

Date of Completion:

## NEW HIRE PAPERWORK CHECKLIST – Name of Employee:

✓ DESCRIPTION OF FORM OR DOCUMENT	EXPLANATION	DISTRIBUTE TO
Personnel Action Form – PAF	Form is generated from PeopleSoft	
W-4 & DE4	For the current year	CEO/HR
Direct Deposit "ACH Direct Deposit Form"	Attach verification of account & routing #	CEO/HR
Work Week Designation / Fair Labor Standards Act	Revised 11/2015	CEO/HR
Car Allowance Form	Management when applicable	CEO/HR
Appointment Above 1st Step or Bottom of Band	Memo when applicable	CEO/HR
CEO New Hire Paperwork Checklist	Revised 03/2022	CEO/HR
I-9 – Verify required forms of identification	Effective 11/14/2016	CEO/HR
EEO-4 Employee Self Identification Data Sheet	Employee self-identifies	CEO/HR
At-Will Status Acknowledgement	Management/Confidential only	CEO/HR
Policy Acknowledgement Form	Revised 02/2020	CEO/HR
Conditional Offer letter	Conditional Offer letter	CEO/HR
Offer Letter (Full Time) or	Offer Letter	CEO/HR
PT/EH packet (Offer Letter, Job Description, & Benefit Summary		
Employee's Recruitment Application	Recruitment Application	CEO/HR
LIVESCAN Service: Fingerprint Form for the S/O Dept.	SCOE has all the form templates	CEO/HR
Rights of Victims of Domestic Violence, Sexual Assault & Stalkin		EMPLOYEE
Sexual Harassment Fact Sheet	Implemented 10/1/20	EMPLOYEE
New Hire Memo Policy Acknowledgement re Harassment Training		EMPLOYEE
Deputy Oath	Sworn job classifications – County Clerk Form 13	CLK/REC CLK/REC
Oath of Office	Form 2015-82	
PART TIME EMPLOYEES: Nationwide Beneficiary Form	Ops & Benefits Form	NATIONWIDE
401a SSA-1945 Notification	Ops & Benefits Form	BENEFITS
RISK MANAGEMENT DESCRIPTION OF FORM OR DOCUME	EXPLANATION	DISTRIBUTE TO
Medical Provider Network Brochure –	Revised 04/2013	EMPLOYEE
Spanish version available upon request from RM		SCAN TO RM
	Acknowledgement Form Confirming Receipt of WC & MPN Revised 2018 – SCDM@stancounty.com	
Brochures	D	EMPLOYEE
· ·	DWC – Time of Hire Pamphlet Revised 7/2014	
Post Offer-Pre-Placement Screening Passport – US Healthworks	•	CEO/HR
Family Medical Leave of Absence Policy (FMLA)	Revised 12/2018	EMPLOYEE
Your Rights & Responsibilities under FMLA	Revised 02/2013	EMPLOYEE
Deferred Comp Form 457(b)	All Nationwide forms	NATIONWIDE
ALL EMPLOYEES: Health Insurance Exchange Notic	e All employees effective 02/01/19	EMPLOYEE

Effective 6/29/13 All Benefit Enrollment Form Should be Sent Directly Via Outlook Email to: <a href="mailto:countyBenefits@stancounty.com">CountyBenefits@stancounty.com</a>

**EXTRA-HELP RETIRED COUNTY EMPLOYEE** (Rehiring a Retiree as a Part Time Employee or Contract Employee)

<b>✓</b>	DESCRIPTION OF FORM OR DOCUMENT	EXPLANATION		DISTRIBUTE TO		
	Hiring Retired StanCERA Member	Revised 05/05/15		CEO/HR		
RETIREMENT All Retirement Forms Can Now be Completed Online Before Printing!						
<b>✓</b>	DESCRIPTION OF FORM OR DOCUMENT	EXPLANATION		DISTRIBUTE TO		
	Retirement Member Enrollment Form	Revised 09/2015 Attach Copy of Birt	h Certificate	STANCERA		
	Notice to Prospective Members Form 415	Revised 12/2015		STANCERA		
	Beneficiary Designation Form Instructions for Active Members	Revised 07/2008		STANCERA		
	Beneficiary Designation Form	Revised 07/2012		STANCERA		
Please scan Member Enrollment Form to StanCERA & ID Mail all originals to StanCERA						
DEPARTMENT TO COMPLETE						
Rece	eived Copy of Application Form: Yes	Req No.:	Exam Plan:			
Prep	pared by:	Department:	•			

Name of Department Payroll Clerk: