

Part-time New Hire / Rehire Cover Sheet (In Person Recruitment)

Section A Employee Information	Last Name _____ Hire/Rehire Date _____
	First Name, Middle Initial _____ Red ID _____
	Job Title _____ Division _____

Section B Payroll Information	Primary Labor Account Number _____ Pay Rate _____ Range _____ Step _____
	Additional Labor Account Number _____ Pay Rate _____ Range _____ Step _____
	Additional Labor Account Number _____ Pay Rate _____ Range _____ Step _____

Section C Miscellaneous Information	Position Supervisory Classification: Supervisory Position Non-Supervisory Position
	Enroll in DMV Pull Program: Yes No If yes, must submit copy of DL and Operating Vehicles Policy Agreement
	Background Check Completed (if applicable) Date _____ Live Scan Completed (if applicable) Date _____

Section D Department Approvals	Supervisor Name (please print) _____
	Signature _____ Date _____
	Manager / Director Name (please print) _____
	Signature _____ Date _____

Employee Forms and Notices Checklist

Section E - Required Forms - Return to Payroll
<input type="checkbox"/> Part-time New Hire / Rehire Cover Sheet <input type="checkbox"/> Employment Application <input type="checkbox"/> At Will Acknowledgment & Agreement <input type="checkbox"/> Employee Emergency Contact Information <input type="checkbox"/> W-4 Form <input type="checkbox"/> DE-4 Form <input type="checkbox"/> Direct Deposit Authorization <input type="checkbox"/> I-9 (with supportive documents) <input type="checkbox"/> Confidential Data Sheet (N/A if Rehire) <input type="checkbox"/> Wage Information Notice to Employee (Copy) <input type="checkbox"/> Code of Safe Practices <input type="checkbox"/> Safety Orientation Checklist

Section G - Provide to Employee
<input type="checkbox"/> Wage Information Notice to Employee (Return copy to Payroll) <input type="checkbox"/> Kronos Employee Self Service Guide

Section H - Additional Forms - Return to Payroll if applicable
<input type="checkbox"/> Computer Usage Agreement (Required with Network User Agreement) <input type="checkbox"/> Network User Agreement <input type="checkbox"/> On Duty Meal Period Agreement <input type="checkbox"/> Operating Vehicles Policy Agreement <input type="checkbox"/> Proof of Automobile Insurance <input type="checkbox"/> Auto Insurance Coverage Verification

Section F - Record of Provided Notices to Employee
<input type="checkbox"/> New Hire Notice - Injuries Caused by Work <input type="checkbox"/> Affordable Care Act Marketplace Exchange Notice <input type="checkbox"/> Sexual Harassment Brochure <input type="checkbox"/> For Your Benefit - DE2320 <input type="checkbox"/> Disability Insurance Provisions - DE2515 <input type="checkbox"/> Paid Family Leave Benefits - DE2511 <input type="checkbox"/> Pregnancy Leave

PAYROLL USE ONLY
If rehire, last separation date: _____
Sick Leave Accrual Balance: _____
Pay Group: _____