

EMPLOYEE FORMS CHECKLIST

(used after the applicant has received Safe Environment clearance)

EMPLOYEE NAME: _____

< 20 hours/week

PERSONNEL /PAYROLL FILES (Required & Confidential)

- _____ CA State Disability Insurance Pamphlet (handout)
- _____ CA Paid Family Leave Pamphlet (handout)
- _____ Sexual Harassment Prevention Pamphlet (handout)
- _____ Memorandum of Understanding (MOU) Work Agreement*
- _____ Employer Duties under CA AB 469 (handout)
- _____ Notice to Employee of Labor Code 2810.5*
- _____ Workers Compensation Written Notice *
- _____ Emergency Contact Form*
- _____ Lay Employee Action Form (LEAF)*
- _____ I-9 Work Authorization*
- _____ W-4*
- _____ CA State Tax Withholding Form DE 4*
- _____ Direct Deposit Form*
- _____ Handbook Acknowledgement Form (found on pg. 62 of the Lay Employee Handbook)*
- _____ Timesheet

**Please retain a copy of this form for each new hires personnel file. Please send copies of all signed forms to the Chancery.
*Forms must have proper signatures.**