Department of Medicine

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

<table>
<thead>
<tr>
<th>EMPLOYEE NAME:</th>
<th>Employee ID#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTION: □ New Hire □ Rehire □ Transfer into Department</td>
<td>Date of Action:</td>
</tr>
<tr>
<td>Appointment: □ Career □ Limited □ Casual/Restricted □ Work-Study □ Contract □ Per Diem</td>
<td></td>
</tr>
<tr>
<td>Schedule for New Employee Orientation: □ Yes □ Not Applicable</td>
<td>Date:</td>
</tr>
</tbody>
</table>

☐ 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, 4th 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
  ○ Corporate Compliance – (Depts)
  ○ HIPPA Education and Training Program – (Depts)
  ○ Transition Resource and Orientation Quiz – (Depts)
  ○ Protection of Human Research Subjects* – (Div)
  ○ Division of Laboratory Animal Medicine* – (Div)
  ○ Environment, Health & Safety* – (Div)

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

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.

Employee Signature ____________________________ Date: ____________________________

Personnel Representative Signature ____________________________ Date: ____________________________

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