

NEW HIRE CHECKLIST

Employee Name:	Department:	Hire Date:
Job Title:	Supervisor:	
REQUIRED BY FEDERAL OR STATE REGULATION	RECOMMENDED EMPLOYMENT FORMS	
<input type="checkbox"/> I-9 Form and supporting documentation (Complete on 1 st day of work) <input type="checkbox"/> Social Security Card Copied for Payroll Purposes (verify that the name and social security number on the W-4 match the social security card) <input type="checkbox"/> Federal Withholding W-4 Form <input type="checkbox"/> Copy of W-4 or IT-2104 Form sent to NYS Dept. of Taxation and Finance within 20 days <input type="checkbox"/> Original Employment Certificate for Minor (i.e., working papers) if under age 18 <input type="checkbox"/> Written notification of rate of pay and payday (if offer letter with this information has not been provided) <input type="checkbox"/> Written notification of company's policy on holidays, work hours, and sick, vacation, and personal leave (Not required if this information is in the employee handbook or publicly posted in the workplace)	<input type="checkbox"/> IT-2104 Form (only for employees working in NY State) <input type="checkbox"/> Employee Data Sheet/Emergency Contact Form <input type="checkbox"/> Copy of Driver's License (only if driving is a part of the employee's job duties) <input type="checkbox"/> Copy of Auto Insurance <input type="checkbox"/> Receipt of Company Property <input type="checkbox"/> Job Description Acknowledgement Form <input type="checkbox"/> Employee Handbook Acknowledgment Form <input type="checkbox"/> Substance Testing Policy Acknowledgment Form (only if testing program is in place) <input type="checkbox"/> Workers' Compensation History Form <input type="checkbox"/> Reference Verification <input type="checkbox"/> Professional Registration <input type="checkbox"/> Other: _____	
BENEFITS AND/OR DEDUCTIONS FROM PAYCHECK	ADMINISTRATIVE ACTIONS	
<p>Insurance Enrollment Forms:</p> <input type="checkbox"/> Health Enrollment Form or <input type="checkbox"/> Health Insurance Waiver Form <input type="checkbox"/> Life Insurance Enrollment Form <input type="checkbox"/> Pension Plan Enrollment Form <p>Payroll Deduction Authorization Forms:</p> <input type="checkbox"/> Health Insurance <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Pension Plan <input type="checkbox"/> Life Insurance <input type="checkbox"/> Medical Savings Reimbursement <input type="checkbox"/> Dependent Care Reimbursement <input type="checkbox"/> Direct Deposit Authorization	<input type="checkbox"/> Initial COBRA Notice to Employee (only if enrolled in health and/or dental insurance plan) <input type="checkbox"/> Initial COBRA Notice to Spouse/Dependents (only if enrolled in health and/or dental insurance plan) <input type="checkbox"/> Date Added to Health Insurance Program _____ <input type="checkbox"/> Other	

This is not meant to be an all-inclusive list of necessary documentation for newly hired employees that is required by the state and federal Departments of Labor. Other documentation may be required depending on the industry and the employee's specific job duties.