

*Department of Medicine*  
**STAFF NEW HIRE CHECKLIST**  
 & the Office of Record for them in ( )

<b>EMPLOYEE NAME:</b>	<b>Employee ID#:</b>
<b>ACTION:</b> <input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Transfer into Department	<b>Date of Action:</b>
<b>Appointment:</b> <input type="checkbox"/> Career <input type="checkbox"/> Limited <input type="checkbox"/> Casual/Restricted <input type="checkbox"/> Work-Study	<input type="checkbox"/> Contract <input type="checkbox"/> Per Diem
<b>Schedule for <u>New Employee Orientation</u>:</b> <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<b>Date:</b>

**Date Completed/Submitted/Filed**

- Checklist – (Div) \_\_\_\_\_
- Personal Data Form or Union Personal Data Form – (Div) \_\_\_\_\_
- SPAR – (Dept) \_\_\_\_\_
- Confidentiality Statement – (Dept) \_\_\_\_\_
- Acknowledgement of Code of Conduct Handbook – book link below \_\_\_\_\_
  - o Office of Compliance  
Bank of America Bldg.  
924 Westwood Blvd. Suite 810  
Los Angeles, CA 90024  
Mail Code: 706746
- State Oath & Patent – (Payroll) \_\_\_\_\_
- I-9 Authorization to Work & List A or B/C backup docs – (Payroll) \_\_\_\_\_
- Payroll Wage Disposition Request (Surepay) – (Div) \_\_\_\_\_
- Photo ID Application – (Div) \_\_\_\_\_
- IS New User Form – (Div) \_\_\_\_\_
- W-4\* – (Div) \_\_\_\_\_
- Parking\* – (Dept) \_\_\_\_\_
- Initial Glacier Information\* – (Payroll) \_\_\_\_\_
- Demographic Data Transmittal Form – (Destroy) \_\_\_\_\_
- Designation of Physician Form (Workers' Comp)\* – (Dept); copy to: \_\_\_\_\_
  - o Health System Human Resources  
Worker's Compensation  
UCLA Wilshire Center, Suite 400  
MC 166466
- Statement Concerning Your Employment in a University Position Not Covered by Social Security (UCRS 419)\* – \_\_\_\_\_
  - o UC HR/Benefits  
Records Management  
P.O. Box 24570  
Oakland, CA 94623-1570
- Union Overtime Selection\* – (Dept) \_\_\_\_\_
- Environment, Health & Safety Handbook\* - \_\_\_\_\_
  - o Environmental Health & Safety  
501 Strathmore, 4<sup>th</sup> Floor  
MC 160508

\* Does not pertain to ALL new hires. Dependent on hire position, title and/or citizenship.

Submit copies of all paperwork to Dept unless (Div).

## **ONLINE TRAINING**

Compliance Online Training

Below to be completed w/i 30 days of hire date

- Corporate Compliance – (Dept) \_\_\_\_\_
- HIPPA Education and Training Program – (Dept) \_\_\_\_\_
- Transition Resource and Orientation Quiz – (Dept) \_\_\_\_\_
- Protection of Human Research Subjects\* – (Div) \_\_\_\_\_
- Division of Laboratory Animal Medicine\* – (Div) \_\_\_\_\_
- Environment, Health & Safety\* – (Div) \_\_\_\_\_

## **PAPERWORK TO PROVIDE NEW HIRE\***

- Code of Conduct Employee Handbook
- Enrollment, Change, Cancellation or Opt Out (UPAY 850)
- Your Group Insurance Plans Booklet w/ Medical Benefits Summary & Calculation Rate Charts
- Always At Your Service Pamphlet
- Reminder for Benefit Enrollment
- Family Status Changes Benefits Checklist
- Facts About Workers' Compensation
- Internal Process for Time Collection of Timesheets and Time Reporting
- Staff Rights Policy (for Patient Care Employees)
- Summary Plan Description for Healthcare Reimbursement Account, DCP, 403(B), and 457(B)
- Who's your Beneficiary?
- Departmental Personnel Representative (EDB Preparer)
  - Name: \_\_\_\_\_
  - Phone: \_\_\_\_\_
  - Email: \_\_\_\_\_

I acknowledge that the items checked above have been provided to me and/or reviewed with me. Also, my signature on this form acknowledges that I have received instructions and agree to complete all Employee Required Online Training within 30 days from my hire date.

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

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Personnel Representative Signature \_\_\_\_\_ Date: \_\_\_\_\_

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