

**Southeastern California Conference
New Education Employee Checklist**

Employee Name: _____ Date: _____

Place of Employment: _____

Please follow the directions stated for each document and submit these documents, with this checklist to **the Education Department**. Keep a copy of all forms for your records until the employee is processed through payroll. **All documents must be completed prior to the employee's first day of work.**

- PERSONNEL ACTION REQUEST**
Who: To be completed by school administrator or authorized representative.
Where: Original to Education Department
Processing: Completed and signed by school administrator. Must include name of employee, status, rate, hours of work per week, starting date, school name, and signature of school administrator.
- APPLICATION FOR EMPLOYMENT**
Who: All employees
Where: Original to Education. Keep a copy on site.
Processing: Completed by employee, and signed at the bottom of the second page.
- CHURCH MEMBERSHIP CHECK FORM**
Who: All employees
Where: Original to Education
Processing: Completed and signed by the employee.
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- PHYSICAL FORM**
Who: All certificated employees only
Where: Original to Education
Processing: Completed and signed by the employee.
- TB SCREENING FORM**
Who: All employees
Where: Original to Education
Processing: Completed and signed by medical professional.
- CHILD ABUSE FORM**
Who: All employees
Where: Original to Education
Processing: Completed and signed by the employee.
- SERVICE RECORD FORM**
Who: All employees
Where: Original to Education.
- Processing:** Completed by employees. **Please list last denominational service only under the Employment section.**
- NEW EMPLOYEE DATA COLLECTION**
Who: All employees
Where: Original to Education. Keep a copy on site.
Processing: Completed and signed by the employee.
- CONFLICT OF INTEREST FORM**
Who: All employees
Where: Original to Education
Processing: Completed and signed by the employee.
- W-4 FORM**
Who: All employees
Where: Education
Processing: Be sure items 1, 2, 3, and 4 are complete. Then, either item 5 **OR** 7 should be completed but **NOT BOTH**. This document must also be signed and dated by the employee. You may request to see an employee's Social Security Card, and if they provide the card, you may make a copy for payroll purposes to be submitted with the W-4.
- EMPLOYMENT ELIGIBILITY (I-9 FORM)**
Who: All employees
Where: Original to Education. Keep a copy on site.
- COPY OF DOCUMENTS USED FOR THE I-9**
Who: All employees
Where: Copy of documents to Education
Processing: A copy of the documents used to complete section 2 of the I-9 form is **REQUIRED**.
Processing: Employee completes and signs Section 1. Section 2 is completed by an employee of the school that witnesses the employee's actual identification, chosen from the back of the I-9 form (one item from list A, or one item from list B **AND** one from list C), and signs the certification. **Please note that this must be done on site as the actual identification must be witnessed and certified.**
- LIVE SCAN SUBMISSION**
Who: All employees
Where: Copy of receipt sent to Education.
Processing: Employee completes form and goes to a Live Scan location and pays fee. Report will be sent to the Office of Education directly.

If you have any questions or need information or assistance in completing any of these forms, please contact the Education Department at 951.509.2319

**Southeastern California Conference
Education Employee Benefits Checklist**

Employee Name: _____ Date: _____

Place of Employment: _____

Please follow the directions stated for each document and submit these documents, with this checklist to ***the Human Resources Department.***

Healthcare Enrollment/Change Form

Who: 30 hours a week or more employees
Where: Original to Human Resources.
Processing: Completed by employee, and signed at the bottom of the page.

AFLAC Enrollment/Change Form (Optional)

Who: 20 hours a week or more employees
Where: Original to Human Resources.
Processing: Completed by employee, and signed at the bottom of the page.

Empower Retirement Form

Who: 20 hours a week or more employees
Where: Original to Human Resources. Keep a copy on site.
Processing: Completed by employee, and signed at the bottom of the page.

VOYA Life Insurance Form

Who: full-time employees
Where: Original to Human Resources
Processing: Completed by employee, and signed at the bottom of the page.

Pre-paid Legal Form (Optional)

Who: 20 hours a week or more employees
Where: Original to Education. Keep a copy on site.
Processing: Completed by employee, and signed at the bottom of the page.

Healthcare Opt-Out Form (Optional)

Who: eligible full-time employees who are opting out of SECC health plan coverage
Where: Original to Human Resources
Processing: Completed by full-time employees who are opting out of SECC health plan coverage, attach a copy of proof of coverage and sign at the bottom of the form.

Flex Spending Form (Optional)

Who: all employees
Where: Original to Human Resources
Processing: Completed by employee, and signed at the bottom of the page.

If you have any questions or need information or assistance in completing any of these forms, please contact the Human Resources Department at 951.509.2354

**Southeastern California Conference
New Education Student Employee Checklist**

Employee Name: _____ Date: _____

Place of Employment: _____

Please follow the directions stated for each document and submit these documents, with this checklist to **the Education Department**. Keep a copy of all forms for your records until the employee is processed through payroll. **All documents must be completed prior to the employee's first day of work.**

PERSONNEL ACTION REQUEST/NEW EMPLOYEE DATA SHEET

Who: To be completed by school administrator or authorized representative.

Where: Original to Education Department

Processing: Completed and signed by school administrator. Must include name of employee, status, rate, hours of work per week, starting date, school name, and signature of school administrator.

STUDENT WORK PERMIT

Who: All employees

Where: Original to Education. Keep a copy on site.

Processing: Completed by employee and school, and signed at the bottom of the second page.

W-4 FORM

Who: All employees

Where: Education

Processing: Be sure items 1, 2, 3, and 4 are complete. Then, either item 5 **OR** 7 should be completed but **NOT BOTH**. This document must also be signed and dated by the employee. You may request to see an employee's Social Security Card, and if they provide the card, you may make a copy for payroll purposes to be submitted with the W-4.

EMPLOYMENT ELIGIBILITY (I-9 FORM)

Who: All employees

Where: Original to Education. Keep a copy on site.

Processing: Employee completes and signs Section 1. Section 2 is completed by an employee of the school that witnesses the employee's actual identification, chosen from the back of the I-9 form (one item from list A, or one item from list B **AND** one from list C), and signs the certification. **Please note that this must be done on site as the actual identification must be witnessed and certified.**

COPY OF DOCUMENTS USED FOR THE I-9

Who: All employees

Where: Copy of documents to Education

Processing: A copy of the documents used to complete section 2 of the I-9 form is **REQUIRED**.

CONFLICT OF INTEREST FORM

Who: All employees

Where: Original to Education. Keep a copy on site.

Processing: Completed and signed by the employee.

If you have any questions or need information or assistance in completing any of these forms, please contact the Education Department at 951.509.2319