

**SANTA BARBARA CITY COLLEGE
EMPLOYMENT CHECKLIST**

NAME _____ **K#** _____

Print Name

Please read and review the following information located online at:

Hourly Employees please go to http://sbcc.edu/hr/new_hire_reference_materials/short_term_hourly.php

Student Employees please go to http://sbcc.edu/hr/new_hire_reference_materials/on_campus_student_employment_information.php

- _____ Important information regarding work limitations
- _____ Drug Free Workplace Policy
- _____ BP 3430-SBCC Prohibition of Discrimination/Sexual Harassment
- _____ BP 6800-Safety
- _____ AP 6800-Safety-Injury & Illness Prevention Program
- _____ Payroll Schedule
- _____ 403b Tax Sheltered Annuity Plan (*for Hourly Employees only*)
- _____ Online Timesheet Instructions
- _____ Crime Awareness and Campus Security Act, 1990
- _____ ALERT-U Information
- _____ Public Employee Disaster Service Worker Status
- _____ New Hire Pamphlet

By initialing each line, I acknowledge that I will review and read the above listed documents located on the SBCC Human Resources Website. I have also received paper copies of the following items:

- _____ Immigration Reform Act of 1986/Employment Verification Notice
- _____ Public Employee Disaster Service Worker Status
- _____ Payroll Schedule
- _____ TB Risk Assessment ****NOTE: If you fail to keep the appointment, you will be required to reimburse the "College" for the amount up to \$26.00 This amount will be deducted from your first pay warrant.**
- _____ Fingerprinting Requirement (DOJ & FBI) ****NOTE: Hourly and Specified Student Only**

EMPLOYEE SIGNATURE _____ **DATE** _____

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SBCC – HR OFFICE USE ONLY:

Human Resources has received from the employee:

- _____ Information Sheet
- _____ I-9 Form
- _____ I-9 Required Documents – 2 copies of each
- _____ Federal W-4 Form; State DE4 (Optional Form)
- _____ Oath of Office/Payment of Warrant Sheet
- _____ EDD Form
- _____ Workers' Compensation Forms (2)

International Students additional documents (2 copies of each):

- Passport
- I-94
- F-1 Visa
- I-20

HR SIGNATURE: _____ **DATE** _____