



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 206-764-2929 or 206-764-2130.

Responsibilities of the Investigator:

- ___ **Employment Request Form**, to be turned in before or at the latest with the packet
- ___ Job Description
- ___ Complete the **Reference Checklist** or notes from at least two references

Employment Packet:

- ___ Read Nurses Memo
- ___ Complete the **R&D WOC Datasheet**
- ___ Read and sign the **VA-WOC Appointee Intellectual Property Agreement**
- ___ Read and sign **VA Handbook 6500**
- ___ **VA Privacy and Cyber Security training** – see attached memo for instructions. Must give copies of certificates to SIBCR

- ___ Complete the **Declaration for Federal Employment**
- ___ Complete the **Application for Nurses and Nurse Anesthetists**
- ___ Complete the **Questionnaire for Non-Sensitive Positions**
SIBCR will make copies of these applications and keep originals to take to Nursing.

- ___ Sign the **Employment Application Disclaimer**

- ___ Fill in Section 1 of **Form I-9** and bring proof of eligibility documents to SIBCR administration so we can complete Section 2. See the other side of the form for a list of acceptable documents

- ___ Fill out the **EEO Compliance** (optional)

- ___ Fill out the **IRS Form W-4**
- ___ Fill out the required **Direct Deposit** form
- ___ Attach voided check

- ___ Read Personnel Policy Manual and sign **Employee's Statement of Understanding**
- ___ Read **Standards of Ethical Conduct** and sign certification

- ___ If keys are needed take **Research Key Request** form to Ben or Kurt (Bldg 1, Room 508)
They will let you know what training you need to complete to get research keys.
- ___ Read and keep the **Parking Decal** Information and fill out **Vehicle Registration** form.

- ___ Read the **Security of R&D Facilities** Memo
- ___ Read the **OSHA Blood borne Standard Statement**
- ___ Read the **Hepatitis B Information and fill out and sign Option Sheet** if you are at risk of exposure
- ___ Complete the necessary Blood Borne Pathogens training and turn in the **Blood Borne Pathogens** 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 on a monthly salary use the **Time sheet - Exempt**.
- ___ Keep the Industrial **Insurance Identification Card** for your records

REQUIRED VA TRAINING

Please refer to the memo and instructions in your employee packet to complete the listed training. Once training has been completed send copies of the certificate to SIBCR.

- ___ VA privacy Training (HIPAA)
- ___ VA Cyber Security Awareness training

HUMAN SUBJECTS

You will be working with research subjects or data on research subjects that is personally identifiable you must complete the Human Subjects paperwork and the training. Follow the instructions provided with your employment packet to complete the training listed below.

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

- ___ Human Subjects Training
- ___ Good Clinical Practices Training

PROFESSIONAL LIABILITY INSURANCE

- ___ You must have Professional Liability Insurance. If you do not have proof of insurance fill out the enclosed **Marsh Profession Liability Insurance application** and return with your paperwork. You do not pay for this insurance.

BENEFITS INFORMATION:

Bus Pass

This is an optional benefit. You are eligible to participate if your employment is for six or more months.

- ___ Read Metro FlexPass Program description then sign **FlexPass Use Agreement**

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 and Washington Dental Service Plan - **Enrollment Forms**
- ___ Read **COBRA General Notice** - return **COBRA Acknowledgment**
- ___ Short & Long Term Disability Insurance – return **GE/SunLife 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**