New Hire/Rehire Checklist: Career Employee

Please print your name and employee ID on the top of the form. The checklist below is a list of documents you read online prior to orientation, completed prior to orientation and items we will go over at your new employee benefit orientation.

### New Hire/Rehire Checklist: Career Employee

**1. Forms Requiring Signature**
- Emergency Notification
- City Self Service Checklist
- Designation of Last Check
- Oath of Affirmation
- CalPERS and PFA Eligibility Questionnaire
- Member Reciprocal Self-Certification Form
- CalPERS Notice of Election (Non-Career)

**2. Online Documents—Required/Required**
- Affordable Care Act Notice (ACA)
- Direct Deposit
- Payroll/Paycheck Calendar
- SPEAK UP Flyer
- Healthy Workplace Act 2014
- Don't Fly Flyer
- Unemployment Booklet
- Employee Assistance Program
- Sexual Harassment
- Paid Family Leave
- Disability Insurance Provisions
- Leave of Absence & Other Leave Laws
- Victims of Domestic Violence Leave Notice
- City of Sacramento Volunteer Program
- Workers' Compensation Time of Hire Form
- W-2 Pre-Designation of Personal Physician

By signing below, I acknowledge I have read and/or received all items outlined in this document. I understand items in section 2 and all referenced policies, are also available to me on the City's website at www.cityofsacramento.org.

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Authorized Personnel Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
ECAPS SELF SERVICE CHECKLIST

ECAPS is the City of Sacramento's payroll/HR/financial system. You will need to log into this portal and verify your phone number, address and enter your tax withholding information. If you elect direct deposit, the City will not print check stubs so you will go into this portal and view/print your own check stubs.

To access this portal, please see the website listed on the form. Your USER ID is your first and last initials in CAPS and your employee ID# minus the zeros. Your password will your USER ID plus the last 4 digits of your social security number and the $ symbol. Once you sign in to the portal, you will be prompted to create your own personal password.

Please make sure to complete these tasks prior to your new employee benefit orientation, you will need access to your eCAPS account for orientation.

---

TO DO:

1. Add Emergency Contact Information

2. Add/Review Phone Number on file for contact by telephone.

3. Add preferred Email Address for email communication sent out via eCAPS.

4. Complete W-4 Tax Information — failure to complete your W-4 Tax Information in eCAPS will cause your tax withholdings to default to Single with 0 withholdings. Your W-4 information is used to withhold the proper amount of income tax from your paycheck. For more information, go to https://www.irs.gov/pub/irs-pdf/fw4.pdf.
DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS

This form is to designate a person who will receive any last paychecks owed to the employee in case of their death. It is important to provide all of the information on this form. This form can be updated anytime.

Please complete the employee section, designee section and sign and date the bottom.
OATH OF AFFIRMATION OF ALLEGIANCE FOR PUBLIC EMPLOYEES

State of California  
County of Sacramento

I ____________________________

do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Signature

Title or Department

(Official Use Only)

The above oath was taken and subscribed to before me this __________________________

day of __________________________ 20 __________________

Authorized Personnel Department Employee

Title

(Article 20, Section 3 of the California Constitution) Rev. 4/2004
Please print your name and social security number on the top of this form. Read and answer the questions and sign and date the bottom.
This form is to determine if you have reciprocity with CalPERS due to membership with a qualifying agency. For this form, you will complete page 3, sections #1 and #3. If you have membership with any of the agencies listed on page 2, complete section #2 on page 3. Your benefit technician will follow up with you after your orientation and forward you additional paperwork that you will need to submit to CalPERS.
This form is for non-benefit employees that will not be enrolled in CalPERS. If completion is required, complete section 1 – 9, select the statement that applies and sign and date the bottom.
EXHIBIT A – IT USER ACKNOWLEDGEMENT

This is the acknowledgement form stating you read and understand the City of Sacramento’s IT policy. Please print your name, department and sign and date the bottom.
Policy Acknowledgement Form

This form is an acknowledgement that you read and understand all of the City policies listed.

Please print your name and social security number on the top of the form and sign and date the bottom.

---

Employee Name (Please Print): _____________________________

Employee ID: ________________

POLICY ACKNOWLEDGMENT
(LR-100 FORM)

Department:

☐ Mayor/Council  ☐ Treasurer  ☐ Police  ☐ Convention & Cultural Services
☐ City Manager  ☐ Finance  ☐ Fire  ☐ Youth, Parks & Comm. Enrichment
☐ City Attorney  ☐ IT  ☐ Utilities  ☐ Community Development
☐ City Clerk  ☐ Human Resources  ☐ Public Works  ☐ Other: _____________________________

Employees are required to comply with all City policies, rules, regulations, and the City Charter.

Prior to your orientation you are required to read the following policies located at
http://www.cityofsacramento.org/City-Hall/Policies-and-Procedures and acknowledge
you have read them:

1. AB 1785 (Distracted Driving)
2. Domestic Violence Policy
3. Driver’s License
4. Drug and Alcohol Policy (Zero Tolerance)
5. Employee Handbook
6. Equal Opportunity Policy (Discrimination/Harassment Complaint Procedure)
7. Illness and Injury Prevention Program Procedures
8. Information Technology Resource Policy
9. Leave Administration
10. Nepotism and Conflict of Interest
11. Sick Leave (Excluding SPOA and Local 522)
12. Workers’ Compensation

By signing below, I acknowledge I have read all policies listed above and that I understand the policies are available for reference on the City’s website at

Signature: _____________________________ Date: _____________________________