

Human Resources - New Employee Orientation

Complete this form for employees who will receive benefits:

 Employee Name Title

NON-INSTRUCTIONAL STAFF (CIVIL SERVICE)

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 _____/_____/_____
- Emergency Contact Information Sheet _____/_____/_____
- Payroll Distribution Form _____/_____/_____
- Cafeteria Plan (OHM BOCES Election Form and Compensation Agreement) _____/_____/_____
- Internet Access Authorization Form _____/_____/_____
- Civil Service Forms:
 - Civil Service Oath _____/_____/_____
 - Civil Service Application for Employment or Examination _____/_____/_____
 - Civil Service Notice to Provisional, Temporary or Part-time Employee _____/_____/_____
 - Veterans & Exempt Volunteer Fireman Status Forms _____/_____/_____
- Retirement Information – *please complete one:*
 - Article 15 Membership Registration RS 5420 _____/_____/_____
 - Retirement Declination Form _____/_____/_____
 - or
 - Current Member of ERS:
 - 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 _____/_____/_____