

# Employee File Checklist

## *Template - 2013*

## SCHOOL NAME

### EMPLOYEE FILE CHECKLIST

*(Bold = Required, Not Bold = Optional)*

#### **BASIC / EMERGENCY INFORMATION**

	Basic Employee Information Sheet
	Emergency Contact Sheet with Allergies/ Special Conditions

#### **HIRING / CERTIFICATION FORMS**

	<b>Contract(s)/ Hire Letter</b>
	Letter of Understanding
	<b>Offer Letter for Additional Services</b>
	Additional Roles/ Responsibilities Memo
	Consulting Contracts/Note
	<b>Certifications (faculty)</b>
	<b>NCLB/ HQ Documentation (faculty)</b>
	<b>Child Abuse Identification and School Violence Prevention Course Certificates (faculty)</b>
	<b>Resume</b>
	<b>Transcript (faculty)</b>
	<b>Fingerprint Clearance</b>
	Emergency Conditional Form
	Employment Application
	Interview Notes
	References and Notes
	<b>Computer Receipt/Use Form</b>
	<b>Employee Handbook Acknowledgement</b>

#### **PAYROLL**

	<b>W-4</b>
	<b>I-9 (maintain in separate location)</b>
	<b>I-9 Identification Documentation Copies</b>
	<b>IT-204 (optional)</b>
	Timesheets (If applicable)
	<b>Direct Deposit Form</b>
	<b>Voided Check (if applicable)</b>
	<b>(Payroll processor specific forms)</b>
	<b>Mid-Year Change in Salary Memo</b>
	<b>Stipend Letter</b>

#### **OTHER**

	Cell Phone Usage Agreement
	Personal Time Off Tracking Sheet
	<b>Consulting Contract (if applicable)</b>
	<b>1099 (if applicable)</b>
	Doctor's notes for absences
	Parent/ Student notes

**EMPLOYEE NAME:** \_\_\_\_\_

#### **BENEFITS (req'd/ not may vary with benefits vendor)**

	<b>Medical Insurance Enrollment Form</b>
	<b>Medical Insurance Waiver Form (if applicable)</b>
	<b>Dental Insurance Enrollment Form</b>
	<b>Dental Insurance Waiver Form (if applicable)</b>
	<b>Life Insurance Enrollment Form</b>
	<b>Life Insurance Waiver Form (if applicable)</b>
	<b>Life Insurance Beneficiary</b>
	<b>401k/403b Enrollment Form</b>
	<b>401k/403b Salary Deduction Form (if necessary)</b>
	<b>401k/403b Beneficiary Form</b>
	<b>Transit check Enrollment</b>
	<b>FSA Enrollment</b>

#### **PERFORMANCE MANAGEMENT FORMS**

	Annual Goals
	<b>Performance Reviews</b>
	<b>Issue Documentation</b>
	Misc Other

#### **TERMINATION FORMS**

	<b>Letter of Resignation (if applicable)</b>
	Termination Letter (signed by school and employee)
	<b>Medical Insurance Notification of Change Status Form</b>
	<b>Dental Insurance Notification of Change Status Form</b>
	<b>Life Insurance Notification of Change Status Form</b>
	<b>COBRA Notification and related paperwork</b>
	<b>401k/403b Plan Cancellation and related paperwork</b>
	<b>Transit Check cancellation (as appropriate)</b>
	<b>FSA cancellation (as appropriate)</b>
	<b>Return/Release of School Property Form</b>