

## New Employee Checklist

Employee: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Employee SS#: \_\_\_\_\_

Date Prov/Sent	Date Returned	Item
_____	_____	Direct Deposit Authorization
_____	_____	Employee Background Check
_____	_____	Initial Notification of COBRA rights
_____	_____	New Hire Notification/Dept. Of Human Services
_____	_____	W-4 (Federal Tax Withholding)
_____	_____	IT -4 (State & School District Tax Withholding)
_____	_____	City Tax Deduction Authorization
_____	_____	Deferred Compensation Program Information
_____	_____	I-9 (Dept. of Justice Employ. Elig. Verification)
_____	_____	SERS/STRS Membership Application
_____	_____	Work Hours Election Form
_____	_____	Ethics Commission Acknowledgement
_____	_____	ORC Section 9.24 Certification
_____	_____	Life Insurance Enrollment Form & Booklet
_____	_____	Supp Life Program Information
_____	_____	Vision Insurance Enrollment Form & Brochure
_____	_____	Dental Enrollment Form & Booklet
_____	_____	Health/Value RX Enrollment Form & Booklet
_____	_____	Section 125 Election Form
_____	_____	Employment Contract
_____	_____	Key Sign Out (Doors, filing cabs, etc.)
_____	_____	Equipment Sign Out (Laptop, Pager, Cell Phone, etc.)
_____	_____	Credit Card, Phone Card, ELC Acknowledgement