



Before you begin working, bring this packet to the SIBCR office to be approved (Bldg. 1 Room 520). If you have any questions regarding any form in the employee packet, please contact our office at 206-764-2130 or 206-764-2929.

Responsibilities of the Investigator (Your Supervisor):

- ___ **Employment Request Form**, to be turned in before, or at the latest with the packet
- ___ Job Description
- ___ Complete **Reference Checklist**
- ___ VA required forms:
- ___ **Functional Categories Assignment**
- ___ **Competency Assessment Form**
- ___ **Scope of Work for Research Activity.**

Employment Packet:

- ___ **WOC Letter** – to be signed after receiving one from SIBCR
- ___ Read **WOC & Clinical Privileges Memo**
- ___ Complete the **R&D WOC Datasheet**
- ___ Read and Sign **Statement of Commitment and Understanding**
- ___ Complete top section of **VA Checklist Form**
- ___ Complete the **Declaration for Federal Employment**
- ___ Complete the **Optional Application for Federal Employment** and attach CV or resume (This is **Not** Optional for SIBCR Employees)
- ___ Complete the **SF-85 Questionnaire for Non-Sensitive Positions**
- ___ Fill in **Fingerprint Request Form**
- ___ Complete first section of the **VA 0711 Form**
- ___ Sign the **Employment Application Disclaimer**
- ___ Fill in Section 1 of **Form I-9** and bring documents to SIBCR room 1/520 or 1/522 so we can complete Section 2, please call 206-764-2130 if you are unable to come to SIBCR.
- ___ Fill out the **EEO Compliance Form** (optional)

- ___ Fill out the **IRS Form W-4**
- ___ Fill out the **Direct Deposit Form**. Required: ATTACH VOIDED CHECK.

- ___ Read Personnel Policy Manual and sign **Employee's Statement of Understanding**
- ___ Read **Standards of Ethical Conduct** and sign certification
- ___ Sign the **Intellectual Property Agreement**

- ___ If you will need keys take **R&D Key Request** to Ben or Kurt (Bldg. 7)
- ___ Read and keep the **Parking Decal** Information. Fill out **Vehicle Registration Form**

- ___ Read the **Security of R&D Facilities** Memo
- ___ Read the **Hepatitis B Information and fill out and sign Option Sheet** if you are at risk of exposure
- ___ If you are at risk of exposure to blood borne pathogens, complete the necessary training and turn in the **Blood Borne Pathogens Training Form** (with a finger on the top)

- ___ Fill out the **Immunization Health History** (This information will be given to Employee Health and will not become part of your personnel file.)
- ___ Read **Tuberculin Skin Test Memo** and go to Employee Health Clinic for a skin test

- ___ Read and keep the **Time Sheet Explanation**. Please use **Time Sheet** as a master. If you are paid a monthly salary use the **Time Sheet- Exempt**.
- ___ Keep the **Industrial Insurance ID Card** for your records

REQUIRED VA TRAINING:

Please refer to the memo and instructions in your employment packet to complete the listed training.

- ___ VA Privacy Training (HIPAA) – when the course is complete please bring a copy of the certificate to SIBCR.
- ___ VA Cyber Security Awareness training – when the course is complete please bring a copy of the certificate to SIBCR.
- ___ Information Security 201 for Research and Development Personnel – when the course is complete please bring a copy of the certificate to SIBCR.
- ___ **Department of Veterans Affairs (VA) National Rules of Behavior** – Read, initial each page and sign.

BENEFITS INFORMATION:

You are eligible to participate if your employment is for six or more months.

- ___ Read ORCA Card Agreement and sign if you would like to sign up for this benefit (Optional)

Health Benefits

If you are eligible for SIBCR health benefits (working 20 or more hours a week and expected to be with SIBCR for at least a year) please come to the SIBCR office for the health benefits packet:

Turn in:

- ___ Regence Medical Plan - return **Regence Enrollment Form** (You will be enrolled in the vision when you sign up for medical insurance.)
- ___ Washington Dental Service – return **WDS Enrollment Form**
- ___ Read **COBRA General Notice** - return **COBRA Acknowledgment**
- ___ Short & Long Term Disability Insurance – return **GE Enrollment Form**, (If you work more than 30 hours per week)

TIAA-CREF Retirement:

If you are transferring from the UW, the VAPSHCS or another 501(c)(3) the waiting period for retirement will be satisfied by this prior service. Please ask for a TIAA-CREF information packet if you haven't received one. New employees that are not transfers will be eligible after six months of employment. A packet will be sent to you via USPS mail once you are eligible. Packets should be received about 10 days after first payments are made either by SIBCR contribution and or by employee contribution.

Turn in:

- **Salary Reduction Agreement**

HUMAN SUBJECTS

If you will be working with research subjects or data on research subjects which is personally identifiable you must complete the Human Subjects paperwork and training. Refer to the Human Subjects packet for more information regarding these requirements.

Make sure that SIBCR has proof you have completed all of the following requirements before you work with human subjects in any way.

- Human Subjects Training and Good Clinical Practices Training (Training is on the web, please see ***Human Subjects and Good Clinical Practices Training Memo***) Please turn in certification of completion
- HIPAA training (Training is on the web see ***Human Subjects Credentialing Memo***) Turn in certification of completion
- ***Education Verification Form***