

TRI-COUNTY SUBSTITUTE TEACHER CONSORTIUM NEW SUBSTITUTE CHECKLIST

SS#: _____ - _____ - _____ NAME: _____
(Last) (First) (Middle)

MAILING ADDRESS: _____ BIRTHDATE: ____/____/____

CITY: _____ STATE: _____ ZIP CODE: _____ SEX: ___M___F

*PHONE: (____) _____ OTHER PHONE: (____) _____
*sub calling system will use this number

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: (____) _____

RETIREMENT SYSTEM:

As a member of a retirement system you will have funds on deposit from which you will receive an allowance at some future time. In addition to your contribution the District will also deposit funds to STRS or PERS retirement systems on your behalf. If hired after 12/31/91, and meet the criteria listed below you must contribute to either STRS or PERS retirement plan. If hired after 4/1/86, you must also contribute to Medicare Insurance.

Certificated Employees: STRS – State Teacher's Retirement System with Medicare

- Are you currently a member of the Public Employees' Retirement System (PERS)? ___Yes ___No
- Are you currently a member of the State Teachers' Retirement System (STRS)? ___Yes ___No
- Are you receiving a monthly retirement payment or a monthly disability payment from STRS? ___Yes ___No

**Bring the following to the
Substitute Orientation**

Office Use Only

Multidistrict Pin Number: _____

- New Substitute Checklist (this form)
- I-9 Form
- W-4
- DE-34 (Notification to EDD)
- STRS Permissive Election Form
- Oath of Allegiance
- Driver's License
- Social Security Card
- STEDI Certificate
- Child Abuse Reporting Requirement
- SSA-1945 Social Security Form

- Date Application Received _____
- Live Scan Clearance _____
- Credential/Permit Type _____
- Credential/Permit Expiration _____
- TB Test – expire _____

YES, I am a RETIRED Teacher/Administrator

Date of Retirement

<input type="checkbox"/> SCSOS (12057)	<input type="checkbox"/> SCSOS (12057)
<input type="checkbox"/> COLUSA COE	<input type="checkbox"/> COLUSA COE
<input type="checkbox"/> YUBA COE	<input type="checkbox"/> YUBA COE
<input type="checkbox"/> Browns (14104)	<input type="checkbox"/> Browns (14104)
<input type="checkbox"/> Colusa Unified (14180)	<input type="checkbox"/> Colusa Unified (14180)
<input type="checkbox"/> East Nicolaus (12730)	<input type="checkbox"/> East Nicolaus (12730)
<input type="checkbox"/> Franklin (12121)	<input type="checkbox"/> Franklin (12121)
<input type="checkbox"/> Live Oak Unified (12104)	<input type="checkbox"/> Live Oak Unified (12104)
<input type="checkbox"/> Marcum (12105)	<input type="checkbox"/> Marcum (12105)
<input type="checkbox"/> Maxwell Unified (14020)	<input type="checkbox"/> Maxwell Unified (14020)
<input type="checkbox"/> <u>Nuestro</u> (12108)	<input type="checkbox"/> <u>Nuestro</u> (12108)
<input type="checkbox"/> Pierce Unified (14189)	<input type="checkbox"/> Pierce Unified (14189)
<input type="checkbox"/> Twin Rivers Charter (12460)	<input type="checkbox"/> Twin Rivers Charter (12460)
<input type="checkbox"/> Williams Unified (15047)	<input type="checkbox"/> Williams Unified (15047)
<input type="checkbox"/> Yuba City Unified (13208)	<input type="checkbox"/> Yuba City Unified (13208)

QSS 51 Welcome Email

EMPLOYEE CERTIFICATION

I acknowledge that I have been provided the above forms to complete, received the handouts checked, and the items discussed with me, as applicable:

Employee's signature _____ Date _____