

CHECKLIST FOR NEW HIRES

EMPLOYEE FULL NAME: _____

START/HIRE DATE: _____ LIBRARY: _____

- | | |
|--|--|
| <input type="checkbox"/> Background Check
(Complete Before Start Date) | <input type="checkbox"/> Declination of Health Benefit Coverage (Part-time Only) |
| <input type="checkbox"/> I9 Form and Documentation
(Complete Before Start Date) | <input type="checkbox"/> URRLS Policy Manual:
Acknowledgement of Receipt |
| <input type="checkbox"/> Direct Deposit Authorization Form
(Must Have Cancelled Check) | <input type="checkbox"/> URRLS Personnel Manual:
Acknowledgement of Receipt |
| <input type="checkbox"/> Application for Employment | <input type="checkbox"/> Sexual Harassment Training
Acknowledgement Form |
| <input type="checkbox"/> Enrollment in Fingerprint System | <input type="checkbox"/> Mandated Reporter Training
Acknowledgement Form |
| <input type="checkbox"/> Completed Employee Personnel
File (Emergency Contact) | <input type="checkbox"/> Color copy of license for MVR
check (separate from I-9) |
| <input type="checkbox"/> Payroll Status Change | <input type="checkbox"/> E-verify (Mary) |
| <input type="checkbox"/> G4 State of Georgia Withholding | <input type="checkbox"/> GA New Hire (Mary) |
| <input type="checkbox"/> W4 Federal Withholding | <input type="checkbox"/> Affordable Care Act Reporting
(Chris) |
| <input type="checkbox"/> Alarm Code, Key, and Key Fob,
Receipt | <input type="checkbox"/> Create E-mail address (Charles) |
| <input type="checkbox"/> Alarm Codes, Keys, Key Fob,
Password Acknowledgement | |
| <input type="checkbox"/> PINES Code of Ethics | |

FULL-TIME STAFF

- Flex Benefits Election (Mary)
- State Health Benefit Election (Mary)
- Teacher Retirement System Application for Membership (Chris)

LIBRARY MANAGER: _____