



Students First

Inspire, Educate, Celebrate

INSTRUCTIONAL PERSONNEL

Name: _____ Date: _____

Employee ID: _____ School: _____ Position _____

The position for which you are being employed requires that certain documents be on file in your personnel record.
Please eliminate the need for reminders by forwarding the documents immediately.

FOR OFFICE USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Online Application
<input type="checkbox"/> Drivers License/State ID
<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Public Act 68 Form
<input type="checkbox"/> Tuberculin Test
<input type="checkbox"/> Health Form
<input type="checkbox"/> Federal Tax Withholding Form
<input type="checkbox"/> State Tax Withholding Form
<input type="checkbox"/> I-9 Employment Eligibility
<input type="checkbox"/> Consent Form for Background Investigation
<input type="checkbox"/> Ethnicity Survey
<input type="checkbox"/> Direct Deposit <ul style="list-style-type: none"> <input type="checkbox"/> Voided check/bank authorization <input type="checkbox"/> Foundation Authorization Card
(optional) <input type="checkbox"/> Disclosure of Unprofessional Conduct <ul style="list-style-type: none"> <input type="checkbox"/> Mailed to employer _____ <input type="checkbox"/> Received back _____ | <input type="checkbox"/> Official Transcripts
<input type="checkbox"/> Notarized Teaching Certificate <ul style="list-style-type: none"> <input type="checkbox"/> MDE Certification Status _____ <input type="checkbox"/> Credentials (from University or three letters of recommendation)
<input type="checkbox"/> ICHAT
<input type="checkbox"/> Fingerprints <ul style="list-style-type: none"> <input type="checkbox"/> Date of Appt: _____ <input type="checkbox"/> Livescan Form <input type="checkbox"/> Mi Waiver Form <input type="checkbox"/> Fingerprint Release (If coming from another district) <ul style="list-style-type: none"> <input type="checkbox"/> Fingerprints received _____ <input type="checkbox"/> Designation of Beneficiary
<input type="checkbox"/> Acknowledgement of District Policies and Procedures
<input type="checkbox"/> Bilingual Agreement (if applicable)
<input type="checkbox"/> Retirement Plan (if applicable) |
|---|---|

Paperwork Completed Date: _____ Initial: _____