SADDLEBACK VALLEY UNIFIED SCHOOL DISTRICT
EMPLOYEE PERMANENT RECORD

Last Name | First Name | Middle Initial | Maiden Name | Social Security Number

Address | City | State | Zip | (Area Code) Telephone

Date of Birth | Gender | E-mail Address | Cell (Area Code) Telephone

Name of person to be contacted in case of emergency | Relationship

Address | City | State | Zip | (Area Code) Telephone

Ethnic Background: This information is used for collecting statistical data and not for employment matters.
Please respond to #1 and #2 below:

#1 Ethnicity – Are you Hispanic or Latino? ☐ **Yes** ☐ **No**

#2 Race Identification – Please check up to five racial categories that apply.

☐ **American Indian or Alaska Native**	☐ **Asian-Hmong**	☐ **Asian-Other**	☐ **Hispanic**	☐ **Pacific Islander-Other**
☐ **Asian-Asian Indian**	☐ **Asian-Japanese**	☐ **Asian-Vietnamese**	☐ **Other**	☐ **Pacific Islander-Samoan**
☐ **Asian-Cambodian**	☐ **Asian-Korean**	☐ **Black**	☐ **Pacific Islander-Guamanian**	☐ **Pacific Islander-Tahitian**
☐ **Asian-Chinese**	☐ **Asian-Laotian**	☐ **Filipino**	☐ **Pacific Islander-Hawaiian**	☐ **White**

DESIGNATION OF PERSON TO RECEIVE WARRANTS OR CHECKS UPON DEATH OF EMPLOYEE: Government Code Section 53245 states that "Any person…employed by a…district…may file…a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the decedent had he survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. On sufficient proof of identity, the appointing power shall deliver the warrants or checks to the claimant. A person who receives a warrant or check pursuant to this section is entitled to negotiate as if he were the payee."

In the event of my death, I hereby designate the following person, upon sufficient proof of identity, to receive all warrants or checks that would be payable to me from the Saddleback Valley Unified School District:

Name of Designee | Social Security Number

Address | City | State | Zip

In the event of my death, I hereby designate the following person as a secondary beneficiary, upon sufficient proof of identity, to receive all warrants or checks that would be payable to me from the Saddleback Valley Unified School District:

Name of Designee | Social Security Number

Address | City | State | Zip

PERMISSION TO TREAT EMPLOYEE IF UNDER 18 YEARS OF AGE _____
Parent's Signature

Please initial next to each of the following documents from the New Employee Mandatory Notices:

	(Initial Below)
Oath of Allegiance	_____
District's Policy on Sexual Harassment	_____
Penal Code Section 11166 and the District's Child Abuse Reporting Requirements Section 504 of the Rehabilitation Act of 1973	_____
District's Acceptable Use Policy: District Rules and Regulations of Technology and Computer Resources	_____
Notice of Privacy Practices	_____
Notice of COBRA information (for employees with District health benefits only) MPN Notification of Rights Material	_____
Predesignation of Personal Physician	_____
New Hire Pamphlet - Workers' Compensation	_____
Marketplace Notice	_____

CERTIFICATION: I hereby certify that I have received, read and agree to comply therewith the above-named documents as indicated by my initials above and my signature below.

Employee's Signature | Date

OFFICE USE ONLY FOR SUBSTITUTE TEACHERS

Hire Date | Position | Board Agenda Date | To Payroll Date | Assignment Code