

## **WELCOME PACKET CHECKLIST FOR ~ REGULAR APPOINTMENTS**

- |   |  |  |   |  |
|---|--|--|---|--|
| <input type="checkbox"/>  | <b>PER1020*</b>  | <p>Welcome Letter *(choose applicable form below):</p> <p>(1020A - If position <b>does NOT</b> require a physical and/or lift test)</p> <p>(1020B - If position <b>does</b> require a physical and/or lift test)</p>   |   |  |
| <input type="checkbox"/>  | <b>PER1021*</b>  | <p>Employee Checklist for In-Processing *(choose applicable form below):</p> <p>(1021A - if position <b>does NOT</b> require a physical and/or lift test)</p> <p>(1021B - If position <b>does</b> require a physical and/or lift test)</p>   |   |  |
| <input type="checkbox"/>  | <b>PER1022</b>   | Documents for Employment Eligibility, I-9 Information  |   |  |
| <input type="checkbox"/>  | <b>PER1025</b>   | Health Questionnaire (ONLY if position <b>does</b> require a physical and/or lift test)  |   |  |
| <input type="checkbox"/>  | <b>PER1025A</b>  | Parental Release form (ONLY if position <b>does</b> require a physical <u>and the candidate is under age 18</u> )  |   |  |
| <input type="checkbox"/>  | <b>PER1025B</b>  | Pre-Employment Health Questionnaire (If position <b>does NOT</b> require a physical and/or lift test; liaison must fill out cover page with both the candidate and the liaison information)  |   |  |
| <input type="checkbox"/>  | <b>JOB SPEC</b>  | To be attached to the Health Questionnaire <u>or</u> the Pre-Employment Health Questionnaire   |   |  |
| <input type="checkbox"/>  | <b>PER1025C</b>  | Map to Agile Occupational Medical Center (ONLY if position <b>does</b> require a physical and/or lift test)  |   |  |
| <input type="checkbox"/>  | <b>PER1026</b>   | Employee Welcome Letter- Deferred Compensation Information   |   |  |
| <input type="checkbox"/>  | <b>PER 1030V</b>   | Benefits Summary   |   |  |
| <input type="checkbox"/>  | <b>PER1041*</b>  | <p>Salary, Compensation and Leave Summary *(choose applicable form below)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>(PER1041A - General Representation)</p> <p>(PER1041B - Law Enfor &amp; Sheriff Supv)</p> <p>(PER1041C - Mid Mgmt)</p> <p>(PER1041D - Law Enfor Mid Mgmt)</p> <p>(PER1041E - Management Trainees)</p> <p>(PER1041F - Other Exec Mgmt)</p> <p>(PER1041G - Appt Dept Heads &amp; Assts)</p> </td> <td style="width: 50%; vertical-align: top;"> <p>(PER1041H - Board of Supv &amp; Elect. Dept Heads)</p> <p>(PER1041I - Correctional Officers)</p> <p>(PER1041J - DA Inspectors)</p> <p>(PER1041K - Physicians' Rep Unit)</p> <p>(PER1041L - Deputy Probation Officer Unit)</p> <p>(PER1041M - Government Attorneys Unit)</p> </td> </tr> </table> | <p>(PER1041A - General Representation)</p> <p>(PER1041B - Law Enfor &amp; Sheriff Supv)</p> <p>(PER1041C - Mid Mgmt)</p> <p>(PER1041D - Law Enfor Mid Mgmt)</p> <p>(PER1041E - Management Trainees)</p> <p>(PER1041F - Other Exec Mgmt)</p> <p>(PER1041G - Appt Dept Heads &amp; Assts)</p> | <p>(PER1041H - Board of Supv &amp; Elect. Dept Heads)</p> <p>(PER1041I - Correctional Officers)</p> <p>(PER1041J - DA Inspectors)</p> <p>(PER1041K - Physicians' Rep Unit)</p> <p>(PER1041L - Deputy Probation Officer Unit)</p> <p>(PER1041M - Government Attorneys Unit)</p> |
| <p>(PER1041A - General Representation)</p> <p>(PER1041B - Law Enfor &amp; Sheriff Supv)</p> <p>(PER1041C - Mid Mgmt)</p> <p>(PER1041D - Law Enfor Mid Mgmt)</p> <p>(PER1041E - Management Trainees)</p> <p>(PER1041F - Other Exec Mgmt)</p> <p>(PER1041G - Appt Dept Heads &amp; Assts)</p> | <p>(PER1041H - Board of Supv &amp; Elect. Dept Heads)</p> <p>(PER1041I - Correctional Officers)</p> <p>(PER1041J - DA Inspectors)</p> <p>(PER1041K - Physicians' Rep Unit)</p> <p>(PER1041L - Deputy Probation Officer Unit)</p> <p>(PER1041M - Government Attorneys Unit)</p> |  |   |  |
| <input type="checkbox"/>  | <b>PER1042*</b>  | <p>CalPERS Retirement Check List *(choose applicable form below)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>(PER1042A - Miscellaneous)</p> <p>(PER1042C - Safety - Sheriff)</p> </td> <td style="width: 50%; vertical-align: top;"> <p>(PER1042B - Safety - County Peace Officer)</p> </td> </tr> </table>  | <p>(PER1042A - Miscellaneous)</p> <p>(PER1042C - Safety - Sheriff)</p>  | <p>(PER1042B - Safety - County Peace Officer)</p>  |
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| <input type="checkbox"/>  | <b>CalPERS-1187</b>  | CalPERS Reciprocal Self-Certification Packet   |   |  |
| <input type="checkbox"/>  | <b>W-4</b>   | Employee's Withholding Allowance Certificate (Federal)   |   |  |
| <input type="checkbox"/>  | <b>DE-4</b>  | Employee's Withholding Allowance Certificate (CA State)  |   |  |
| <input type="checkbox"/>  | <b>PER1045</b>   | Automatic Payroll Deposit Authorization (Direct Deposit)   |   |  |
| <input type="checkbox"/>  | <b>DOT PHYS FORMS</b>  | If Applicable, Instructions for Commercial Vehicle License Examination, D.M.V. Medical Examination Report and Medical Examiner's Certificate   |   |  |
| <input type="checkbox"/>  | <b>CLASS A DL INFO</b>   | If Applicable, County of Santa Cruz Policy on Alcohol and Controlled Substances Testing (for positions that require a Class A license) and Certification receipt ( <b>PER1507B</b> )   |   |  |