



Departmental New Employee Checklist

Department: _____ Dept. Contact: _____ Phone: _____
Employee ID #: _____ Hire Date: _____
Employee Name: _____ Job Title: _____

GENERAL EMPLOYMENT - send forms to Human Resources-Position Control within first week of employment

- Oath of Office
- *Verification of Receipt of Information
- *Employment Eligibility Verification, I-9 form. **Must include copies of documents provided for I-9 form**
- EEO4 Information / Emergency Contact
- IRS Form W-4 (2022) Federal - **must include 2 copies of Social Security Card, no exceptions**
- State of California DE 4 Rev 49 (2-20) Form (Employee's Withholding Cert)
- Electronic Funds Transfer Form 1.03.20 - **OPTIONAL**

RETIREMENT - send forms directly to SJCERA within first week of employment

- *Member Certification Form
- Employee's Proof of Birth - **copy of birth certificate, valid U.S. Passport, or REAL ID**
(See [2019.07.12 Age Verification Policy \(sjcera.org\)](https://www.sjcera.org/2019.07.12-Age-Verification-Policy) for alternate acceptable documents)
- *Beneficiary Designation Form
- SSA-1945 - Safety Member Windfall Elimination Provision - **For Full-time Safety Members Only**

HEALTH BENEFITS - send forms to Human Resources Benefits within first week of employment

- *Health Benefits Enrollment
- Copy of Dependents Birth Certificate(s), marriage certificate/Registered Domestic Partnership, and Social Security Card(s) for each person being enrolled.
- *Life Insurance Enrollment

DEFERRED COMP - send forms directly to **Nationwide** within first week of employment, or as soon as possible.

Email: rpublic@nationwide.com; Fax 877-677-4329; Mail: PO Box 182797 Columbus, OH 43218

- *Deferred Compensation 457 Form - Nationwide
- *Deferred Compensation 401(a) Form - Nationwide **(for Physicians and CRNA's only)**

UNION - send forms directly to Union

- *Member Enrollment Form

*** Please collect from employee -- Forms distributed at New Employee Orientation.**