

NEW HIRE CHECKLIST

EMPLOYEE NAME _____

DATE OF HIRE _____

MANDATORY DOCUMENTS TO FINALIZE HIRE

- COMPLETED EMPLOYMENT APPLICATION/RESUME
- W-4 FORM – EMPLOYEE’S FEDERAL WITHHOLDING ALLOWANCE (match name to S. S. card)
- DE 4 FORM DE 4: STATE WITHHOLDING ALLOWANCE (optional)
- EMPLOYMENT ELIGIBILITY I-9 (**PHOTOCOPIES OF IDENTIFYING ITEMS NOT REQUIRED**)
- EMPLOYEE HANDBOOK ACKNOWLEDGMENT (if applicable)
- EMERGENCY INFORMATION FORM (recommended)

DOCUMENTS PROVIDED TO NEW EMPLOYEE

- FORM DE 2515: DISABILITY INSURANCE PAMPHLET
- FORM 2320 PUBLICATION FOR YOUR BENEFIT
- WORKER’S COMPENSATION BROCHURE
- POLICY AGAINST HARRASSMENT BROCHURE
- RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING
BROCHURE
- FORM DLSE-NTE

BY SIGNING BELOW, I ACKNOWLEDGE RECEIPT OF ALL REQUIRED DOCUMENTS LISTED ABOVE

EMPLOYEE’S SIGNATURE _____

MANAGER’S SIGNATURE _____

TERMINATION CHECKLIST

EMPLOYEE NAME _____

TERMINATION DATE _____

FIRED – Paycheck provided immediately

QUIT with no notice – Paycheck provided within 72 hours

QUIT with more than 72 hours notice – Paycheck provided on last day worked

BEFORE EMPLOYEE’S LAST DAY

- RESIGNATION NOTICE BY LETTER OR EMAIL
- COMPLETE NOTICE TO EMPLOYEE AS TO CHANGE IN RELATIONSHIP. PRINT TWO COPIES, HAVE EMPLOYEE SIGN BOTH AND RETAIN ONE FOR FILE.

LAST DAY OF EMPLOYMENT

- PROVIDE BLUE EDD “FOR YOUR BENEFIT” BOOKLET (none if Voluntary Quit)
- COLLECT KEYS, CARDS, CELL PHONE, LAPTOPS, PASSWORDS, ETC.
- COBRA INFORMATION (if applicable)
- ADDRESS CHANGES VERIFIED
- ELIGIBLE FOR REHIRE? YES _____ NO _____

AFTER EMPLOYEE’S LAST DAY

- REMOVE FILES FROM ACTIVE STATUS: PAYROLL, HEALTH INSURANCE, PERSONELL FILE, ETC
- REMOVE PASSWORDS FROM PHONES, VOICEMAIL, COMPUTERS, SECURITY, ETC.

BY SIGNING BELOW, I ACKNOWLEDGE RECEIPT OF ALL REQUIRED DOCUMENTS LISTED ABOVE

EMPLOYEE’S SIGNATURE _____

MANAGER’S SIGNATURE _____