**)

9. _____ STRS/PERS Prior Retirement Memo (**SUBMIT to HR**)

10. _____ CalPERS Notice of Exclusion (**SUBMIT to HR**)

11. _____ Offer of Health Insurance – ACA (*Blue Shield Bronze Plan* –**SUBMIT to HR**)

12. _____ Direct Deposit Form (*Optional – please include voided check, if applicable*)

13. _____ EDD Unemployment Insurance Information (*RETAIN FOR YOUR RECORDS*)

14. _____ Healthy Workplaces & Family Act/Paid Sick Leave 2014 (*RETAIN FOR YOUR RECORDS*)

15. _____ Board Policies, Administrative Procedures, Title IX, EEO and Student Complaints

BP/AP 3430: Prohibition of Harassment
BP/AP 3550: Drug and Alcohol Free Environment and Drug Prevention Program
BP/AP 3560: Alcoholic Beverages
BP/AP 3570: Smoke-Free Learning and Working Environment
BP/AP 3720: Information Technology Use
AP 3518: Child Abuse Reporting
Title IX, EEO and Student Complaints

I acknowledge that I have received, reviewed and completed the applicable forms.

Employee Signature

Date

Human Resources

Date