



New Employee Checklist

DeafBlind & Mentoring Services

This form is to be completed by the Managing Party/ DHHS Regional Staff; this and all forms indicated below must be submitted to PICS before the employee begins work.

Employee Name: _____

Managing Party/ DHHS Regional Staff Name: _____

Date of Hire: _____

The Managing Party/DHHS Regional Staff should date and initial each item as it is completed.

- | | Date | Initial | |
|-----|-------------|----------------|---|
| 1. | _____ | _____ | Job application |
| 2. | _____ | _____ | Employment Agreement * |
| 3. | _____ | _____ | I-9 Form (All Sections must be completed and signed by Managing Party/DHHS Regional Staff)* |
| 4. | _____ | _____ | W-4 Form* |
| 5. | _____ | _____ | Background Study Authorization form (notarized)*~ NOTE: Failure to pass the BSA will result in an ineligibility to continue to work for PICS. You will be notified if the BSA does not pass. |
| 6. | _____ | _____ | Child Support Disclosure Form* |
| 7. | _____ | _____ | Personnel File Notification and Acknowledgement* |
| 8. | _____ | _____ | Health Privacy Training Certification Form* |
| 9. | _____ | _____ | Vulnerable Adult Certification Form |
| 10. | _____ | _____ | Maltreatment of Minors Certification Form |
| 11. | _____ | _____ | This Employment Checklist |

Email address to be contacted if something is missing from employee packet:

I have completed the above steps for _____
(Employee Name)

(Managing Party/ DHHS Regional Staff Signature) (Date)

Date submitted to PICS: _____
Rev. 08/2009

*** Required by a government agency**

Please note the I-9 form and background study authorizations must be the original signatures.