

Fairfield County New Employee Payroll Forms Checklist

Employee: _____ Employee Number: _____

Hire Date: _____ Department: _____

Department Representative: _____ Phone: _____

Required Forms For New Employees To County Payroll

Please see the attached detailed instructions for completing the individual forms.

Form	Send To	Form Required?	Submitted (Yes/ No)	Date Submitted
Fairfield County Employment Information	Auditor	Yes		
Form SR-6 Notice of Re-Employment of an OPERS Benefit Recipient (OPERS)	Auditor	Is this employee receiving retirement or disability benefits from PERS? Yes ___ No ___ If yes, this form must be completed and submitted.		
Form I-9 Employment Eligibility Verification (Dept of Homeland Security)	Auditor	Yes		
Form W-4 Employee's Withholding Allowance Certificate (Dept of the Treasury IRS)	Auditor	Yes		
Form IT-4 Employee's Withholding Exemption Certificate (Ohio Dept of Taxation)	Auditor	Yes		
Form SSA-1945 (Social Security)	Auditor	Yes		
Authorization Agreement for Direct Deposit	Auditor	If employee wants direct deposit of payroll check.		
Ohio Dept of Public Safety – Public Employment (Division of Homeland Security)	Keep on file in department	Yes		
Motor Vehicle Report-Acknowledgement and Consent	Human Resources	Yes		
Insurance Authorization	Human Resources	Yes		
Central Authentication Identity	Auditor	Yes		

Department Representative:

Please submit all required forms (including this form) within **three** days of first day worked, properly completed and signed by the employee, along with this checklist, to the appropriate department as listed above. **Failure to complete and return the above forms in a timely manner may result in the following; postponement of pay and/or ineligibility for insurance benefits.**

I have verified that all required forms are complete and are included with this New Employee Packet.

Department Representative Signature: _____ Date: _____

Entered by: _____ Date: _____ Approved by: _____ Date: _____

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Detailed Instructions for Each Form

Fairfield County Employment Information

- Employee must complete the General Information and Local Tax Withholding Information sections.
 - To assist with the Corporation Limits question, you may contact the county auditor within the county the employee resides.
 - Completion of the EEO Civil Service Information section is optional. However, completion assists the County with EEO reporting requirements.
- Employer/department payroll representative **must** complete For Department Use Only.
 - The EEO function code must be entered. Refer to the list below for assistance.
 - 01 = Auditor, Recorder, Treasurer, Clerk of Courts, Commissioners, HR, Economic Development, Board of Elections, Emergency Management Agency, Prosecutor, Veterans Service Commission, All Courts
 - 02 = Engineer
 - 03 = MRDD, JFS, FACFC
 - 04 = Sheriff, Coroner
 - 06 = Soil & Water, Historical Parks
 - 08 = Health, ADAMH
 - 10 = Regional Planning
 - 11 = MCJDC, Adult Probation
 - 12 = Utilities
 - 15 = Maintenance, Dog Shelter

Form SR-6, Notice of Re-Employment of an OPERS Benefit Recipient (OPERS)

Form must be completed if employee is receiving retirement or disability benefits from PERS. This form must be completed and submitted to PERS by the end of the first month of employment. Failure to do so will result in employer liability for overpaid benefits.

If the retiree is re-employed within the last ten days of a month, notify the Finance Office immediately to prevent an overpayment of pension; confirmation must then be made on Form SR-6 within ten days.

- Section I – Employment. Department must complete with information supplied by employee.
- Section II – Employer Certification of Health Care Coverage. Department must complete.
- Section III – Acknowledgement of Retiree. Employee must sign.
- Section IV – Certification by Fiscal Officer. This section will be completed by the Auditor's office.

Form I-9, Employment Eligibility Verification (Dept of Homeland Security)

Please read all instructions before completing the form.

- **Section 1 – Employee Information and Verification.** Employee must complete and sign.
- **Section 2 – Employer Review and Verification.** Department Payroll officer is required to examine original documents listed on back of form and complete the section.
- **Certification** – Department must complete and an authorized signature is required.
- **Section 3 – Updating and Re-verification.** Do not complete.

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Form W-4, Employee's Withholding Allowance Certificate (Dept of the Treasury/IRS)

- Employee must complete sections 1 through 5.
- If employee wants additional taxes withheld, then section 6 must be completed.
- If employee claims exemption for all withholding for the year (meeting **both** listed conditions), then section 7 must be completed. Enter the word "Exempt."
- Employee can change this form at any time.
- Employee must sign and date the form.

Form IT-4, Employee's Withholding Exemption Certificate (Ohio Dept of Taxation)

- Employee must complete name, social security number, address, public school district of residence, and school district number.
 - To assist with School District Income Code you may refer to http://www.tax.ohio.gov/online_services/thefinder.stm. Click on School District Income tab. Click on Lookup Tax Rate – Address. Type in the address and click the Lookup tab.
- Employee must enter allowable exemptions in lines 1 through 4.
- If employee wants additional taxes withheld, then line 5 must be completed.
- Employee must sign and date form.

Form SSA-1945, Statement Concerning Your Employment in a Job Not Covered by Social Security

- Employee must complete, sign and date form.
- Employee ID # = employee's social security number.
- Employer name = Fairfield County. **Leave employer id blank.**

Authorization Agreement for Direct Deposit (ACH Credits)

- Employee must complete "Transaction Type" and corresponding sections.
- Employee must sign and date form.

Ohio Department of Public Safety (Division of Homeland Security) Public Employment

- Employee must complete, sign and date form.
- This form remains on file at the department.

Motor Vehicle Report – Acknowledgement and Consent

- This form is required for insurance purposes.
- This form does not apply for general employee travel reimbursements.

Insurance Authorization

- Employee must print name, department, hire date, make an election, sign, and date the form.
- If this is a change to an employee's current election, they need to indicate the "life status change" and provide the appropriate documentation.