

## NEW EMPLOYEE CHECKLIST

<b>EMPLOYEE DATA:</b>	
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 <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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<b>WITHHOLDING DATA:</b>	
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"/> 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: _____ <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: _____ <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: _____ <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: _____ <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 # _____
<b>EMPLOYEE SHARE OF INSURANCE BENEFITS</b>	
<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
<b>OTHER DEDUCTIONS</b>	
<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

**NEW EMPLOYEE CHECKLIST**

<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 <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:
	<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 <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:
	<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**

<b>LEAVE:</b>	
<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
<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	Beginning Balance: _____
	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
<input type="radio"/> Sick <input type="radio"/> Vacation <input type="radio"/> Holiday	Beginning Balance: _____
	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

