



HR-NEW

New Employee Checklist

Employee: _____ Date: _____

Please read and follow directions for completion of each of the enclosed documents. This information must be completed within (5) days of your effective date of employment.

1. **Employee Data Form:** Please supply the information requested for data into your county and state personnel tracking systems.
2. **W-4 Form:** Complete this form and return the bottom portion only.
3. **Fingerprint Information Sheet:** required for Florida Statute 231.02
 - Once you have filled out all pertinent portions of the information sheet and paid the fee of \$57.25 (using debit/credit or money order), your fingerprints will be scanned for submission to FDLE and FBI for clearance.
4. **Pre-Existing Medical Questionnaire:** requested by the worker's compensation insurance carrier.
5. **Form I-9:** required by the U.S. Department of Justice
 - Complete the top section, through employee signature and date. Please supply us with a copy of your driver's license and social security card as proof of your citizenship. *(This can be copied by the district office personnel when you return your packet, at no charge to you).*
6. **Oath of Loyalty:**
 - Print your name in the first blank, read and sign *(Notaries are available at the district office for your convenience at no charge to you)*
7. **Insurance Forms:**
 - Please refer to insurance packets for completion of enrollment forms. Please complete carefully, sign, and return appropriate forms.
8. **Verification of Previous Experience:** *(Instructional Personnel Only)*
 - If you previously taught in a public school, in the United States of America or in a school operated by the government of the United States of America for citizens of the United States of America, please submit a request for verification form to previous employer for verification of such experience. These forms may be obtained from the personnel office. Failure to request verification of previous teaching experience will affect your salary, so please make sure that all verifications are submitted promptly.
 - It is the teacher's responsibility to mail these forms to the appropriate school district(s) for verification before your salary is adjusted.
9. **Statement of Drug Free Workplace Policy:**
 - My initials indicate that I have been given a memorandum entitled Statement of Drug Free Workplace
 - _____ (Please initial in the space provided).
10. **Direct Deposit** is available through all area banks. If you are interested in this service, please ask when you return packet and we will supply you with the correct forms.

**I UNDERSTAND THAT I CANNOT BE PAID BY GADSDEN COUNTY SCHOOL BOARD
UNTIL ALL THE NECESSARY DOCUMENTS (Official College Transcripts, i.e.) AND ALL OF THE ABOVE
HAVE BEEN COMPLETED AND SUBMITTED TO THE PERSONNEL DEPARTMENT.**