

The University Corporation San Francisco State

Room ADM 361 1600 Holloway Ave. San Francisco, CA 94132

## **Employment Packet Checklist**

## <u>All forms</u> in Employment Packet are <u>*REQUIRED*</u> for all new employees

<b>Employment Form</b> - This Corporation form is <b>not</b> included in the packet that specifies your rate of pay and length of service. <u>This form is to be completed by your Project Director, and must be signed by both the Project Director and the employee</u> .
Position Description
Healthcare Coverage Information Form
Application for Employment - A copy of your resume in lieu of your employment history is acceptable. Please note <u>all</u> other sections must be completed.
W-4 Form
<ul> <li>Drug Form</li> <li>Affirmative Action Form - This form must be completed and signed even if you choose not to specify your ethnic group.</li> </ul>
☐ <b>I-9 Form</b> - Appropriate identification (no copies) must be presented to the Corporation Human Resources Office for review. The Corporation representative (not Project Director) must sign to verify the legitimacy of identification.
Designation of Personal Physician & Emergency Contact
Time of Hire Pamphlet (Workers' Compensation)
<b>Exemption from FICA (Social Security Taxes) Form</b> – (Optional. See form for eligibility guidelines.)
☐ Verification of Driver's License and Proof of Auto Insurance - This form is required regardless if you use your automobile for work purposes.
Other Documents:
Schedule - Indicates due dates for Employment Forms, Change Forms and Timecards as well as pay dates and holidays for the calendar year
Benefits Information - Information regarding medical, vision, dental, and other benefits for eligible employees is available in the Human Resources Office.
<b>Project Personnel Policies</b> - Currently under revision, visit our website.
Direct Depostit Authorization (Optional)

Rehired employee's must complete new Verification of Driver's License and Proof of Auto Insurance, W4 Form, Designation of Personal Physician & Emergency Contact, Exemption from FICA (Social Security Taxes) Form (if applicable), and Job Description forms.