

EMPLOYMENT ORIENTATION FORMS CHECKLIST

EMPLOYEE NAME _____ SSN# _____

POSITION _____ LOCATION _____

- | | | | |
|---|--------------------------|------------------------|--------------------------|
| ANNUAL PAY OPTION (IF APPLICABLE) | <input type="checkbox"/> | DIRECT DEPOSIT | <input type="checkbox"/> |
| REQUEST FOR PAY ADVANCE | <input type="checkbox"/> | W-4 | <input type="checkbox"/> |
| AUP AGREEMENT | <input type="checkbox"/> | EMERGENCY CONTACT FORM | <input type="checkbox"/> |
| EMPLOYEE HANDBOOK DISCLAIMER | <input type="checkbox"/> | I-9 | <input type="checkbox"/> |
| MEDICAL HISTORY QUESTIONNAIRE | <input type="checkbox"/> | TB TEST | <input type="checkbox"/> |
| TERMS OF EMPLOYMENT | <input type="checkbox"/> | SOCIAL SECURITY CARD | <input type="checkbox"/> |
| VERIFICATION OF ACCRUED SICK LEAVE
(IF APPLICABLE) | <input type="checkbox"/> | DRIVER'S LICENSE | <input type="checkbox"/> |

I UNDERSTAND THAT I AM RESPONSIBLE FOR COMPLETING THE RICHLAND COUNTY SCHOOL DISTRICT ONE ON-LINE ORIENTATION AND AFFIRM THAT I HAVE DONE SO.

SIGNATURE _____ DATE _____

DISTRICT USE ONLY

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| NOTICE OF HIRE TO BENEFITS
(Initials _____ Date _____) | <input type="checkbox"/> | SOCIAL SECURITY CARD (2) | <input type="checkbox"/> |
| DSS CONSENT TO RELEASE | <input type="checkbox"/> | DRIVER'S LICENSE (2) | <input type="checkbox"/> |
| REPORT TO WORK FORM | <input type="checkbox"/> | INSURANCE | <input type="checkbox"/> |
| ORIENTATION LETTER | <input type="checkbox"/> | RETIREMENT | <input type="checkbox"/> |