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
- ☐ Workers Compensation Information and Process
- ☐ 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: _____