



# New Employee Check List

Name: \_\_\_\_\_

Last 4 of SS #: \_\_\_\_\_

Board Hire Date: \_\_\_\_\_

First Day Worked: \_\_\_\_\_

- |                                 |  |  |
|---------------------------------|--|--|
| _____ Application or Resume     |  | _____ Teaching Certificate             |
| _____ Driver's License          |  | _____ Transcripts                      |
| _____ Social Security Card      |  | _____ # of Contracted Days             |
| _____ Birth Certificate         |  | _____ Added to APSCN                   |
| _____ State/Federal Tax Forms   |  | _____ Added to Excel Roll Book         |
| _____ I-9                       |  | _____ Added to Employee List           |
| _____ ARTRS Status FAXED        |  | _____ # Sick/Personal Days Given       |
| _____ ARTRS Membership FAXED    |  | _____ Child Maltreatment Approved      |
| _____ New Hire Reporting        |  | _____ Background Check Approved        |
| _____ Ethics / Notif. Letter A  |  | _____ Added to License Exp. List       |
| _____ EBD                       |  | _____ Added to License Area List       |
| _____ Contact Info Sheet        |  | _____ Karin for Life/Dental/Medical    |
| _____ Auth. To Release/Disclose |  | _____ Personnel Policy Letter          |
| _____ Fingerprints done         |  | FULL Time or PART Time                 |
| _____ Child Maltreatment Mailed |  | CERTIFIED or CLASSIFIED                |
| _____ Direct Deposit            |  |  |
| _____ Verification of sick days |  | \$ _____ 1 <sup>st</sup> Annual Salary |

# ARMOREL TIGERS