

EMPLOYEE FILE CHECKLIST

Employee Name: _____ Start Date: _____

Job Title: _____ Term Date: _____

Reports to: _____ # hrs per week: _____

Pay Rate: Salary \$ _____ Hourly \$ _____ See Change forms _____

Primary Responsibilities: _____

Future intentions promised? _____

Hired by: _____

(Manager signature)

Date Received or Reported: (EF= File in Employee Personnel File, PM = Give to Paymaster)

_____ PM: I-9 Form w/identification & signed by staff _____ Copy documents _____
(staff initial)

_____ PM: Social Security Card seen /copied by staff

_____ PM: W-4 Form completed

_____ PM: New Hire Reporting Form

_____ EF: Employment Application

_____ EF: Employment Agreement signed (Copy to PM)

_____ EF: Emergency Contact Information

_____ EF: Church Membership or signed Statement of Faith

_____ EF: Ministry Job Description

_____ EF: Sexual Harassment Policy signature page

_____ EF: Sexual Abuse Prevention & Response Plan signature page

_____ EF: FDLE listing checked (Staff signature & date) _____

_____ EF:PM Receipts for any company cash or property (keys, credit cards, petty cash, equipment, etc.)

FOR ALL MINISTERS: (Employee or self-employed)

_____ EF: Copy of the Ordination Certificate

_____ PM: Board designation of housing allowance

_____ PM: Copy of IRS approved Form 4361 if exempt from SECA.

OTHER FORMS IF USED:

_____ EF: Driver's license copy - insurance company notified _____ staff initial _____ date

_____ EF: Employee Handbook Receipt or other policy _____

_____ EF: Health Insurance application

_____ EF: Life insurance application