

Instructions

- Complete the Employee Information section.
- Complete the Employment Forms and Information section.
- Submit the completed and signed new hire forms to your Administaff payroll specialist.

Employee Information

Client Company Name	Client Number
Employee Full Name	Social Security Number
Job Title	Location

Employment Forms and Information (check if discussed or completed)

Required Employment Forms (These forms must be returned within three (3) days of employment.)	<input type="checkbox"/> New Employee Information Sheet	
	<input type="checkbox"/> W-4	If applicable: <input type="checkbox"/> State tax form <input type="checkbox"/> Local tax form
	<input type="checkbox"/> I-9 with verification <i>(i.e., passport, alien registration, Social Security card, driver's license, etc.)</i>	
	<input type="checkbox"/> Anti-Harassment Policy	
	<input type="checkbox"/> Administaff Group Health Plan Notice of Privacy Practices for Protected Health Information	
	<input type="checkbox"/> Family and Medical Leave Policy	
	<input type="checkbox"/> Department of Labor Notice to Employee of Rights under FMLA	
	<input type="checkbox"/> Policy Acknowledgment (Anti-Harassment, Drug-Free Workplace and FMLA)	
	<input type="checkbox"/> Employment Agreement	For Union Employees Only: <input type="checkbox"/> Union Employee Acknowledgment
	<input type="checkbox"/> Other state specific required forms (if applicable) <ul style="list-style-type: none"> <input type="checkbox"/> Texas employees: Drug-Free Workplace Policy <input type="checkbox"/> California employees: Employee Notice of Medical Provider Network (MPN), Predesignation of Treating Physician <input type="checkbox"/> Colorado employees: Colorado I-9 Affirmation Regarding Work Status <input type="checkbox"/> Maryland employees: Maryland Employee Notice <input type="checkbox"/> New Jersey employees: Family Leave Insurance Provisions <input type="checkbox"/> Pennsylvania employees: Pennsylvania Resident Tax Jurisdiction Pennsylvania Workers' Compensation Information Acknowledgment of Receipt <input type="checkbox"/> South Carolina employees: South Carolina Terms of Employment Notice 	
<input type="checkbox"/> Other client-specific required forms (i.e., Substance Abuse Prevention Policy verification)		
Optional Forms (Complete as needed)	<input type="checkbox"/> Benefits Enrollment for full-time employees (See the Coverage Option Book: Group Health Plan Benefits at a Glance (burgundy book) for the appropriate Benefits Enrollment/Change Request) Note: Employee has 30 days from eligibility date to elect coverage.	
	<input type="checkbox"/> Direct Deposit (Direct Deposit of Payroll with ePayStub Enrollment/Change form) For Arizona and Wyoming employees: <input type="checkbox"/> ePayStub Enrollment/Change Request	
	<input type="checkbox"/> Health Care Flexible Spending Account for full-time employees (if applicable)	
	<input type="checkbox"/> Compensation Reduction/Deduction Authorization (if applicable) (i.e., uniform, client 401(k), etc.)	
	<input type="checkbox"/> Hawaii HC-5 Employee Notification to Employer (state-required acknowledgment of waived benefits; complete when applicable)	
Information	<input type="checkbox"/> Insurance cost for employee only coverage and/or dependent coverage (at time of eligibility)	
	<input type="checkbox"/> Waiting period for insurance coverage: _____ from date of hire	
	<input type="checkbox"/> Yes <input type="checkbox"/> No Is employee subject to child support order and wage withholding?	

Acknowledgment

I understand that many of the above documents are required by either federal or state regulations or by Administaff Companies, II L.P.		
The onsite supervisor or representative has presented each form listed for completion and discussed other checked items.		
SIGN AND DATE THE FORM	Employee Signature	Date (mm/dd/yyyy)
	Onsite Supervisor or Representative Signature	Date (mm/dd/yyyy)

