

NEW EMPLOYEE CHECKLIST

Employee Name _____

Department _____ Date of Hire _____

Home Phone Number _____

Information to be given to Employee	Needed from Employee for file
PERSONNEL & PAYROLL FORMS	SUPERINTENDENT'S OFFICE
<input type="checkbox"/> Federal and State W-4's <input type="checkbox"/> I-9 Immigration Form <input type="checkbox"/> Retirement Form <input type="checkbox"/> Retirement Booklet <input type="checkbox"/> 21/26 Election Form <input type="checkbox"/> Direct Deposit, Savings, Annuities (OPT) <input type="checkbox"/> Insurance Enrollment Form <input type="checkbox"/> Insurance Information Letter <input type="checkbox"/> Payroll Date/Holiday Form <input type="checkbox"/> Timesheets <input type="checkbox"/> Employee Handbook (See Below) <input type="checkbox"/> Employee Handbook Signature Sheet <input type="checkbox"/> Sick Leave Bank <input type="checkbox"/> Verification of Time <input type="checkbox"/> Absence Form <input type="checkbox"/> Attendance Policy <input type="checkbox"/> Accident Form w/explanation <input type="checkbox"/> Employee Expense Voucher <input type="checkbox"/> Professional Development Log <input type="checkbox"/> Civil Rights Disclaimer <input type="checkbox"/> Cell Phone Usage Information <input type="checkbox"/> (School District/ISD) Code of Ethics <input type="checkbox"/> Internet Sign-up sheet <input type="checkbox"/> Salary Reduction Agreement – 125 Plan <input type="checkbox"/> HIPPA Rights <input type="checkbox"/> Cobra Rights <input type="checkbox"/> Hepatitis B Waiver/Request <input type="checkbox"/> Acceptable Use <input type="checkbox"/> Employee Data Sheet I have received all the above information: _____ Date _____	<input type="checkbox"/> Moral Turpitude Letter <input type="checkbox"/> Fingerprints <p align="center">DEPARTMENT FILES</p> <input type="checkbox"/> Proof of Certification (where applicable) <input type="checkbox"/> Employment Application <input type="checkbox"/> Acceptable Use Policy <input type="checkbox"/> Blood Borne Pathogens <input type="checkbox"/> College Transcript (where applicable) <input type="checkbox"/> Hepatitis B Waiver/Request <input type="checkbox"/> Acceptable Use Form <p align="center">BUSINESS OFFICE FILES</p> <input type="checkbox"/> I-9 Immigration Act Form <input type="checkbox"/> Copy of Social Security Card <input type="checkbox"/> Copy of Driver's License <input type="checkbox"/> Federal and State W-4's <input type="checkbox"/> 21/26 Election form <input type="checkbox"/> Direct Deposit, Savings, Annuities (OPT) <input type="checkbox"/> Employee handbook signature sheet <input type="checkbox"/> Retirement Form <input type="checkbox"/> Insurance application <input type="checkbox"/> Employee Data Sheet All the information provided is accurate: _____ Date _____

The Employee Handbook contains the following information:

Staff Ethics
Blood Borne Pathogens Policy
Drug-Free Workplace
Use of Tobacco
Non-Discrimination
Sexual & Other Forms of Prohibited Harassment
Child Protection Law
Student Discipline/Corporal Punishment
Student/Parent Confidentiality
Family Leaves of Absence (FMLA)
Work Related Injuries
Employee Assistance Program (EAP)
Notice of Need for Accommodations

Employee Information Data Sheet

Name	
Board Action	
Department	
Date of Hire	
Position	
Employment Status	
Union Status	
Union Treasurer (Dues and Fees)	
Union President	
Report sick leave to:	
Salary Step	
Longevity Step	
Rate of Pay	
Base Days/Hours	
Degree	
Leave days granted	
Insurance Available	
Retirement	
(School District/ISD)Internet User Name	

Employee Signature

Date

Director Signature

Date