

**Southeastern California Conference  
Revised: New Employee Checklist**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

The Human Resources Department has provided this checklist as a resource to expedite processing a newly hired employee. This is for your records only, it no longer needs to be included in the new hire paperwork. Please follow the directions stated for each document and **submit all forms to the Human Resources Department**. Keep a copy of all forms for your records until the employee is processed through payroll. ***All documents must be completed two weeks prior to the employee's first day of work.***

**PERSONNEL ACTION REQUEST**

**Who:** To be completed by church pastor, business administrator or authorized representative.

**Processing:** Completed and signed by the authorized representative. Must include the **legal** name of the employee, status, rate, hours of work per week, starting date, job location, and signature of authorized representative.

**APPLICATION FOR EMPLOYMENT**

**Who:** New Employee

**Processing:** Completed by the employee and signed at the bottom of the second page.

**W-4 FORM**

**Who:** New Employee

**Processing:** Be sure items 1, 2, 3, and 4 are complete. Then, either item 5 **OR** 7 should be completed but **NOT BOTH**. This document must also be signed and dated by the employee.

**DE-4 FORM**

**Who:** New Employee

**Processing:** Identification information must be completed. Line 1 **OR** 2 **OR** 3 must be completed. This document must be signed and dated by the employee.

**EMPLOYMENT ELIGIBILITY (I-9 FORM)**

**Who:** New Employee

**Processing:** Employee completes and signs Section 1. Please make sure the employee checks whether they've used a translator/preparer. Section 2 is completed by an employer representative that witnesses the employee's actual identification documents, chosen from the back of the I-9 form (one item from list A, **OR** one item from list B **AND** one from list C), and signs the certification. **Please note that this must be done on-site as the actual identification must be witnessed and certified. Please send the original I-9 form to the Human Resources Department.**

**COPY OF THE DOCUMENTS USED FOR THE I-9**

**Who:** New Employee

**Processing:** The employer representative must have received the **original documents** and a copy of the documents used to complete section 2 of the I-9 form is **REQUIRED**.

**EMPLOYEE INFORMATION FORM**

**Who:** New Employee

**Processing:** Please note that this new form is replacing the New Employee Data Collection Form, Service Record Form, and Membership Check Form. Please make sure this document is completed in its entirety and signed and dated by employee.

**BACKGROUND CHECK AUTHORIZATION**

**Who:** New Employee

**Processing:** Completed and signed by the employee.

**CONFLICT OF INTEREST FORM**

**Who:** New Employee

**Processing:** Completed and signed by the employee.

If you have any questions or need information or assistance in completing any of these forms, please contact the Human Resources Department at 951.509.2354 or email Barbara Camarena at [Barbara.Camarena@seccsda.org](mailto:Barbara.Camarena@seccsda.org)