

New Hire / Rehire Cover Sheet

Section		Hire/Rehire Date				
Employee Information	Job Title Division					
Section	Primary Labor Account Number		Pav Rate	Range	Step	
Payroll Information						
	Additional Labor Account Number					
	Additional Labor Account Number		_ Pay Rate	Range	Step	
Section	Position Supervisory Classification: Supervisory Position Non-Supervisory Position					
C	Enroll in DMV Pull Program: Yes No If yes, must submit copy of DL and Operating Vehicles Policy Agreement					
Miscellaneous Information	Background Check Completed (if applicable) Date	Live Scan Completed (if applicable) Date				
Section	Lead / Supervisor Name (please print)					
D			Date			
Department Approvals	Manager / Director Name (please print)					
7 (P) - 1 - 1 - 1 - 1	Signature Date					
	New Hire / Re	ehire Checklist				
Required Forms (Return to Payroll)			Optional Forms Per Department			
	yment Application	Cell I	Phone Reimbursem	ent		
At Will Acknowledgement & Agreement		Computer Usage Agreement (Required with Network User Agreement)				
☐ Employee Emergency Contact Information☐ W-4 Form			Network User Agreement			
☐ Direct Deposit Authorization		_	On Duty Meal Period AgreementOperating Vehicles Policy Agreement			
I-9 (with supportive documents)			Proof of Insurance			
_ `	Confidential Data Sheet (N/A if Rehire)		Auto Insurance Coverage Verification			
	Wage Information Notice to Employee		Live Scan Employee Contract			
_	of Safe Practices					
Safety Orientation Checklist			Payroll Use Only			
Employee Forms (Provide to Employee)		If Rehire,	If Rehire, Last Separation Date			
New Hire Notice - Injuries Caused by Work		Additiona	Additional Labor Accounts Updated			
<u>—</u>	Affordable Care Act Marketplace Exchange Notice		Pay Group			
_	Sexual Harassment Brochure		Pay Status Updated			
		Direct Deposit Info Updated				
_	ur Benefit - DE2320 ity Insurance Provisions - DE2515	Kronos V	VFC - Employee Ro	le Profile Updated		
	amily Leave Benefits - DE2511	Date Pro	cessed			