

Human Resources - New Employee Orientation

Complete this form for employees who will receive benefits:

 Employee Name Title

INSTRUCTIONAL/ADMINISTRATIVE STAFF

MANDATORY:

Date Completed

- Form W-4, Federal Withholding _____/_____/_____
- Form IT-2104, State Withholding _____/_____/_____
- Form I-9, Employment Eligibility Verification _____/_____/_____
- Health Insurance Application _____/_____/_____
- Dental Insurance Application _____/_____/_____
- Health Insurance Declination Form _____/_____/_____
- Life Insurance Enrollment Card _____/_____/_____
- Oath of Allegiance _____/_____/_____
- Emergency Contact Information Sheet _____/_____/_____
- Payroll Distribution Form _____/_____/_____
- Cafeteria Plan (OHM BOCES Election Form and Compensation Agreement) _____/_____/_____
- Internet Access Authorization Form _____/_____/_____

Retirement Information – *please complete one:*

• Application for Membership in NYS Teachers’ Retirement System _____/_____/_____

• Retirement Declination Form _____/_____/_____

or

• Current Member of TRS:

YES _____

Retirement Registration # _____

Date of Membership _____ / _____ / _____

Exempt from Mandatory Contribution? YES _____ NO _____

OPTIONAL:

Direct Deposit Form _____/_____/_____

Employment Physical & Mantoux Test _____/_____/_____ _____/_____/_____
 Date Scheduled

The attached forms have been checked by:

 Human Resources Designee _____/_____/_____