EMPLOYEE FORMS CHECKLIST

APPLIES TO ALL LAY EMPLOYEES REGARDLESS OF NUMBER OF HOURS WORKED -- ALL FORMS MUST HAVE PROPER SIGNATURES.

PLOYEE NAME:	D.O.B
SONNEL /PAYROLL FILES (Required	& Confidential)
W-4	
I-9 (must be accurately completed with copie	
New Employee Benefits and Information fo	orm
_Workers' Comp written notice to new emplo	oyees (WC 88 04 05 D)
_Notice to employees – Labor Code 2801.5	
_California Disability Ins and Paid Family Le	ave pamphlet
_DIRECT DEPOSIT FORM	
_PAYROLL DEDUCTIONS (health/403B)	
_PAYROLL CHANGE SLIPS	
_EXIT DOCUMENT (if applicable) and/or E	
_EMPLOYEE HANDBOOK RECEIPT (show	wing that the handbook has been
read and is understood)	
_APPLICATION/RESUME, if received—the	= =
for employment cannot require a date of birt	
_FINGERPRINTING—All personnel and vo	lunteers who have regular contact
with children and all school employees	
_Safe Environment training	
_Sexual Harassment training (required fo	± •
NOTE: trainings are available online at:	
locations will be notified when it is time	
certificate of completion is available. Th	e certificate should be placed in the
employee file.	
_Emergency Form (some locations find it easi	ier to maintain a separate file for the
emergency forms)	
EFITS FILE: (Required & Confidential)	
_EMPLOYEE BENEFITS ACTION FORM-	-Employer completes to report any
 work status changes (hire, separation from 	
(Pastor/principal approval required)	in service, nours increase/decrease
 changes in personal information (address 	change and marital status)
Beneficiary forms: Sun Life and (if applicab	
Qualified Life Event if making changes to de	

Please retain a copy of this form for each new hire's personnel file.