

New Employee Checklist

Employee Name: _____ Hire Date: _____
 Employee Payroll #: _____ Job Title: _____
 Department: _____ Supervisor: _____

Check the box in the left column & review forms with new hire. Please initial in the right column after completion.

	<i>Staff Initials</i>	<i>Date</i>
<input type="checkbox"/> New Hire Form - Personal Information - to be completed by the Employee	_____	_____
<input type="checkbox"/> New Hire Form - Payroll Information - to be completed by Employer	_____	_____
<input type="checkbox"/> Completed Receipt and Acknowledgement of Employee Handbook	_____	_____
<input type="checkbox"/> Federal Employee Withholding Form (W-4)	_____	_____
<input type="checkbox"/> State Employee Withholding (Form M-4)	_____	_____
<input type="checkbox"/> Copy of Retirement Application/Confirmation (ERRS, MTRS, OBRA)	_____	_____
<input type="checkbox"/> Employment Verification (Form I-9)	_____	_____
<input type="checkbox"/> Copies of 2 Forms of Identification Permitted on I-9 Form	_____	_____
<input type="checkbox"/> Direct Deposit Form	_____	_____
<input type="checkbox"/> Social Security Form SSA-1945	_____	_____
<input type="checkbox"/> HIPAA Privacy Rule Summary & Sign-off	_____	_____
<hr/>		
<input type="checkbox"/> Review Benefits Flyer	_____	_____
<input type="checkbox"/> Benefits Flyer and/or Enrollment Forms		
<input type="checkbox"/> Health Insurance	_____	_____
<input type="checkbox"/> Basic Life Insurance Application	_____	_____
<input type="checkbox"/> Contact Information for Colonial Life Whole Life, Term Life, Short Term Disability & Accident Insurance	_____	_____
<input type="checkbox"/> Flexible Spending	_____	_____
<input type="checkbox"/> Delta Dental Plan Documents & Application	_____	_____
<input type="checkbox"/> Employee Health Insurance Responsibility Disclosure Form	_____	_____
<input type="checkbox"/> Other	_____	_____

I have received the above forms.

Employee Signature

Date

Payroll / Benefits Coordinator

Date