

Yosemite Community College District Human Resources

FACULTY – New Hire Documents

Ple	ease use 1st day of start of work when	signing <u>all</u> documents. Sign & r	eturn the following:
	OFFICIAL College Transcripts. It is the employee's responsibility to submit Official Transcripts for all conferred degrees and/or academic units evaluated toward salary placement. Please send Official Transcripts to YCCD, Attention HR, PO Box 4065, Modesto CA 95352. For Foreign Degree Evaluation, please refer to https://www.yosemite.edu/hr/foreigndegreeevaluation .		
	Verification of Experience. It is the employee's responsibility to submit Academic and Vocational Work Experience forms to previous employers for verification. Required at start of work for initial placement.		
	Fingerprint & Criminal History Background Check. At employee expense. Additional information enclosed. Required within a maximum of 10 working days from the date of employment		
	TB Clearance. No academic employee shall commence service until certificate has been provided. Free testing: MJC Health Services of East 209-575-6038 or West Campus 209-575-6281. Columbia – Nursing services currently unavailable. At your own expense, you may use your primary care provider. If you have tested positive in the past, please notify the Campus Nurse prior to testing.		
	I-9 Form – Employment Eligibility Verification. Verifies you are legally eligible to work in the U.S. Complete Section 1. Date with first day of work. See "List of Acceptable Documents" and provide identification from that list.		
	W-4 Form. Use your legal name (as listed on your Social Security card) and mailing address.		
	EDD Employee's Withholding Allowance Certificate. Use for state income tax withholding.		
	Retirement System Election. You are eligible to elect membership into CalSTRS Defined Benefit Program. For more information, contact Payroll at (209) 575-6539.		
	Payroll Designation. Indicate preference of 10 or 12 equal payments.		
	Statement Concerning your Employment in a Job Not Covered by Social Security		
	Oath of Affirmation		Are you a Retiree from CalSTRS or
	Policy Acknowledgment		CalPERS?
	Recipient Designation Form. In the event of death, this form designates your monetary recipient.		
	☐ Confidential Data Sheet		
	Safety Training (web-based). Complete & return. For questions, please contact Risk Management at (209) 575-6963		
	☐ Emergency Contact Information		
	YFA New Member Form		
	Payroll Direct Deposit. (Optional) Use for direct deposit, and attach a voided check.		
	Parking Permit Information		
Foi	r Information Only: Welcome to CalSTRS Certificated Adjunct/Overload Hourly Salary Schedule	On-the-Job Injury Reporting Procedure Tax Sheltered Annuities Schedule of Holidays	YFA Faculty Contract Affordable Care Act Notice
no l	•	ilure to complete fully and sign all re	hat all documents are due in Human Resources quired documents may result in delay in salary