

Intermittent/Seasonal Employee New-hire Orientation/Checklist

NAME: _____ START DATE: _____

Task	Date of Completion & Initials/Comments
<input type="checkbox"/> Employee Record Form completed & signed by new employee & supervisor	
<input type="checkbox"/> Address Form, Payment Form, Federal & IL W-4 Forms have been completed & signed	
<input type="checkbox"/> I-9 Form is correctly filled out, original documents viewed by staff completing form, and photocopies made for I-9 records	
<input type="checkbox"/> "Should this employee be enrolled in IMRF" form completed by Coordinator, AA, & EE	
<input type="checkbox"/> Record of Auto Insurance + DL provided & photocopied for file (if applicable)	
<input type="checkbox"/> Police Check form has been filled out, and results received	
<input type="checkbox"/> Employee filled out CCRS Medical Form and DCFS Background Check (if applicable)	
<input type="checkbox"/> Employee received Personnel & Safety Manuals and signed acknowledgment forms (also employee informed of location document locations on the internal website and at the front desk of year-round facilities)	
<input type="checkbox"/> Employee received Position Description and signed acknowledgment form	
<input type="checkbox"/> Employee enrolled in IMRF if intended to work >1000 hours in a 12 month period	

PAYMENT METHOD: DIRECT DEPOSIT PAYROLL DEBIT CARD