

Instruction: Sections A-C to be completed by Supervisor

Section A Employee Information	Last Name, First Name, Middle Initial _____
	Red ID # _____ Hire / Rehire Date _____
	Job Title _____ Division Name _____
	Primary Home Dept. Number _____ Pay Rate _____ Range & Step _____

Section B Miscellaneous Information	Position Supervisory Classification: <input type="checkbox"/> Supervisory Position <input type="checkbox"/> Non-Supervisory Position <input type="checkbox"/> Exempt Position <input type="checkbox"/> Non-Exempt Position
	Enroll in DMV Pull Program: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, must submit copy of DL and Operating Vehicles Policy Agreement

Section C Department Approvals	Manager Name (please print) _____
	Signature _____ Date _____
	Director Name (please print) _____
	Signature _____ Date _____

Employee Forms and Notices Checklist

Section D - Required Forms - Return to Payroll

- Full Time New Hire / Rehire Cover Sheet
- Appointment Approval Form
- Employee Emergency Contact Information
- Form I-9 Supportive Documents
- Direct Deposit Authorization
- Wage Information Notice to Employee (Copy, if applicable)
- Safety Orientation Checklist
- Other - Additional Forms (see list below)

Section E - Additional Forms - Return to Payroll if applicable

- Computer Usage Agreement (Required with Network User Agreement)
- Network User Agreement
- On Duty Meal Period Agreement
- Operating Vehicles Policy Agreement
- Proof of Automobile Insurance
- Auto Insurance Coverage Verification
- Copy of Required Certification
- Parking Permit Payroll Deduction
- Cell Phone Agreement

**Section F - Provide to Full Time Non-Exempt Employee Only
Return Copy to Payroll**

- Wage Information Notice

Section G - Record of Forms Completed by Employee in TA

FOR PERSONNEL USE ONLY

- Employment Application
- Employee Handbook Confirmation
- W-4 Form
- I-9
- Code of Safe Practices
- Attestation of Required Notices to Employee

Section H - Record of Required Notices Provided to Employee in TA

FOR PERSONNEL USE ONLY

- New Hire Notice - Injuries Caused by Work
- Affordable Care Act Marketplace Exchange Notice
- Sexual Harassment Brochure
- For Your Benefit - DE2320
- Disability Insurance Provisions - DE2515
- Paid Family Leave Benefits - DE2511
- Pregnancy Leave
- A.S. Employee Handbook

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