

Temporary Log Sheet

Board Date: _____ Start Date: _____

Name: _____ SSN or ID #: _____

Dept: _____ Supervisor: _____ Ext: _____

(For HR Official Use Only)

Need On File

_____	_____	Temporary Action Form or Service Provider
_____	_____	Application
_____	_____	Attachment to Application/Conviction Self Disclosure form (to be completed in HR)
_____	_____	Live Scan/Fingerprinting Results
_____	_____	W – 4 (Payroll)
_____	_____	Employment Eligibility Verification/Temp Employment
_____	_____	I – 9: Pic ID _____ SSC _____ or Verification Form _____
_____	_____	CalPERS Exclusion Form or Verification of CalPERS Membership Form (Payroll)
_____	_____	Check Release Form (Payroll)
_____	_____	Employment Data Sheet
_____	_____	Oath of Allegiance
_____	_____	Policy Statement – Thou Shalt Not Dupe
_____	_____	Sexual Harassment/Unlawful Discrimination Acknowledgment
_____	_____	Confidentiality & Software Use Certification
_____	_____	Workers Comp Notice
_____	_____	Pre-designation of Personal Physician
_____	_____	Not Covered by Social Security Form (Only if enrolling in APPLE)
_____	_____	Beneficiary Designation (Only if enrolling in APPLE)
_____	_____	Confidential Data Sheet
_____	_____	TB Test Results/Chest X-Ray
_____	_____	Parking Permit