

CHECKLIST - ALL NEW EMPLOYEES

(Rev. 6/2006)

(A Personnel File to be established no later than the first day of work for each new employee. Refer to the *Funding of Benefits Chart – Lay Employees* for eligibility and funding.)

Name: _____ Date File Created: _____ Hire Date: _____

Address: _____ Employee No: _____ Department: _____

Classification: _____

Work Hours: _____ Hours/Week: _____ Hourly Rate/Salary: _____

- 1. Completed Employment Application Yes No
- 2. Payroll forms
 - a) Withholding forms ([W-4](#), [L-4](#), etc.) completed Yes No
 - b) Direct deposit forms completed Yes No
- 3. Eligible for health insurance participation Yes No
 - a) Completed application and forms Yes No
 - b) Completed dental insurance application Yes No
 - c) Completed Election Not to Participate Form Yes No
(For health benefits eligible for but not participating in)
- 4. Eligible for Life Insurance and Disability Yes No
 - a) Completed application for life insurance Yes No
 - b) Completed application for optional short-term disability (if applicable) Yes No
- 5. Eligible for Retirement Plan Yes No
 - a) Application completed Yes No
 - b) "Designation of Beneficiary" completed Yes No
- 6. Completed Application for 403(b) Savings Plan Yes No
- 7. Completed USDHS Form [I-9](#), "Employment Eligibility Verification" Yes No
- 8. Completed Workers Compensation Questionnaire Yes No
- 9. Establish reminder to evaluate employee and adjust salary after probationary period Yes No
- 10. Sent W-4 or employee & employer name, address, social security number/Federal ID No. to Support Enforcement Services Yes No
- 11. Completed Employee Contact Information form Yes No
- 12. Received all current brochures, etc., pertaining to retirement and health/disability/dental/life insurance plans. Yes No
- 13. What keys, if any, are assigned to new employee: _____

KEY ASSIGNMENT APPROVED: _____
Signature of Pastor/Principal/Administrator

APPLICATION (plus all documents)
REVIEWED AND APPROVED: _____
Signature of Pastor/Principal/Administrator

Distribution of above forms

- 1, 2, 3(c), 4, 5, 7, 8, 9, 11 and Checklist- to the new employee's Personnel File
- 3a and 3b - originals to Diocesan Health Insurance Office c/o Ms. Debbie Fuselier
and copy to Personnel File
- 6 - send to 403(b) provider with copy to Personnel file
- 10 - Fax to 888-223-1462 or 225-342-4529 (in Baton Rouge to 342-4529)
or mail to Support Enforcement Services, New Hire Reporting,
P.O. Box 2151, Baton Rouge, LA 70821-2151