

**NEW CERTIFICATED EMPLOYEE ORIENTATION**  
**Signature Page - Receipt of Documents**

Name (print): \_\_\_\_\_

- Board Policies
  - Non-Discrimination in Employment (BP 4030)
  - Sexual Harassment (BP 4119.11) and posting
  - Employee Use of Technology (AR 4040)
  - Code of Ethics (AR 4119 / BP 4119)
  
- Child Abuse Reporting Booklet and Memo on Requirements
- Nurse Advice Flyer
- Sick Leave Transfer Request
- Bargaining Unit Agreement
- Loyalty Oath
- Ethnicity Questionnaire
- Technology Use Agreement
- Emergency Contact Information
- Direct Deposit Authorization Form
- MCOE Disaster Service Worker Status
- OMNI 403(b) pamphlet
- CalSTRS Memo
- Tax Documents
  - I-9
  - W4
  - EDD DE4
  
- Health Benefit Information

I agree that I have received all of the above pertinent information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_