

## NEW HIRE PACKET INSTRUCTIONS AND EMPLOYEE ACKNOWLEDGMENT

A list of the documents included in this packet and instructions for each item are listed below. All forms that require signatures must be completed, signed, and returned **within three (3) business days**.

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|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 1) New Hire Packet Instructions & Acknowledgement  | Review and sign.                                                                                                                        |
| 2) New Employee Information Sheet                  | Complete and sign.                                                                                                                      |
| 3) Form W-4 – Employee Withholding                 | Complete Employee’s Withholding Allowance Certificate and sign.                                                                         |
| 4) Notice to Employees (Form DE 35)                | Review and retain for your records.                                                                                                     |
| 5) California PIT Withholding (Form DE 4)          | Complete and sign if claiming a different marital status or number of allowances for California personal Income tax (PIT) withholding.  |
| 6) Form I-9 – Employment Eligibility Verification  | Complete section 1 and sign. Review the reverse side of I-9 for a listing of acceptable original documentation needed for verification. |
| 7) Notice to Employees (LC 2810.5)                 | Sign acknowledgment of receipt.                                                                                                         |
| 8) Affordable Care Act Exchange Notice             | Review and retain for your records.                                                                                                     |
| 9) Payroll Direct Deposit Authorization (optional) | Complete and sign. Attach a voided check with bar coding or provide routing/transit number and account number.                          |
| 10) Employee Handbook Acknowledgment               | Complete and sign.                                                                                                                      |
| 11) Time Sheet                                     | Review and retain for your records.                                                                                                     |
| 12) Sexual Harassment Fact Sheet                   | Review and retain for your records.                                                                                                     |
| 13) Paid Family Leave brochure                     | Review and retain for your records.                                                                                                     |
| 14) State Disability Insurance Provisions          | Review and retain for your records.                                                                                                     |
| 15) Facts about Workers' Compensation              | Review and retain for your records.                                                                                                     |
| 16) Family and Medical Leave Act Notice            | Review and retain for your records.                                                                                                     |

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*I acknowledge receipt of all documents listed above and I understand it is my responsibility to review the information and contact my employer if I have any questions.*

\_\_\_\_\_  
*Employee Name (Print )*

\_\_\_\_\_  
*Employee Signature*

Date \_\_\_\_\_