

New **SUBSTITUTE** Employee Inventory

(Substitute: Teacher, ESP, Food Service, Custodian)

Independent School District 877

Form 4032
Revised: 10/10

SUBSTITUTE'S NAME: _____

PAYROLL FORMS

- Payroll Set Up
- W-4 Tax Withholding
- I-9 Employment Eligibility Verification
- 2 forms of identification for the I-9 form
- Background Authorization/Criminal History Check

DISTRICT POLICIES

- Bloodborne Pathogens Law
- Workers Compensation Information
- Harassment & Violence (Religious/Racial/Sexual)
- Bullying Prohibition
- Mandated Reporting/Child Neglect/Abuse
- Mandated Reporting/Vulnerable Adults
- Drug-Free Workplace/Drug-Free Schools
- Tobacco-Free Environment
- Technology Acceptable Use Policy

I acknowledge that I have been given a copy of and had the opportunity to ask questions of each of the items checked above. A copy of this inventory will be placed in my personnel file.

Substitute's Signature Date: _____

Supervisor -or- Employee Reviewing Paperwork w/New Hire:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Enter Background Screening Information into OrangeTree <input type="checkbox"/> Receive Payment for Background Check <input type="checkbox"/> Verified background check when complete (24/48 hrs.) <input type="checkbox"/> If RED FLAG, notified HR of discrepancy (x-28713) <input type="checkbox"/> Added NOTES to background check if necessary | <ul style="list-style-type: none"> <input type="checkbox"/> Send PAYMENT+NAME for background check to HR <input type="checkbox"/> Send COMPLETED payroll forms to Diane Cassellius <input type="checkbox"/> File SIGNED Technology form in employee's file <input type="checkbox"/> File Background Authorization Form in employee's file <input type="checkbox"/> File this signed Inventory form in employee's file |
|--|---|

FOR PAYROLL USE ONLY

ITEM	RECEIVED	N/A
PAYROLL DEPT.		
Payroll Set-Up Form	_____	_____
W-4	_____	_____
Employment Eligibility Verification and 2 forms of ID	_____	_____

SUPERVISOR'S SIGNATURE

Supervisor's Signature or Name of Person Completing Form
Date: _____