IREDELL-STATESVILLE SCHOOLS CHECKLIST FOR
NEW, FULL-TIME EMPLOYEES

Please initial in the space provided as you complete each item shown on this checklist:

	HAVE READ OR COMPLETED	OFFICE USE
Employment Information Sheet	_____	_____
Demographic form	_____	_____
I-9 form: Employee Eligibility Verification	_____	_____
Form W-4: Federal Tax Certificate	_____	_____
Form NC-4: State Tax Certificate	_____	_____
Health Certificate	_____	_____
Acceptance of Responsibility	_____	_____
Direct Deposit Form	_____	_____
Driver License and Social Security Card*	_____	_____

       (OR OTHER TYPE OF I.D. YOU PLAN TO SUBMITT)
       ***Submit your Driver License and Social Security Card when you turn in**
         paperwork to the Human Resource Department. Paperwork will be considered
         incomplete if you are unable to meet I-9/Payroll identification requirements.

NC401K Information/Approved Tax Shelter Vendors	_____	_____
FMLA/Privacy Notices	_____	_____
Health Insurance Enrollment Form	_____	_____
Local Benefit Information Sheet		
Life Insurance Enrollment Form	_____	_____

Policy Information
    Drug-Free and Alcohol-Free Workplace Policy #7241
    Drug and Alcohol Testing of Commercial Motor Vehicle Operators #7241
    Occupational Exposure to Pathogens #7260
    Prohibition Against Discrimination and Harassment #1710/4021/7230
    Harassment Defined #1735/4025/7235
    Sexual Harassment Defined #1735/4026/7236
    Sexual Harassment Complaint Procedure for Employees #1755/7237
    Criminal History Check-Employee/Applicant #7.1111
    Internet and the Educational Program #3225/7320
    Code of Ethics for North Carolina Educators #QP-F-012

Policy information receipt verification form	_____	_____
NC New Hire Reporting form	_____	_____
Prior Employment Request form (if applicable)	_____	_____
Notice Regarding Work Injury	_____	_____
Classified/Bus Driver Agreement (if applicable)	_____	_____
Longevity Form	_____	_____

I have received a general packet of information regarding employment policies and procedures. **I understand that I am not eligible to receive my paycheck if my health certificate, direct deposit form and/or any other outstanding form has not been completed and returned to Human Resources within 30 days of the first day I work. _____(Employee Initials) _____(HR Initials)**

_____   _____
Employee Signature   Date

_____   _____
Human Resources Department Representative's Signature   Date