

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)	Grade:	Step:
	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. & Wrk Site Hazards
	W-4	Empl. Vol. Declaration	Emergency Contact	Staff Code of Ethics
	NC 4	Fidelity Bond (if appl.)	Post Med Quest	Bloodborne Pathogens
	Health Insurance	NC New Hire Reporting	Post Physical	Career Development
	Retirement	Job Description	TB Test (if appl.)	
	Dental Insurance	Pos. & Wrk Site Hazards	Drug Test Results	
	Vision Insurance	Staff Code of Ethics	Background Results	
	Life Insurance	Bloodborne Pathogens		
	Direct Deposit	Career Development		
	Cheer and Mem	Employee Orientation		
		Post-Empl Data Record		
		Email & Phone Setup		

Approvals:	Signature	Date
<i>Supervisor</i>		
<i>Program Director</i>		
<i>Executive Director</i>		
<i>HR Director</i>		