



Students First

Inspire, Educate, Celebrate

NON-INSTRUCTIONAL PERSONNEL

Name: _____ Date: _____

Address: _____

Phone (Home): _____ Phone (Cell): _____

Building: _____ Position: _____

The position for which you are employed, or being employed requires that certain documents be on file in your personnel record. Copies of this form reflecting documents still outstanding will be sent as reminders in the event you do not comply promptly. **(IF THE LAST LINE IS CHECKED, YOUR PAYCHECK WILL BE WITHHELD AS INDICATED).** Please eliminate the need for reminders and paycheck withholdings by forwarding the documents immediately.

FOR OFFICE USE ONLY

Employee Id # _____ Effective Date _____

- | | |
|--|--|
| <input type="checkbox"/> Online Application | <input type="checkbox"/> High School Diploma/College Transcripts |
| <input type="checkbox"/> Drivers License/State ID | <input type="checkbox"/> Public Act 68 (Fingerprint Form) |
| <input type="checkbox"/> Green Card (If Non-US Citizen) | <input type="checkbox"/> Fingerprints |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Date of Appt: _____ |
| <input type="checkbox"/> Tuberculin Test | <input type="checkbox"/> Livescan Form |
| <input type="checkbox"/> Health Form | <input type="checkbox"/> Mi Waiver Form |
| <input type="checkbox"/> Federal Tax Withholding Form | <input type="checkbox"/> Fingerprint Release (If coming from another district) |
| <input type="checkbox"/> State Tax Withholding Form | <input type="checkbox"/> Fingerprints received _____ |
| <input type="checkbox"/> I-9 Employment Eligibility | <input type="checkbox"/> Discharge Paperwork (<i>Military</i>) |
| <input type="checkbox"/> Consent Form | <input type="checkbox"/> At Will Statement (<i>Subs Only</i>) |
| <input type="checkbox"/> Ethnicity Form | <input type="checkbox"/> Beneficiary Form (<i>Excludes Subs</i>) |
| <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> Disclosure of Unprofessional Conduct |
| <input type="checkbox"/> Voided check/bank authorization | <input type="checkbox"/> Letter mailed to employer _____ |
| <input type="checkbox"/> ORS Limits (<i>Retirees Only</i>) | |

I have received a copy of the DFSE Handbook, work rules and regulations, and understand the Acknowledgement of Policies.

Signature: _____ Date: _____

Your next paycheck will be held unless the documents requested above are forwarded to this office.