

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, PERSONNEL FILE, ETC
- ☐ REMOVE PASSWORDS FROM PHONES, VOICEMAIL, COMPUTERS, SECURITY, ETC.

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EMPLOYEE'S SIGNATURE _____

MANAGER'S SIGNATURE _____