

## ROMAN CATHOLIC DIOCESE OF BOISE Employment Forms Checklist

NAME OF EMPLOYEE: \_\_\_\_\_

DEPARTMENT/LOCATION: \_\_\_\_\_

### FORMS/ INFORMATION REQUIRED ON FILE IN PARISH/SCHOOL OFFICE

_____	Y	_____	N	*Application Form
_____	Y	_____	N	Resume
_____	Y	_____	N	*Job Title and Job Description
_____	Y	_____	N	References (or Letters of Reference)
_____	Y	_____	N	* Individual contracts/agreements where applicable
_____	Y	_____	N	Personal/Emergency Contact Information
_____	Y	_____	N	Records relating to Family and Medical Leave Act of 1993 (FMLA)
_____	Y	_____	N	*Signed Background Check authorization
_____	Y	_____	N	*Acknowledgement of Sexual Misconduct Policies
_____	Y	_____	N	Safe Environment Training completed
_____	Y	_____	N	Acknowledgement of diocesan policies/procedures Manual
_____	Y	_____	N	Copy of Employee Data Form
_____	Y	_____	N	Copy Professional License (if required)
_____	Y	_____	N	Copy Educational Transcript(s) (if required)
_____	Y	_____	N	Performance Reviews
_____	Y	_____	N	Records/documentation of correction/disciplinary Action(s)

❖ Forms Included in HR Packet

## ROMAN CATHOLIC DIOCESE OF BOISE Employment Forms Checklist

NAME OF EMPLOYEE: \_\_\_\_\_

DEPARTMENT/LOCATION: \_\_\_\_\_

### FORMS/INFORMATION REQUIRED TO BE ON FILE IN FINANCE & HUMAN RESOURCE OFFICES

- |                          |   |                          |   |   |
|--------------------------|---|--------------------------|---|---|
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | Verification & Background Check Completion  |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | Signed Background Check Authorization (School Background Check Reporting Form)  |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *Employee Data Form   |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *I-9 Employment Eligibility Verification form   |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *I-9 documentation of work authorization<br>(List of documents that establish employment eligibility found on page 3 of I-9 form) |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *W-4 and M-4 Withholding certificates   |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *Direct deposit w/voided check (optional)   |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *Employee Benefits Summary Form   |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *Medical Enrollment Form  |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *Pension/Beneficiary designation  |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *Life/LTD Enrollment form   |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *Flex Account form (optional)   |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *403(B) 3 form (optional)   |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *Signed Benefit and Compensation Reduction Agreement  |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *Payroll records relating to pay, earnings and Deduction(s)   |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *Signed time records by staff   |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *Employee Driver Form   |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *Copy of Personal Auto Insurance Policy   |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *Acknowledgement of Travel Policy   |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | *Deduction Authorization for money owed - ID Code 45  |

❖ **Forms included in Finance Packet**