

NEW HIRE CHECKLIST FOR PAYROLL/HR

Employee Name _____

Department _____

Prior to Employee's Start Date:

- Start employee personnel file: place Employment Application and Personnel Action/letter of offer in personnel file (copy employee)
- Assign payroll number/update payroll files/add to taxable fringe reports
- Complete **ACA Compliance Reporting Form** - Send original to BCC within 3 days of appointment along with paperwork from appointing authority (journal entry, letter of offer, etc.)

First Day of Employment: Return originals of the following to Auditor's Office (maintain copies for file)

- W-4**
- IT-4 State of Ohio**
- City and School Income Tax Form**
- I-9 with copies of documentation**
- OPERS Form A** (also complete SR6 – if rehired retiree) – (OPERS will send packet for plan election)
- SSA-1945 Statement Concerning Your Employment in a Job Not Covered Under Social Security**
- Direct Deposit Card (Mandatory)** First payment is always a check.

Employee work email: _____

(Cannot send to home email. Employee to use last four digits of SSN to open email. Reminder to review check stubs to ensure proper deductions being taken.)

Additional Employee Forms/Sign off of Receipt: Paperwork for Personnel File

- Employee Handbook – available on-line at www.woodcountyohio.gov/employee
- Classified Employee Probation Guidelines or Unclassified Service Acknowledgment Form**
- Confidentiality Statement**
- CodeRED Registration** – Forward original to EMA
- Proof of Financial Responsibility** - Employee to notify Supervisor of any traffic violations
- Fuel Facility** (if applicable) – Forward original form to Commissioners' Office
- Notification of Secondary Employment/Board or Commission Appointment** (if applicable)

Additional Items

- Optional Payroll Deductions: Deferred Compensation, United Way, AFLAC, etc.
- Taxable Fringe/Mileage Reimbursement (if applicable)
- Prior Service – Must be reported within 30 days of employment (complete Prior Service Form)
- CDL Requirements/Drug Testing - Notify Commissioners' Office if CDL is required
- DUE DATE FOR RETURN OF COMPLETED FORMS AS LISTED IN BOLD** _____

I hereby acknowledge having been informed on the above items and understand that it is my responsibility to read and follow all policies and procedures issued on this date. I also understand that I must notify my employer in writing of any changes to my information (name, address, secondary employment, etc.) within seven days of the change.

Employee Signature _____

Date _____

Personnel Officer Signature _____

Date _____