



NEW EMPLOYEE CHECKLIST

Employee #:		Name:	
Address:			
Phone:			
Social Security:		Birthdate:	
Marital Status:			
Emergency Contact:		Emergency Phone:	
Department:		Position:	
Start Date:		Grade/Step:	

Please complete the checklist below and return the information to the Treasurer's Office, along with this form. Any questions please call the Treasurer's Office at 508-588-0414. Thank You.

	Employer's Use Only	
	Received	Entered
I-9, along with photocopies of identification (example driver id, ss card)		
M-4 (State Tax Withholding Form)		
W-4 (Federal Tax Withholding Form)		
Condition of Employment of New Employees (Union Contract)		
Signed Drug Free Workplace Policy		
Signed receipt of the Sexual harassment Policy and Procedures		
Norfolk County Retirement form, along with a copy of your Birth Certificate, for Full time Employees (20 or more hours per week, 1040 or more hours per year) or an OBRA Deferred Compensation form for part-time or temporary help. Does this employee currently participate in any other retirement plan?		

The following forms are optional:

Direct Deposit:		
Health, Basic, and/or Optional Life Ins. Must be turned in, accompanied by a Cafeteria Plan form.		
Copy given to Town Clerk		

I have read and understand my benefits as an employee for the TOWN OF AVON.

Employee Signature

Date