

Check box when completed

- Introduce new employee to their Building Emergency Safety Team (BEST)
- Show new employee evacuation routes in the event of a building alarm
- Show new employee location of their Assembly Area(s)
- How to update personal information on MyHR to receive ALERTME emergency messages

- Ø Please log into [CSULearn](#) to access all assigned training.
For technical problems, please contact ayesha.lee@csueastbay.edu
- Ø After logging into CSULearn, click on the "Assigned Learning" tab.
- Ø Check box when training is complete.

- [Emergency Evacuation, Response and Preparedness](#) - Required once
- [Injury and Illness Prevention Training\(IIPP\)](#) - Required every 3 years
- [Data Security and FERPA Training](#) - Required annually
- [Gender Equity and Title IX Training](#) - Required annually
- [Workplace Violence Prevention Plan](#) - Required annually
- [Discrimination, Harassment and Retaliation Prevention Training Non-Supervisors](#) - Required every 2 years

Not required employee will not be supervising Staff, Faculty, or Students

[Avoiding Conflicts of Interest](#) - Required every 2 years
 Not required

The following courses must be completed _____ operating any vehicle for University business, travel re-imbursement or part of job function *this includes carts* required every 4 years:

Not required at this time will not operate any vehicle for university business, including carts.

_____ " form submitted to Human Resources,

SA 2600. Questions email ayesha.lee@csueastbay.edu

Defensive Driving Training is completed.

Completed course [Operating Rules for University Vehicles on Campus](#)—if driving University's vehicle

new employees at CSUEB are required to complete this _____ training within _____ of employment or _____ using a vehicle for university business. Supervisors are responsible to ensure new employees complete the training. New employees include all Staff, Faculty, Student Assistants and Temporary Employees. When training is completed and verified, the supervisor should complete, sign, and submit this form to Human Resources (SA 2600).

Employee's Name _____ NetID _____

Supervisor's Signature _____ Hire Date _____

Department _____ Date _____