

# BERING STRAIT SCHOOL DISTRICT

Attention: Human Resources Office

P.O. Box 225

Unalakleet, Alaska 99684

Phone: (907) 624-4309 Fax: (907) 624-3078 Email: tcunningham@bssd.org

**NEW EMPLOYEE PACKET CHECKLIST:** *The following enclosed items must be read, completed and mailed as soon as possible. Sign the statement below and mail this sheet and other appropriate items on this list to the address above:*

- \_\_\_\_\_ 1. **BSSD Procedure Checklist Form** - signed
- \_\_\_\_\_ 2. **Contract** (A copy will be mailed to you after the school board validates.)
- \_\_\_\_\_ 3. **BSSD Application** (Affirmative Action Survey is optional).
- \_\_\_\_\_ 4. **Alaska Teaching Certificate** (official copy or notarized photocopy). If you do not currently hold an Alaska Teaching Certificate, you **must** apply **immediately** to the Department of Education and Early Development (EED) in Juneau, Alaska. Send a photocopy of your application to BSSD. Enclosed is an application packet. Remember you will need to submit Praxis scores to EED also. ***The responsibility for becoming Alaska certified is yours.***
- \_\_\_\_\_ 5. **Physical Exam/Medical form:** Alaska statutes mandate that a complete physical be completed before your first day of work. The enclosed BSSD Medical form should be signed and validated by your attending physician. ***Please note that the BSSD is not responsible for any expense associated with the physical exam.***
- \_\_\_\_\_ 6. **Verification of Service:** You **MUST** have your past employer(s) complete a form to verify each year of full-time experience. This is used to verify salary placement.
- \_\_\_\_\_ 7. **Official Transcripts:** All transcripts pertaining to salary placement must be mailed from your university directly to us in a sealed envelope.
- \_\_\_\_\_ 8. **Emergency Notification form.**
- \_\_\_\_\_ 9. **W-4 Withholding form.**
- \_\_\_\_\_ 10. **I-9 form:** Please complete form and attach a copy of your Drivers License and Social Security Card to the I-9 form. It is important that we have document numbers and expiration dates.
- \_\_\_\_\_ 11. **Sick Leave Bank Enrollment form**
- \_\_\_\_\_ 12. **Direct Deposit**
- \_\_\_\_\_ 13. **Meritain Insurance Enrollment form**

*The following two items are included for your information. Read these items carefully and keep them.*

- \*\*\*\*\*14. **Negotiated Agreement**
- \*\*\*\*\*15. **Drug Free Work-place Policy**

**STATEMENT:** "I have received the above information/forms and will complete these items as directed."

\_\_\_\_\_  
*Signature of New Employee*

\_\_\_\_\_  
*Date*