

New Hire Checklist - LAY EMPLOYEES

SECTION

Complete each section as instructed and check mark when complete.

INSTRUCTIONS

- 1** Completed Safe and Sacred
- 2** W-4 filled out
- 3** M- W4 filled out
- 4** I-9 Filled out Give Instruction sheets to Employee
- 5** Direct Deposit form
- 6** Emergency Contact Info
- 7** Policy & Procedure Handbook Give Handbook to Employee



Place checkmark in box when complete

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- Must complete before hiring**
- Employee must fill out**
- Employee must fill out**
- Employee must fill out page 1/Employer Page 2**
- Employee must fill out**
- Employee must fill out**
- Employee must Sign Acknowledgment Sheet**

- 8** Does this employee work (30 hrs per week or More)
- 8B**
 - Offered Employee Medical
 - Offered Employee Health Savings Acct (H.S.A or F.S.A)
 - Offered Employee AFLAC
 - Offered Employee Vision
 - Offered Employee Dental
 - Long Term Disability Ins.
 - Employee Must Fill out Life Ins. Form
 - Send Life Ins. Form to Diocese GFB**
 - Employee Must Fill out Christian Brothers Enrollment
 - Send Christian Brother Forms to Diocese of GFB**
 - Employee must complete Life Insurance- Lincoln**

Yes
No

- Complete Section 7B then skip to Section 10**
- Skip to Section 10**
- Give Info Sheet/Selection for Ins on RETA**
- Give Info Sheets to Employee**
- Give Info Sheets to Employee**
- Give Info Sheet/Selection for Ins on RETA**
- Give Info Sheet/Selection for Ins on RETA**
- Give Info Sheets to Employee**
- Give Info Sheets/Employee to fill out UNUM form**
- Keep copy for your file send original to Diocese**
- Instruct employee to fill out this form**
- Keep copy for your file send original to Diocese**
- Send copy of beneficiary form to Diocese**

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- 9** Employees working only (1-29 hours per week) or Seasonal
- 9B** Offered Employee AFLAC
- 10** Enter Employee information into PrimePay Payroll - www.cs.primepay.com
- 11** Enter Employee Information into BAS/RETA MyEnroll - www.RETATrust.org
- 12**
 - Employee Name _____
 - Address: _____
 - City, State, Zip _____
 - Parish/School Name: _____
 - Date of Hire: _____
- 13** Signature of Parish/School Representative _____

Yes

- Complete section 10 through 14**
- Give Info Sheet to Employee**
- MUST COMPLETE SECTION 10-14 on all New Hires**
- Fill out all of Section 14**

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14 A Copy of this form MUST be sent to HR @ the Diocese of GFB on all new EE's

Fax: 406-727-5976
 Email: HR@diocesegfb.org
 Mail: Diocese of Great Falls-Billings
 C/O HR Department
 PO Box 1399
 Great Falls, MT 59403