



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

Employee Signature

Audited by: _____ Date: _____

Name: _____