

Employee Name \_\_\_\_\_

## ADAMS 14 CERTIFIED EMPLOYEE NEW HIRE CHECKLIST

- \_\_\_\_\_ 1- Verification of Employment Form (VOE): This form must be completed by all former employers to verify prior teaching experience. If you do not have prior teaching experience please complete the top portion and return.
- \_\_\_\_\_ Official Transcripts from all institutions/ colleges/ universities: Original college transcripts are required. Copies of transcripts are not accepted. Please have these forms sent to us as soon as possible.
- \_\_\_\_\_ 2- New Employee Information Form
- \_\_\_\_\_ 3- W-4 – Indicate your filing status and deductions. (This form can be redone at any time during the year.)
- \_\_\_\_\_ 4- Authorization for Direct Deposit – Mandatory for all district employees. Please attach a voided check or letter from the financial institution indicating the routing and account number.
- \_\_\_\_\_ 5- PERA Enrollment – Must be completed for all employees. Please mark the form as a new member, even if you are a current member of PERA.
- \_\_\_\_\_ 6- Social Security Sign Off Form: This is an acknowledgement statement notifying you that you are being employed in a “Job Not Covered by Social Security.” Your signature indicates you are aware that earnings from your position at Adams 14 are not covered under Social Security.
- \_\_\_\_\_ 7- Certified Sick Leave Bank Donation Form: Please read, mark your preference, sign and return the form.
- \_\_\_\_\_ 8A & 8B- District Policy Acknowledgement Form & District Policy Information: Included in your packet are District policies for Drug Free Workplace; Staff Dress Code; Staff Use of the Internet and Electronic Communications; Sexual Discrimination and Harassment; Workers’ Compensation Information; Badge Replacement Policy and Universal Precautions. Please review these policies before signing the acknowledgements.
- \_\_\_\_\_ 9- Benefits Summary Sheet and Enrollment Form: Included in your packet is the information on the District’s benefit plan, including cost and coverage information. Kaiser Permanente (medical); Delta Dental of Colorado; and Vision Service Plan (VSP). The second page must be completed and returned for benefits enrollment.
- \_\_\_\_\_ 10- I-9 Information Sheet: This form lists the acceptable documents for completion of the I-9 Verification Form. **This form must be completed in person at Human Resources 5991 East 60<sup>th</sup> Ave, Commerce City, CO 80022.**