

New Hire Checklist - LAY EMPLOYEES/ SCHOOL EMPLOYEES

SECTION

Complete each section as instructed and check mark when complete.

INSTRUCTIONS

1	Completed Safe and Sacred	
2	W-4 Supply to Employee	
3	M- W4 Supply to Employee	
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
7A	Payroll Status Change Form	

Place checkmark in box when complete

<input type="checkbox"/>	<i>Must complete before hiring</i>
<input type="checkbox"/>	<i>Employee must fill out</i>
<input type="checkbox"/>	<i>Employee must fill out</i>
<input type="checkbox"/>	<i>Employee must fill out page 1/Employer Page 2</i>
<input type="checkbox"/>	<i>Employee must fill out</i>
<input type="checkbox"/>	<i>Employee must fill out</i>
<input type="checkbox"/>	<i>Employee must Sign Acknowledgment Sheet</i>
<input type="checkbox"/>	<i>Complete and place in Employee's Personnel File</i>

8	Does this employee work (30 hrs per week or More)	
8B	Medical Anthem BS of California Cafeteria Plan BAS (F.S.A) Cafeteria Plan Health Equity (H.S.A.) Make FSA and HSA elections in Reta AFLAC Vision (VSP- Reta) Dental (Delta Dental) Life Insurance (Lincoln)	
	Employee Must Fill out Christian Brothers Enrollment Send Christian Brother Forms to Diocese of GFB Employee must complete Life Insurance- Lincoln	

Yes	<input type="checkbox"/>	<i>Complete Section 8B then skip to Section 11</i>
No	<input type="checkbox"/>	<i>Skip to Section 9B</i>
	<input type="checkbox"/>	<i>Give Open Enrollment Benefit Guide</i>
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	<i>Keep copy for your file send original to Diocese</i>
	<input type="checkbox"/>	<i>Give Info Sheets to Employee</i>
	<input type="checkbox"/>	<i>Give Open Enrollment Benefit Guide</i>
	<input type="checkbox"/>	<i>Give Open Enrollment Benefit Guide</i>
	<input type="checkbox"/>	<i>Give Open Enrollment Benefit Guide</i>
	<input type="checkbox"/>	<i>Keep copy for your file send original to Diocese</i>
	<input type="checkbox"/>	
	<input type="checkbox"/>	<i>Instruct employee to fill out this form</i>
	<input type="checkbox"/>	<i>Keep copy for your file send original to Diocese</i>
	<input type="checkbox"/>	<i>Send copy of beneficiary form to Diocese</i>
	<input type="checkbox"/>	<i>Keep copy for your file send original to Diocese</i>

9	Does this employee work (1-29 hours per week)	
9B	Offered Employee AFLAC	

Yes	<input type="checkbox"/>	<i>Complete Section 9B then skip to Section 10</i>
No	<input type="checkbox"/>	<i>Complete section 11 through 14</i>
	<input type="checkbox"/>	<i>Give info sheet to Employee</i>
	<input type="checkbox"/>	
	<input type="checkbox"/>	

10	Employees working only (1-19 hours per week) or Seasonal	
10B	Offered Employee AFLAC	

Yes	<input type="checkbox"/>	<i>Complete section 11 through 14</i>
	<input type="checkbox"/>	<i>Give Info Sheet to Employee</i>

11	Enter Employee information into Paylocity - www.paylocity.com	
12	Enter Employee Information into BAS/RETA MyEnroll - www.RETATrust.org	
13	Enter Employee Information in Christian Brothers- cbservices.org/index.php	

<input type="checkbox"/>	<i>MUST COMPLETE SECTION 11-16 on all New Hires</i>
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14	Employee Name _____	
	Address: _____	
	City, State, Zip _____	
	Parish/School Name: _____	
	Date of Hire: _____	

<input type="checkbox"/>	<i>Fill out all of Section 14</i>
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15	Signature of Parish/School Representative _____	<input type="checkbox"/>
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16 A Copy of this form MUST be sent to HR @ the Diocese of GFB on all new EE

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