

UAN NEW EMPLOYEE CHECKLIST

EMPLOYEE DATA:	
Employee Name	
Employee ID	
Address Line 1	
Address Line 2	
City, State, Zip	
Email	
Home Phone	
Cell Phone	
Emergency Contact Telephone # & Name	
Social Security #	
Date of Hire:	
Birth Date (Optional)	
Sex	<input type="radio"/> Male or <input type="radio"/> Female
Status	<input type="radio"/> Full Time or <input type="radio"/> Part Time
Track Hours by	<input type="radio"/> Pay Period or <input type="radio"/> Day
OPERS Member Date	/ /
OP&FPF Member Date	/ / Base Hours: _____ (Call OP&FPF if Unsure)
State IT-4	_____ # of Deductions
Federal W-4	_____ # of Deductions
W-4 Rate	<input type="radio"/> Married Rate or <input type="radio"/> Single Rate
EFT (Skip if No)	<input type="checkbox"/> EFT is authorized <input type="checkbox"/> Prenote was sent
Routing #	
Account #	
Account:	If Yes <input type="radio"/> Checking or <input type="radio"/> Savings 1 Account Only
Additional Information:	

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WITHHOLDING DATA:	
Medicare Type:	<input type="radio"/> Medicare Regular Employer Share Account: _____ <input type="radio"/> Medicare Fringe _____% Fringe Account: _____
OPERS Type:	<input type="radio"/> OPERS Regular Employer Share Account: _____ <input type="radio"/> OPERS Fringe _____% Fringe Account: _____ <input type="radio"/> OPERS Salary Reduct. Employer Share Acct: _____
<input type="radio"/> Govt or <input type="radio"/> Law	
OPERS Type:	<input type="radio"/> OPERS Regular Employer Share Account: _____ <input type="radio"/> OPERS Fringe _____% Fringe Account: _____ <input type="radio"/> OPERS Salary Reduct. Employer Share Acct: _____
<input type="radio"/> Govt or <input type="radio"/> Law	
OP&FPF Type	<input type="radio"/> OP&FPF Regular Employer Share Account: _____ <input type="radio"/> OP&FPF Fringe _____% Fringe Account: _____ <input type="radio"/> OP&FPF Salary Reduct. Employer Share Acct: _____
<input type="radio"/> Police or <input type="radio"/> Fire	
OP&FPF Type	<input type="radio"/> OP&FPF Regular Employer Share Account: _____ <input type="radio"/> OP&FPF Fringe _____% Fringe Account: _____ <input type="radio"/> OP&FPF Salary Reduct. Employer Share Acct: _____
<input type="radio"/> Police or <input type="radio"/> Fire	
Social Security Type:	<input type="radio"/> SS Regular Employer Share Account: _____ <input type="radio"/> SS Fringe _____% Fringe Account: _____
Supplemental Federal	<input type="radio"/> Extra dollar amount to withhold per paycheck \$ _____
Supplemental State	<input type="radio"/> Extra dollar amount to withhold per paycheck \$ _____
Local Taxes:	Name: _____ % _____
<input type="radio"/> Workplace Earnings or Income tax (List Each & %)	Name: _____ % _____
	Name: _____ % _____
	Name: _____ % _____
Local Taxes:	
<input type="radio"/> Resident Earning/Income Tax	Name: _____ % _____
School District Income Tax:	Name: _____ Tax Rate % _____ District # _____
EMPLOYEE SHARE OF INSURANCE BENEFITS	
<input type="radio"/> Health	\$_____ Amount withheld from Employee's Wages <input type="radio"/> Monthly <input type="radio"/> Each Pay Period <input type="radio"/> Skip Deductions
<input type="radio"/> Life	\$_____ Amount withheld from Employee's Wages <input type="radio"/> Monthly <input type="radio"/> Each Pay Period <input type="radio"/> Skip Deductions
<input type="radio"/> Dental	\$_____ Amount withheld from Employee's Wages <input type="radio"/> Monthly <input type="radio"/> Each Pay Period <input type="radio"/> Skip Deductions

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<input type="radio"/> Vision	\$_____ Amount withheld from Employee's Wages <input type="radio"/> Monthly <input type="radio"/> Each Pay Period <input type="radio"/> Skip Deductions
<input type="radio"/> Other Insurance	\$_____ Amount withheld from Employee's Wages <input type="radio"/> Monthly <input type="radio"/> Each Pay Period <input type="radio"/> Skip Deductions
<input type="radio"/> Other Insurance	\$_____ Amount withheld from Employee's Wages <input type="radio"/> Monthly <input type="radio"/> Each Pay Period <input type="radio"/> Skip Deductions
<input type="radio"/> Other Insurance	\$_____ Amount withheld from Employee's Wages <input type="radio"/> Monthly <input type="radio"/> Each Pay Period <input type="radio"/> Skip Deductions
OTHER DEDUCTIONS	
<input type="radio"/> Child Support	\$_____ Amount to be withheld per Pay Period <input type="radio"/> Requires manual calculation <input type="radio"/> Skip Deductions Case # _____ Order # _____
<input type="radio"/> Garnishment	<input type="radio"/> \$_____ Amount to be withheld per Pay Period <input type="radio"/> _____% Rate to be withheld per Pay Period <input type="radio"/> Set default then calculate by formula on each wage record
	Withholding Vendor/Payee:
	Withholding Name :
<input type="radio"/> Garnishment	<input type="radio"/> \$_____ Amount to be withheld per Pay Period <input type="radio"/> _____% Rate to be withheld per Pay Period <input type="radio"/> Set default then calculate by formula on each wage record
	Withholding Vendor/Payee:
	Withholding Name
<input type="radio"/> Deferred Comp.	\$_____ Amount <input type="radio"/> Skip Deductions
<input type="radio"/> Other Withholding	<input type="radio"/> \$_____ Amount to be withheld per Pay Period <input type="radio"/> _____% Rate to be withheld per Pay Period <input type="radio"/> Skip Deductions
	Withholding Vendor/Payee:
	Withholding Name
<input type="radio"/> Other Withholding	<input type="radio"/> \$_____ Amount to be withheld per Pay Period <input type="radio"/> _____% Rate to be withheld per Pay Period <input type="radio"/> Skip Deductions
	Withholding Vendor/Payee:
	Withholding Name
<input type="radio"/> Other Withholding	<input type="radio"/> \$_____ Amount to be withheld per Pay Period <input type="radio"/> _____% Rate to be withheld per Pay Period <input type="radio"/> Skip Deductions
	Withholding Vendor/Payee:
	Withholding Name

