

## NEW EMPLOYEE CHECKLIST

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|---|---|
| <b>EMPLOYEE DATA:</b>                   |   |
| Employee Name                           |   |
| Employee ID                             |   |
| Address Line 1                          |   |
| Address Line 2                          |   |
| City, State, Zip                        |   |
| Email                                   |   |
| Home Phone                              |   |
| Cell Phone                              |   |
| Emergency Contact<br>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 <b>or</b> <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 <b>or</b> <input type="radio"/> Savings    1 Account Only |
| <b>Additional Information:</b>          |   |
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**NEW EMPLOYEE CHECKLIST**

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| <b>WITHHOLDING DATA:</b>   |   |
| Medicare Type:   | <input type="radio"/> Medicare Regular Employer Share Account: _____<br><input type="radio"/> Medicare Fringe _____ % Fringe Account: _____                 |
| OPERS Type:  | <input type="radio"/> OPERS Regular Employer Share Account: _____<br><input type="radio"/> OPERS Fringe _____ % Fringe Account: _____                       |
| <input type="radio"/> Govt or <input type="radio"/> Law                | <input type="radio"/> OPERS Salary Reduct. Employer Share Acct: _____   |
| OPERS Type:  | <input type="radio"/> OPERS Regular Employer Share Account: _____<br><input type="radio"/> OPERS Fringe _____ % Fringe Account: _____                       |
| <input type="radio"/> Govt or <input type="radio"/> Law                | <input type="radio"/> OPERS Salary Reduct. Employer Share Acct: _____   |
| OP&FPF Type  | <input type="radio"/> OP&FPF Regular Employer Share Account: _____<br><input type="radio"/> OP&FPF Fringe _____ % Fringe Account: _____                     |
| <input type="radio"/> Police or <input type="radio"/> Fire             | <input type="radio"/> OP&FPF Salary Reduct. Employer Share Acct: _____  |
| OP&FPF Type  | <input type="radio"/> OP&FPF Regular Employer Share Account: _____<br><input type="radio"/> OP&FPF Fringe _____ % Fringe Account: _____                     |
| <input type="radio"/> Police or <input type="radio"/> Fire             | <input type="radio"/> OP&FPF Salary Reduct. Employer Share Acct: _____  |
| Social Security Type:  | <input type="radio"/> SS Regular Employer Share Account: _____<br><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 % _____<br>District # _____  |
| <b>EMPLOYEE SHARE OF INSURANCE BENEFITS</b>                            |   |
| <input type="radio"/> Health   | \$ _____ Amount withheld from Employee's Wages<br><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<br><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<br><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<br><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<br><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<br><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<br><input type="radio"/> Monthly <input type="radio"/> Each Pay Period <input type="radio"/> Skip Deductions  |
| <b>OTHER DEDUCTIONS</b>                 |  |
| <input type="radio"/> Child Support     | \$ _____ Amount to be withheld per Pay Period<br><input type="radio"/> Requires manual calculation <input type="radio"/> Skip Deductions<br>Case # _____ Order # _____   |
| <input type="radio"/> Garnishment       | <input type="radio"/> \$ _____ Amount to be withheld per Pay Period<br><input type="radio"/> _____ % Rate to be withheld per Pay Period<br><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<br><input type="radio"/> _____ % Rate to be withheld per Pay Period<br><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<br><input type="radio"/> _____ % Rate to be withheld per Pay Period<br><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<br><input type="radio"/> _____ % Rate to be withheld per Pay Period<br><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<br><input type="radio"/> _____ % Rate to be withheld per Pay Period<br><input type="radio"/> Skip Deductions   |
|   | Withholding Vendor/Payee:  |
|   | Withholding Name   |

**NEW EMPLOYEE CHECKLIST**

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| <b>EARNINGS:</b>   |  |
| 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 ( <b>Elected officials are not unemployment eligible</b> )  |
| <input type="radio"/> Hourly<br><input type="radio"/> Salary<br><input type="radio"/> Overtime<br><input type="radio"/> Per Item<br><input type="radio"/> Taxable Item<br><input type="radio"/> Non-Taxable Item<br><input type="radio"/> Non Retirement Item<br><input type="radio"/> Non-Tax/Non-Retirement Item<br><input type="radio"/> Non Cash Benefit | Earning Description:   |
|  | <b>DETAILS – AMOUNTS – ACCOUNT CODE</b>  |
|  | <b>Frequency</b>   |
|  | <b>Salary \$/Pay Period</b>  |
|  | <b>Hourly Rate</b>   |
|  | <b>Per Item \$</b>   |
|  | <b>Overtime Rate</b>   |
|  | <b>OP&amp;FPF Pick-Up Code &amp; Frequency:</b>  |
| 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 ( <b>Elected officials are <u>not</u> unemployment eligible</b> )   |
| <input type="radio"/> Hourly<br><input type="radio"/> Salary<br><input type="radio"/> Overtime<br><input type="radio"/> Per Item<br><input type="radio"/> Taxable Item<br><input type="radio"/> Non-Taxable Item<br><input type="radio"/> Non Retirement Item<br><input type="radio"/> Non-Tax/Non-Retirement Item<br><input type="radio"/> Non Cash Benefit | Earning Description:   |
|  | <b>DETAILS – AMOUNTS – ACCOUNT CODE</b>  |
|  | <b>Frequency</b>   |
|  | <b>Salary \$/Pay Period</b>  |
|  | <b>Hourly Rate</b>   |
|  | <b>Per Item \$</b>   |
|  | <b>Overtime Rate</b>   |
|  | <b>OP&amp;FPF Pick-Up Code &amp; Frequency:</b>  |

**NEW EMPLOYEE CHECKLIST**

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| <b>LEAVE:</b>  |   |
| <input type="radio"/> Sick<br><input type="radio"/> Vacation<br><input type="radio"/> Holiday<br><input type="radio"/> Personal<br><input type="radio"/> Comp Time<br><input type="radio"/> Bereavement<br><input type="radio"/> Other Leave | Leave is: <input type="radio"/> Paid when used <input type="radio"/> Not paid when used (salaried)<br>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:<br>_____ 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                                       |
| <input type="radio"/> Sick<br><input type="radio"/> Vacation<br><input type="radio"/> Holiday<br><input type="radio"/> Personal<br><input type="radio"/> Comp Time<br><input type="radio"/> Bereavement<br><input type="radio"/> Other Leave | Beginning Balance: _____  |
|  | Leave is: <input type="radio"/> Paid when used <input type="radio"/> Not paid when used (salaried)<br>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:<br>_____ 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                                       |
| <input type="radio"/> Sick<br><input type="radio"/> Vacation<br><input type="radio"/> Holiday  | Beginning Balance: _____  |
|  | Leave is: <input type="radio"/> Paid when used <input type="radio"/> Not paid when used (salaried)<br>Pay Rate _____ Per Hour |
|  | <input type="radio"/> Leave Credited Manually (Comp time accrual rate _____)  |
|  | <input type="radio"/> Leave Earned _____ Per Pay Period   |

