INSTRUCTIONS FOR COMPLETING RETURNING ADJUNCT EMPLOYEE PAPERWORK

Human Resources & Equal Employment Opportunity

Welcome back to Hartnell College! This packet includes the forms necessary to process you as a returning academic employee and therefore authorizes you to begin service. You may not begin service until these forms are completed and returned to your **hiring department**. Please return all required forms in **one single submission**. The following should provide you with helpful information for completing your employment process.

REMINDER

- **TB Requirements - TB Skin Test Authorization** (Form HR-9): TB testing is required every four years. If your TB test has expired, you will receive notification from Hartnell Human Resources and information regarding your TB skin test or x-ray at Hartnell's expense.

FORMS FOR YOU TO COMPLETE AND RETURN

1. **Data Sheet for Returning Adjunct Instructors (Form HR-29):**
   Complete top portion of this form and refer to the bottom for a list of all documents to be completed and returned. Return this sheet with your Employment Paperwork

2. **Employee's Withholding Allowance Certificate (Form W-4):**
   Complete all sections on the Certification section (bottom portion); Do not leave box #5 blank! (Your original social security card reflecting your current name must be presented to your hiring department to be photocopied for payroll verification of your name and Social Security Number. Bring your card with you.)

3. **Automatic Deposit Authorization (Form HR-25X):**
   This form is optional. You are responsible for contacting your bank for the exact information and format required by your bank. Currently our payroll system only allows automatic deposit to one account at one banking institution. If you choose this option, you will still receive a pay stub delineating your earnings and deductions.

4. **Retirement Questionnaire (Form HR-19):**
   Answer each yes/no question and fill in the blanks as applicable. Sign the form. Hint: If you previously taught in CA and worked 60 hours or more in one pay period, you most likely contributed to STRS.

5. **STRS Permissive Election and Acknowledgment of Receipt of CALSTRS Defined Benefit Plan Membership Information (Form ES 350):**
   You are employed in a temporary position normally not subject to mandatory membership in the California State Teachers' Retirement System (STRS). You must elect or decline voluntary membership in the STRS retirement system by completing this form. If you elect STRS membership, your membership election is irrevocable for all future employment in a STRS covered position; If you do not elect STRS membership, the only optional retirement program currently available to you through this District is Social Security.

   Read and complete all information in "Employee Certification" box (including electing or declining membership), sign and date form. Your signature also acknowledges that you have received information from us concerning the CalSTRS Defined Benefit Program (DB Program) and understand the criteria for membership in the plan. This information is available in the "Welcome to CalSTRS" publication (specifically page 7) on the HR website. This link also provides access to current "Member Handbook," as well as the "Join CalPERS? Join CalSTRS?" publication.

   PERS MEMBERS NOTE: If you are a PERS member, you must notify Human Resources. Failure to do so may negate your opportunity to elect to remain in PERS and continue contributing to the PERS retirement system. This election MUST be made in writing, within 60 days of hire. Please contact Human Resources to ensure you receive the mandatory election form and relevant information.

6. **Statement Concerning Your Employment in a Job Not Covered by Social Security (Form SSA-1945):**
   Read, sign and date. (Leave the Employee ID and Employer ID # blank)

7. **Physician Designation Form (Form HR-20):**

This is for work related accidents or illnesses. If you DO NOT designate a doctor you must go to a listed Medical Panel provider for your first 30 days of treatment. If you DO designate a doctor, you may go to that doctor for treatment without having to wait the 30 days. Your name, social security number, signature and completion of the Emergency Information are required regardless of whether or not a doctor is designated. An informational packet regarding work injuries entitled "The Injured Worker" is on the HR website.

8. **Standards of Employment/Service Agreement (Form HR-16):**
   Read and initial all five paragraphs. A Drug Free Workplace pamphlet is on the HR website. Your signature must be made in the presence of your department representative or Human Resources.

9. **Computer, Electronic Communication, and Network Use (AP 3720 & BP 3720)**:
   Complete the Computer and Network Use Agreement.

INFORMATION PROVIDED FOR YOU TO REVIEW

Please read links provided on Hartnell's HR website

- **Workers' Compensation Basics** - Referred to on '*Physician Designation Form*'
- **Drug Free Workplace Brochure** - Referred to on *'Standards of Employment/Service Agreement'* Form
- **Welcome to CalSTRS** - Referred to on *'STRS Permissive Election and Acknowledgment of Receipt of CalSTRS Defined Benefit Plan Membership Information'* Form, CalSTRS Retirement System Election Form (Optional)
- **Postretirement Earnings Information**
- **Family Medical Leave Act**