UAN NEW EMPLOYEE CHECKLIST

EARNINGS:			
Position			
Type	<input type="radio"/> Trustee <input type="radio"/> Council <input type="radio"/> Clerk <input type="radio"/> Clerk-Treasurer <input type="radio"/> Township Fiscal Officer <input type="radio"/> Mayor <input type="radio"/> Librarian <input type="radio"/> Administrator <input type="radio"/> Board of Affairs <input type="radio"/> Legal Counsel <input type="radio"/> Other		
Department			
Classification	<input type="radio"/> Hired <input type="radio"/> Elected <input type="radio"/> Appointed <input type="checkbox"/> Unemployment Eligible (Elected officials are not unemployment eligible)		
<input type="radio"/> Hourly <input type="radio"/> Salary <input type="radio"/> Overtime <input type="radio"/> Per Item <input type="radio"/> Taxable Item <input type="radio"/> Non-Taxable Item <input type="radio"/> Non Retirement Item <input type="radio"/> Non-Tax/Non-Retirement Item <input type="radio"/> Non Cash Benefit	Earning Description:		
	DETAILS	AMOUNTS	LIST ALL ACCOUNT CODES FOR EARNING
	Frequency		
	Salary \$/Pay Period		
	Hourly Rate		
	Per Item \$		
	Overtime Rate		
	OP&FPF Pick-Up Code & Frequency:		
Position			
Type	<input type="radio"/> Trustee <input type="radio"/> Council <input type="radio"/> Clerk <input type="radio"/> Clerk-Treasurer <input type="radio"/> Township Fiscal Officer <input type="radio"/> Mayor <input type="radio"/> Librarian <input type="radio"/> Administrator <input type="radio"/> Board of Affairs <input type="radio"/> Legal Counsel <input type="radio"/> Other		
Department			
Classification	<input type="radio"/> Hired <input type="radio"/> Elected <input type="radio"/> Appointed <input type="checkbox"/> Unemployment Eligible (Elected officials are <u>not</u> unemployment eligible)		
<input type="radio"/> Hourly <input type="radio"/> Salary <input type="radio"/> Overtime <input type="radio"/> Per Item <input type="radio"/> Taxable Item <input type="radio"/> Non-Taxable Item <input type="radio"/> Non Retirement Item <input type="radio"/> Non-Tax/Non-Retirement Item <input type="radio"/> Non Cash Benefit	Earning Description:		
	DETAILS	AMOUNTS	LIST ALL ACCOUNT CODES FOR EARNING
	Frequency		
	Salary \$/Pay Period		
	Hourly Rate		
	Per Item \$		
	Overtime Rate		
	OP&FPF Pick-Up Code & Frequency:		

UAN NEW EMPLOYEE CHECKLIST

LEAVE:	
<input type="radio"/> Sick <input type="radio"/> Vacation <input type="radio"/> Holiday <input type="radio"/> Personal <input type="radio"/> Comp Time <input type="radio"/> Bereavement <input type="radio"/> Other Leave	Leave is: <input type="radio"/> Paid when used <input type="radio"/> Not paid when used (salaried) Pay Rate _____ Per Hour <input type="radio"/> Leave Credited Manually (Comp time accrual rate _____) <input type="radio"/> Leave Earned _____ Per Pay Period <input type="radio"/> Leave is Earned per regular hours worked: _____ hours per _____ worked <input type="checkbox"/> Using this leave accrues all prorated leaves Max. Leave Balance <input type="radio"/> No <input type="radio"/> Limit to _____ Hours Max. Annual Accrual <input type="radio"/> No <input type="radio"/> Limit to _____ Hours Beginning Balance: _____
<input type="radio"/> Sick <input type="radio"/> Vacation <input type="radio"/> Holiday <input type="radio"/> Personal <input type="radio"/> Comp Time <input type="radio"/> Bereavement <input type="radio"/> Other Leave	Leave is: <input type="radio"/> Paid when used <input type="radio"/> Not paid when used (salaried) Pay Rate _____ Per Hour <input type="radio"/> Leave Credited Manually (Comp time accrual rate _____) <input type="radio"/> Leave Earned _____ Per Pay Period <input type="radio"/> Leave is Earned per regular hours worked: _____ hours per _____ worked <input type="checkbox"/> Using this leave accrues all prorated leaves Max. Leave Balance <input type="radio"/> No <input type="radio"/> Limit to _____ Hours Max. Annual Accrual <input type="radio"/> No <input type="radio"/> Limit to _____ Hours Beginning Balance: _____
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