

**Required Forms Checklist for Hire/Rehire**

**Instructions:** Complete all forms as noted in the checklist below. Include **Employee ID** on all forms. Follow the instructions on where to send each form as stated below.

|                                     |  |  |   |                                 |                                    |
|-------------------------------------|--|--|---|---------------------------------|------------------------------------|
| <b>Department:</b>                  |  |  | <b>Today's Date:</b>  |                                 |                                    |
| <b>Employee Name:</b>               |  |  | <b>Employee ID:</b>   |                                 |                                    |
| <b>HR Administrator:</b>            |  |  | <b>Phone Number:</b>  |                                 |                                    |
| <input checked="" type="checkbox"/> | <b>Form</b>  | <b>Distribution</b>  | <b>Link</b>   | <b>Hire</b>                     | <b>Rehire</b>                      |
| <input type="checkbox"/>            | <b>State Oath of Allegiance</b>  | Keep in Department   | <a href="#">UPAY 585</a>  | Required<br>US Citizens<br>only | Conditional<br>US Citizens<br>only |
| <input type="checkbox"/>            | <b>Patent Policy<br/>Acknowledgement</b>   | Keep in Department   |   | Required – All Employees        |                                    |
| <input type="checkbox"/>            | <b>Employment Eligibility<br/>Verification Form I-9</b>  | Send to:<br>Human Resources<br>Records Management<br>2150 Shattuck Ave, Suite 750<br>Mail Code 3540  | <a href="#">Form I-9</a>  | Required                        | Conditional                        |
| <input type="checkbox"/>            | <b>Demographic Data<br/>Transmittal</b>  | Destroy after data entry into<br>HCM   | <a href="#">U5605</a>   | Required                        | Conditional                        |
| <input type="checkbox"/>            | <b>UC Federal/State<br/>Withholding Allowance<br/>Certificate<br/>UC W-4/DE 4</b>                          | Option 1: Employees log in<br>and complete online<br><br>Option 2: complete form, fax<br>to:<br>HR Records Management<br>FAX: (510) 642-1882 | <a href="#">UC W-4DE 4</a>  | Required                        | Conditional                        |
| <input type="checkbox"/>            | <b>UC Federal-State Non<br/>Resident Alien<br/>Withholding Allowance<br/>Certificate<br/>UC W-4NR/DE 4</b> | Complete form, fax to:<br>HR Records Management<br>FAX: (510) 642-1882   | <a href="#">UC W-4NR/DE</a>   | Required                        | Conditional                        |
| <input type="checkbox"/>            | <b>Payroll Earnings<br/>Distribution<br/>Authorization (Direct<br/>Deposit)</b>                            | Self Service<br>Form not required<br><br>Keep Form in Department   | <a href="#">BLU Self<br/>Service</a><br><br><a href="#">UPAY 544A-1</a> | Required                        | Conditional                        |

| <input checked="" type="checkbox"/> | Form  | Distribution  | Link  | Hire  | Rehire      |
|-------------------------------------|---|---|---|---|-------------|
| <input type="checkbox"/>            | <b>Benefits Eligibility Level Indicator (BELI) and Status Qualifier Code (SQC)</b>  | Keep in Department  | <a href="#">UPAY 726</a>  | Required<br><br><a href="#">Understanding Eligibility</a>     |             |
| <input type="checkbox"/>            | <b>Health and Welfare Plans</b>   | Employees log in and enroll in health and welfare plans online. If unable to enroll online, use form.   | <a href="#">At Your Service</a><br><br><a href="#">UPAY 850</a> | Conditional<br><br><a href="#">Benefits Packages</a>          |             |
| <input type="checkbox"/>            | <b>Flexible Spending Account</b>  | Employees log in and enroll in health and welfare plans online. If unable to enroll online, use form.   | <a href="#">At Your Service</a><br><br><a href="#">UPAY 919</a> |   |             |
| <input type="checkbox"/>            | <b>GLACIER</b><br><br>Departments with admin rights initiate process through:<br><a href="#">Arctic International log in</a><br><br>Departments without admin rights initiate process though:<br><a href="#">Initial Glacier Info Form</a> (PDF)  | Employee completes online information, <b>prints &amp; mails</b> required documents from Glacier tax summary report to:<br><br>Central Payroll<br>171 University Hall<br>Mail Code 1104 | <a href="#">Glacier</a>   | Required  | Conditional |
| <input type="checkbox"/>            | <b>Statement Employment not Covered by Social Security</b>  | UC HR/Benefits Records Management<br>P.O. Box 24570<br>Oakland, CA 94623-1570   | <a href="#">UCRS 419</a>  | Conditional   |             |
| <input type="checkbox"/>            | <a href="#">Conflict of Interest for Public Officials</a>   | Send to: Alleen Zulkowski<br>1111 Franklin Street, 8th Floor<br>Oakland, CA 94607-5200  | <a href="#">Form 700</a>  | Conditional<br><br><a href="#">Designated Positions</a> (PDF) |             |
| <input type="checkbox"/>            | <b>UC Policy on Substance Abuse to comply with Federal Drug Free Workplace Act.</b><br><br>Print the following documents at the links shown, give to the employee, and check the box that you have done so:<br><br><ul style="list-style-type: none"> <li>• <a href="#">Campus Substance Abuse Policy overview</a></li> <li>• <a href="#">Complete text of Policy</a></li> <li>• <a href="#">Resources on Drugs and Alcohol and dealing with Substance Abuse</a></li> </ul> |   |   | Required  |             |

| <input checked="" type="checkbox"/> | Form  | Distribution       | Link  | Hire     | Rehire |
|-------------------------------------|---|--------------------|---|----------|--------|
| <input type="checkbox"/>            | <p><b>Workers' Compensation Pamphlet: Time of Hire</b></p> <p>Print the following documents and follow the instructions:</p> <ul style="list-style-type: none"> <li>• Instructions and Acknowledgment Form</li> <li>• Pamphlet</li> </ul> | Keep in Department | <p><a href="#">Instructions/Acknowledgment Form</a></p> <p><a href="#">Pamphlet</a></p> | Required |        |