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

**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