



# Checklist of Forms- Benefits Only

Name: \_\_\_\_\_

Site/School: \_\_\_\_\_

(Tear out page and return to Human Resource Services)

This checklist identifies the two kinds of forms in this packet: (1) those you must **complete and return to Human Resource Services** (Section 1); and (2) those you are to retain for your own information or records (Section 2). Please keep in mind the importance of completing and returning the forms in Section 1 to Human Resource Services **within two working days**. Thank you.

SECTION 1: RETURN	SECTION 2: KEEP
<ul style="list-style-type: none"> <li>☐ Benefit Authorization Form</li> <li>☐ Emergency Data</li> <li>☐ Transcripts: NCLB (Orig. required if applicable) ☐ Cert ☐ Class (48 units)</li> <li>☐ Credential (Certificated)</li> <li>☐ Contract (Certificated)</li> <li>☐ Pay Plan (Certificated)</li> <li>☐ Salary Plan (Classified)</li> <li>☐ Salary Placement (Certificated)</li> <li>☐ Professional Development (Certificated)</li> <li>☐ Professional Growth (Classified)</li> <li>☐ SSA 1945 (Certificated, Certificated Substitute if applicable)</li> <li>☐ BTSA New Hire Notification (Certificated if applicable)</li> <li>☐ Online Access to Student Records (Certificated if applicable)</li> <li>☐ Network/Email Access Form</li> <li>☐ Serna Center ID Badge Request</li> <li>☐ Experience Verification</li> <li>☐ Terms of Employment (Classified, Management)</li> </ul>	<p><b>Appendix A:</b> Holidays, Vacation and Leave</p> <ul style="list-style-type: none"> <li>A-1 Holidays</li> <li>A-2 Vacation Allowance and Leave: Classified Employees—SEIU</li> <li>A-3 Vacation Allowance and Leave: Classified Employees—Teamsters</li> <li>A-4 Vacation Allowance and Leave: Certificated Employees—SCTA</li> </ul> <p><b>Appendix B:</b> Benefits</p> <ul style="list-style-type: none"> <li>B-1 Sacramento City Teachers Association (SCTA)</li> <li>B-2 Service Employees International Union (SEIU)</li> <li>B-3 Flexible Health Benefit Stipend for Members of UPE and Non-Represented Groups</li> <li>B-4 Teamsters</li> <li>B-5 Classified Supervisors Association</li> <li>B-6 Dental Coverage</li> <li>B-7 Vision Coverage</li> <li>B-8 Life Insurance</li> <li>B-9 Voluntary Life Insurance</li> <li>B-10 COBRA</li> </ul> <p><b>Appendix C:</b> Payroll, Pay Dates, Salaries</p> <ul style="list-style-type: none"> <li>C-1 Flexible Reimbursement Accounts</li> <li>C-2 Payroll Deposit/Deduction Options</li> <li>C-3 Pay Date Schedules for New Hires and Reassignments</li> </ul> <p><b>Appendix D:</b> Commission on Teacher Credentialing and Union Information</p> <p><b>Appendix E:</b> Day-to-Day Substitutes and Eligibility Lists</p> <p><b>Appendix F:</b> Commonly Asked Questions</p>

\_\_\_\_\_  
Employee Signature

Audited by: _____	Date: _____
Name: _____	