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)

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