



NEW EMPLOYEE PROCESSING

Seasonal Employee Checklist – Recreation NEW HIRE

Employee Name: _____
Last
First
MI

Department: _____ Date of Hire: _____

Hours per Week: _____ Social Security: _____

Please fill out and return the following forms:

- | | |
|---|--------------------------------------|
| | <i>Complete</i>
(office use only) |
| <u>Employee Information Sheet</u> | _____ |
| <u>CORI Request Form</u> (Photo ID Required) | _____ |
| <u>Work Permit</u> (if under 18) | _____ |
| <u>Employment Eligibility Verification I-9</u> (w/appropriate identification) | _____ |
| I-9 Identification (Passport or Photo ID & birth cert OR Social Security card) | _____ |
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| <u>Acknowledgements of Receipt:</u> | |
| <u>Anti-Discrimination and Harassment Policy and Procedures</u> | _____ |
| <u>Drug-Free Workplace and Substance Abuse Policy</u> | _____ |
| <u>Workplace Violence and Weapons Policy</u> | _____ |
| <u>Seasonal Employee Certification</u> | _____ |
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| <u>Payroll Forms:</u> | |
| <u>Federal Tax form W-4</u> | _____ |
| <u>State Tax Form M-4</u> (ONLY if exemptions differ from W-4) | _____ |
| <u>W-2 Electronic Delivery Consent Form</u> | _____ |
| <u>Direct Payroll Deposit</u> | _____ |
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| <u>Retirement Forms:</u> | |
| <u>Form SSA-1945</u> (statement for jobs not covered by Social Security) | _____ |
| <u>OBRA Deferred Compensation</u> (Beneficiary name and social security # needed) | _____ |

RETIREMENT INFORMATION:

Do you currently participate in any other retirement plan? YES NO

If so, name of plan: _____

Employee Signature _____ Date

