CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION

Hiring Checklist

Name:_____ Date of Hire:_____

Dept/Project:_____ Cost Center:_____

To be returned to Human Resources at Time of Hire:

. . . . . Employee Information Sheet
. . . . . Application
. . . . . Nature of Employment Acknowledgment
. . . . . Interim Vaccine Policy
. . . . . Emergency Contact Information
. . . . . AB 469 Rate and Payday Notification
. . . . . Child Abuse and Neglect Reporting Act (CANRA) Acknowledgment
. . . . . Drug Free Workplace Acknowledgment
. . . . . IIPP Acknowledgement
. . . . . Employee Handbook Acknowledgment
. . . . . Federal W-4 & State DE-4 Tax Forms
. . . . . *I-9 Employment Eligibility Form & Appropriate Identification
. . . . . Hartford 401K Enrollment/Change Form & Beneficiary Designation Form (if elected)

Additional Forms Available to Employees by Request:

. . . . . Employee Handbook (available on www.Auxiliary.FresnoState.edu)
. . . . . Sexual Harassment Brochure
. . . . . Employee Assistance & Development Brochure (EA&D)
. . . . . Workers' Compensation Informational Brochures
. . . . . Workplace Violence Guide
. . . . . State Disability Insurance Brochure
. . . . . Paid Family Leave Insurance Brochure

_____ _____
Employee Signature Date

_____ _____
Supervisor Signature Date

*Employee **CANNOT** begin work until I-9 form has been verified by HR personnel.