

Department of Medicine
EMPLOYMENT PROCESSING CHECKLIST
 (For Officers of Administration & Support Staff)

Full Name: _____ SS#: _____
 Division: _____

FOR DEPARTMENT USE ONLY

Date Received: MM/DD/YYYY Date Submitted to HR: MM/DD/YYYY 1st Check Date: MM/DD/YYYY

Reviewed by: _____ Ext: _____

Hire Date: MM/DD/YYYY Status: FT PT - hrs/wk _____ Salary: \$ _____

Title: _____ PRQ#: _____

Work Location: _____ Phone Ext: _____

Supervisor: _____ Phone Ext: _____

Seniority Date: MM/DD/YYYY Monitoring Approval Date: MM/DD/YYYY Orientation Date: MM/DD/YYYY

Previously Casual H1 Wage Memo Personal Info Form PAF ID Letters Email Request Form

Entered on Attendance Record Entered on Salary List Entered on Paycheck List

	Officer	SSA	Comments
Signed CU Application for Employment			
SALARY CERTIFICATION FORM			
I-9 Form			
Current Visa (If Applicable)			
W-4 Form			
IT2104 / IT2104.1 / IT2104-E			
Direct Deposit Authorization			