

Employee Name:	Social Security #:	
Program:	Project:	
Type of Action:	Effective Date:	
Employee's Present Title:	Wage Per Hour:	Type:
	Grade:	Step:
Employee's New Title:	Wage Per Hour:	Type:
	Grade:	Step:
Explanation: (<input checked="" type="checkbox"/> See Attached)	County of Jobsite:	

Statistics:		Split Pay:	Yes:	No:
Sex: <input type="checkbox"/> Male	<input type="checkbox"/> Female	Contract #:	%	
FLSA: <input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt	Contract #:	%	
Race:		Contract #:	%	

NEW HIRE CHECK LIST

Payroll Section	HR Section	Medical File	Employee Copies
Personnel Action	Prelim. Job Offer	Job Related Dis.	Letter of Assignment
Letter of Assignment	Application	Drug Free WP	Job Description
I-9 / E-Verify	References	Drug Test Release	Pos. & Work Site Hazards
W-4	Empl. Vol. Declaration	Emergency Contact	Staff Code of Ethics
Withholding	Fidelity Bond (if appl.)	Post Med Quest	Bloodborne Pathogens
Insurances	NC New Hire Reporting	Post Physical	Career Development
Retirement	Job Description	TB Test (if appl.)	
Direct Deposit	Pos. & Work Site Hazards		
Cheer and Mem	Staff Code of Ethics		
New Hire Onboarding	Bloodborne Pathogens		
	Career Development		
	Employee Orientation		
	Post-Emp Data Record		
	Email & Phone Setup		

Approvals:	Signature	Date
Supervisor		
Program Director		
Executive Director		
HR Director		
Acct. Set-Up		