

Rehire Paperwork Checklist

Employee Name: E-Mail Address: Supervisor:		Location I	Location Name: Location Code: Start Date:	
		Location (
		Start Date		
When you Resources L	rehire an employee, please forward the Department at the Principal Office no la	following original complet ter than three days after the	ed documents to e employee's star	the Human t date.
Y when complete				P.O. Use
	Status Change			
	Application (attach resume and cover letter if applicable)			
	Terms of Employment			
	The Availability Record 403B Enrollment Form			
	403B Beneficiary Form (if applicable)		
	Roth Form (if applicable)			
	W-4			
	I-9			
	Employee Rules And Regulations (Le	oss Prevention Rules)		
	Receipt of Employee Acknowledgme			
	Items to be ordered for Employee (must be approved by supervisor prior to ordering)			
	Name Tag Form (if applicable)			
	Uniform Form (if applicable)			
Completed I	By:		Date:	
Received in	Signature P.0. By	r:		