

Part-Time Employee Forms Checklist for: _____
Print Employee Name

THIS FORM MUST BE COMPLETED BY THE DEPARTMENT REPRESENTATIVE.

I, _____ Sort Code: _____ Tel. #: _____
Print name of Department Representative completing this form

have: (a) reviewed and determined to be complete; and
(b) attached the following documents to this checklist - in the order listed below

- _____ W-4 Card (Original Card Only)
- _____ Employment Document (Contract)
- _____ Request for ID / Personal Data Form
- _____ I-9 - with attached documentation (As Specified in Dept. of Homeland Security Instructions)
- _____ Copy of Social Security Card (Payroll Requirement)
- _____ Paycheck Option Form
- _____ Checklist
- _____ CSN Application for Employment
- _____ NSHE / CSN Policy Statements Sign-off sheet
- _____ Current and / or Change in Family Relationship Form (Nepotism)
- _____ Student Verification, for Student Workers (SIS Class Schedule)
- _____ Exposure to Bloodborne Pathogens Determination Form
- _____ Designation of Beneficiary for Unpaid Compensation
- _____ NSHE Sexual Harassment Policy Acknowledgement Form
- _____ FICA Alternative Enrollment Form
- _____ SSA – 1945 (Job Not Covered by Social Security)
- _____ Oath (for New Part-time LOA/LOB Employees)