

**SCECG Onboarding Tasks
To Be Checked by Personnel of SCECG for Working Retirees**

Name _____ Date _____

District/School _____

_____ SCECG Application

* _____ Authority for Release of Information form--- Retiree signs

_____ Background Check (Chapman Corporation)

_____ Current certificate for position desired (Personnel Office cooperating district)

_____ Bloodborn Pathogens (Cooperating District Forms—to be available if needed)

_____ Drug Free Workplace Form (Cooperating District Forms --to be available if needed)

* _____ SCECG Personnel Goals and Staff Conduct Retiree signs

* _____ Safe Schools Suite or similar training Retiree provides

(Cooperating District Procedures--copy of completed trainings to be provided to SCECG)

_____ Copy of most recent TB test Retiree provides

Payroll Forms Retiree Signs or provides to SCECG

_____ I-9 form→

_____ Copy of Drivers' License and Social Security

_____ Cancelled check for direct deposit → Place on Bank form

_____W4 Form

_____ Statement of Insurance Coverage

* _____SCECG At Will Employment Agreement Retiree signs

_____ 2 Reference forms Retiree gives to reference to send in

_____DSS clearance (nonpayment of child support)—CPA firm

All forms and training must be completed prior to beginning employment unless prior arrangements are made with SCECG and the cooperating district.

SCECG Personnel

DATE _____

NOTES _____