**Employee Name:**

# Employment Verification

* **Employment Eligibility Verification (I-9) (completed electronically)**
* **Driver License and Social Security Card**
* **Employee Picture ID**

# Employment Papers Completed by Employee

* **Employee Personal Data Form**
* **W-4 Employee’s Withholding Allowance Certificate**
* **Direct Deposit Authorization Form**
* **Verification of Prior State Employment**
* **Selective Service Verification**
* **Military Preference and Former Foster Child Preference Verifications**

### Required New Employee Notices

* **Notice to Employees of Worker’s Compensation Insurance**
* **Notice of Privacy Practices (HIPAA)**
* **Information Security Acknowledgement**
* **Family and Medical Leave**
* **DSHS - HIV/AIDS Brochure**
* **Drug and Alcohol Abuse and Rehabilitation Programs**
* **Ethics**
* **Texas Department of Health – Texas Hazard Communication**

## Benefit Enrollment / iBenefits System

* **New Employee Benefit Booklet**

# Payroll

* **LeaveTraq/TimeTraq Overview**
* **Payroll Schedule** *(Monthly or Bi-weekly)*
* **Holiday Schedule**

**Training**

* **Safety In-Processing / Checklist**

 * DOT Drug Test (if applicable)*

 * Unit Safety Orientation Form (Send checklist to ED)*

* **Hazard Communications (Online)**
* **Driving Safety (Video)**
* **Creating a Discrimination-Free Workplace (Online)**
* **Ethics (Online)**
* **Information Security Awareness (Online)**
* **Orientation to the A&M System (Online)**
* **Reporting Fraud, Waste and Abuse (Online)**

**Employee Certification**

**I certify that I have completed all employment paperwork; received the notices, policies and procedures listed above; and completed the training required by the Texas A&M University System (TAMUS) and Texas A&M Forest Service.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature Date**

**ED Review** (Completeness and compliance with all TAMUS and TFS policies and procedures.)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ED Representative Date**