

NEW EMPLOYEE CHECKLIST – UNIVERSITY ASSISTANT

Full Legal Name (Last, First, MI): _____ Preferred Name _____

Address: _____ Phone: _____ [Home | Cell | Work]

Date of Birth: _____ SSN: _____ Legal Sex: ☐ Female ☐ Male ☐ Do Not Wish to Disclose

Prior State Service ☐ No ☐ Yes / Location _____ Veteran: ☐ Yes ☐ No U.S Citizen: ☐ Yes ☐ No

Ethnicity: ☐ Asian American – Pacific Island ☐ African American ☐ Other ☐ Puerto Rican ☐ Native American ☐ Unknown ☐ White

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Domestic Partner ☐ Unknown ☐ Widowed ☐ Separated ☐ Other

SCSU Email: _____ SCSU Banner ID: _____

Emergency Contact Information:

Full Name: _____ Relationship: _____

Address: _____ Phone: _____ [Home | Cell | Work]

Forms to be Returned

- | | | |
|--|---|--|
| <input type="checkbox"/> University Assistant Contract | <input type="checkbox"/> CT W4 Tax Form | <input type="checkbox"/> Confidentiality Policy Statement |
| <input type="checkbox"/> Employee Data Sheet | <input type="checkbox"/> Federal W4 Form | <input type="checkbox"/> Direct deposit form (Optional) |
| <input type="checkbox"/> I-9 Employment Eligibility Verification | <input type="checkbox"/> University Assistant Employment Guidelines | <input type="checkbox"/> State Code of Ethics - Acknowledgement of Receipt |

Acknowledgments (TO BE REVIEWED WITH HR REPRESENTATIVE)

☐ **Policies & Procedures**

I have received a hardcopy or electronic copy access to all University Policies & Procedures (including but not limited to: *Electronic Monitoring, Affirmative Action Policy, Sexual Harassment Policy, Workplace Violence Policy, Drug and Alcohol Free Workplace, Firearms Policy, Rules of Conduct, Reporting Suspected Abuse or Neglect of a Child, Tobacco-Free Policy, Clery Disclosure, Southern Alert – Emergency Alert System, Hostile Intruder Handout, Sexual Harassment Prevention Policy, Sexual Misconduct Reporting, Support Services and Processes Policy and the Code of Ethics for Public Officials & State Employees*) located at: <http://www.southernct.edu/faculty-staff/hr/policies.html>

Employee Initial: _____

☐ **Passwords & Confidentiality**

I understand that for security purposes, SCSU-assigned passwords, pin numbers and office keys may not be shared with any other person. It is the responsibility of the new employee to report the loss of access cards, keys and/or account numbers and pin numbers to the Office of Human Resources immediately.

Employee Initial: _____

☐ **Sick Leave**

I understand that per the Sick Leave Policy, University Assistants accrue 1 hour for every 40 hours worked after working 680 hours. I also understand that the Payroll Office should be contacted for information regarding accruals.

Employee Initial: _____

☐ **Payroll Calendar**

I understand that the payroll calendar is located at the following website location: <https://southernct.edu/offices/payroll/>. I also understand that SCSU employees are paid bi-weekly. Paper checks can be picked up from payroll on pay Thursday and are mailed out the following day (Friday) if they are not picked up. If I elect to enroll in direct deposit, paper pay checks should be picked up until direct deposit takes effect (typically 1-2 pay cycles after you enroll).

Employee Initial: _____

☐ **Medical & Dental Insurance**

I have reviewed the Healthcare Planner and Rates. I understand that coverage is extended to University Assistants at full cost.

Medical Coverage: ☐ Accept ☐ Decline | Dental Coverage: ☐ Accept ☐ Decline

Employee Initial: _____

Sign below if this form has been reviewed and all applicable materials were provided:

Employee Signature

Date

Human Resources Representative

Date