


Employee Name: _____ Site: _____ DOH: _____

Site Administrator, use this checklist to monitor completion and submission of required forms to be faxed to the State IEU, attention Carol Kahl at 624-6661. Receipt of the Employment Payroll Forms allow Payroll to set the new hire up in ADP Workforce Now for timekeeping purposes. Receipt of the Benefit Forms allow for enrollment with benefit vendor(s) and ADP, along with the corresponding payroll deductions, if applicable.

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|  | | CDS New Employee – Check List <input checked="" type="checkbox"/> | |
| Employment Payroll Forms | | Benefit Forms | |
| <input type="checkbox"/> Employee Payroll Information Sheet | | <input type="checkbox"/> Benefit Plan Enrollment Form (required) | |
| <input type="checkbox"/> W-4 (FEDERAL) | | <u>The following forms are required only if electing to participate:</u> | |
| <input type="checkbox"/> W-4ME (MAINE) | | <input type="checkbox"/> Principal Financial Group Easy Enrollment Form 403(b) with investment options selected | |
| <input type="checkbox"/> I-9, Employment Eligibility Verification (include photocopies of documentation) | | <input type="checkbox"/> Principal Financial Group Beneficiary Designation | |
| <input type="checkbox"/> Employee Direct Deposit Form (with a copy of voided check) | | | |
| <input type="checkbox"/> Acknowledgement of Time Sheet Process | | | |
| <input type="checkbox"/> Emergency Employee Information | | | |
| <u>Academic Employees Only</u> | | | |
| (S) = Salaried (H) = Hourly | | | |
| <input type="checkbox"/> Academic Employee Payment Options (S) | | | |
| <input type="checkbox"/> Continued Benefits Coverage During Summer Recess (H & S with 21 pay periods) | | | |
| <input type="checkbox"/> Reasonable Assurance of Employment (S & H) | | | |