# NEW EMPLOYEE CHECKLIST

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HIRE DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL TIME \_\_\_\_\_\_\_\_\_\_

PART TIME \_\_\_\_\_\_\_\_\_\_ HOURS TO BE WORKED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ELIGIBLE FOR:**

HEALTH CARE COVERAGE \_\_\_\_ YES \_\_\_\_\_ NO ELIGIBILITY DATE \_\_\_\_\_\_\_\_\_\_

*(Based on the church’s policies.)*

PENSION COVERAGE \_\_\_\_\_ YES \_\_\_\_ NO ELIGIBILITY DATE \_\_\_\_\_\_\_\_\_\_

**RECEIVED FROM EMPLOYEE:**

\_\_\_\_\_ SIGNED MEMO OF EMPLOYMENT

\_\_\_\_\_ SIGNED JOB DESCRIPTION

\_\_\_\_\_W-4

\_\_\_\_\_ A-4

\_\_\_\_\_ 1-9

\_\_\_\_\_ AFFORDABLE CARE ACT NOTIFICATION OF INSURANCE

\_\_\_\_\_ PAYROLL EMPLOYEE PROFILE

\_\_\_\_\_ DIRECT DEPOSIT APPLICATION

\_\_\_\_\_ CHILD LEADER PROTECTION POLICY CLEARANCE

\_\_\_\_\_ FORM STATING RECEIVED LAY PERSONNEL POLICY

**GIVEN TO NEW EMPLOYEE:**

LAY PERSONNEL POLICY

**FILED WITH OTHER AGENCIES:**

PENSION PLAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

Form revised *date*