

NEW EMPLOYEE APPROVAL/CHANGE OF EMPLOYEE STATUS FORM

SECTION I. To be completed by the Department Head/Supervisor

1. Name of Employee:	
2. Department:	
3. Attach Documentation--References checked: Yes <input type="checkbox"/>	
4. Date Physical Given:	Driver's License Check <input type="checkbox"/>
5. Job Posting Dates 10 days required: Date of Beginning Posting	(10 Days Required) Date of Ending Posting:
6. Job Description/Grading Complete? Yes <input type="checkbox"/>	Union Employee: Yes <input type="checkbox"/>
7. New Employee: Anticipated Start Date:	If Temporary, end date:
Position Title:	
New Hire Pay Rate:	
Number of Hours per week	
8. Change of Status: Effective Date	
Current Position Title:	New Title:
Current Pay Rate:	New Pay Rate:
Date Signed: 4/238/22	Tentative Dept Approval: Nan Benson

SECTION II. This form, with the attachments and payroll forms, should be forwarded to the Board of Supervisor's Office for inclusion on the next Board agenda before the new employee begins work. Paychecks will not be issued until all forms are complete and Board approval granted.

APPROVAL/DISAPPROVAL	Chair: Yes <input type="checkbox"/>	Vice Chair: Yes <input type="checkbox"/>	Member: Yes <input type="checkbox"/>
BOS Meeting Date Approved:	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

Board of Supervisors (yes or no + initials)

Sections I and II must be completed BEFORE going to Auditor's Accounting Department

SECTION III. To be completed by payroll personnel (Auditor Office)

- 1. W-4 and IA W-4 (Federal and State withholding certificates)
- 2. I-9 Employment Eligibility Verification Form
- 3. IPERS Beneficiary Form (Full time student? Yes No --- Not needed for full time students)
- 4. Direct Deposit
- 5. Health, Dental, Life Insurance, EAP & Flexible Spending
- 6. Voluntary Life Insurance, Voluntary Accident Insurance & AFLAC
- 7. Part-time? Yes Health Ins Referral Form; No N/A
- 8. Credit Union Brochure
- 9. Deferred Comp Information
- 10. Personnel Policy (printed copy available upon request)
- 11. Sexual Harassment Policy and Family Medical Leave (if not under County Personnel Policy)

I have completed the forms and received the documents, as noted above.

DATE EMPLOYEE Signature

Signature: *Nan Benson*
Nan Benson (Apr 22, 2022 07:34 CDT)

Email: nbenson@marshallcountya.gov