New Hire Checklist

# NeoGov Forms

CalPERS Beneficiary Designation form

Employee Declaration Form

Military Service Credit

Sign Rights of Victims of Domestic Violence, Sexual Assault and Stalking

Employee Rights under the Family Medical Leave Act

Provide Pre-designation of Personal Physician

Employee Transaction Form

Acknowledgement of the Medical Provider Network

Oath of Affirmation of Allegiance (Required)

W-4 Federal Withholding Form

DE4 State Withholding Form

Employment Eligibility I-9 Form & copies of documents used (Required)

Emergency Contact List

Direct Deposit Instructions

Designation of person to receive Warrants and Checks

Approved Step Advance (notes in the candidate’s account)

CalPERS Member Reciprocal Self-Certification Form (Required)

Acknowledgement of Receipt and Understanding of Employee Handbook and Board Policies Within

New Employee Handbook

# Department Forms

Authorization to Drive GEN 30

Deferred Compensation Information

401A Enrollment Form\*

Life Insurance (Ready Enroll) Log-in Instructions

CalPERS Benefit Election Form

PERS HBD-12 Enrollment Form

Vision Services Plan Summary (VSP)\*

Long Term Disability Information

Org Chart / Phone List

Mail Stop List

Payroll Calendar

County Holiday List

Rideshare Program Information

Medical clinic or doctor’s office

Worker’s Compensation Brochure

Outside Employment Guidelines

Sexual Harassment Brochure

Confidentiality Agreement (Required for HR)

FMLA Fact Sheet

Customer Satisfaction Policy – A-49

Dress Policy

Guide to other Leave Laws

ADA/FEHA Information Brochure

The Work Number Brochure (Employee Verification)

Union Information (If applicable)

Global Pay Cash Enrollment Form

ASI Flexible Spending Brochure

Parking Permit (To be signed by the supervisor and submitted to Parking Services)

Mandated Training Brochure

Sample Pay Stub

Welcome Letter

Information about Social Security Form SSA-1945 (for Safety member only)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*For Management/Confidential Employees only**