

Name _____ Title _____ Campus _____ Date _____

EMS ISD New Hire Packet Checklist

Professional, Paraprofessional, and Full-Time Auxiliary Employee Checklist

- Signed Contract** (if applicable)

I-9 Form (Return page one and attach forms of acceptable documents as listed on page 3 of the I-9 form.)

- W-4**

- Direct Deposit Form**

- Form SSA-1945**

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

X _____

- Pre-Employment Affidavit**

- Employee Handbook**

I confirm that I have read and understand the contents of the EMS ISD Online Employee Handbook. I further agree to abide by the policies, procedures and guidelines included in the Handbook while employed by the District.

X _____

- Acceptable Use Policy for Electronic Communication**

I agree that I have read, understand and accept responsibility for the information in the Acceptable Use Policy. I will also follow the policies, rules and guidelines described in the document.

X _____

- Benefits**

I understand that I have 31 days from my employment start date to enroll or decline benefits coverage, including Sick Leave Bank. I also acknowledge that the ACA Policy has been reviewed with me.

X _____

Instructions for your new employee badge will be sent when all documents have been received.