RESET FORM PRINT

## RGP STAFF NEW HIRE CHECKLIST School of Medicine

NAME:		HIRE DATE:
CLASS/SLOT:		REQUISITION #:
DEPT:		DIVISION:
STATE TITLE:		POSITION #:
INTERNAL TITLE:		SUPERVISOR:
Employ	yee's Emergency Contact (Name/Relation	nship/Telephone):
	Health Risk Assessment Form (sent to SOM HR before hire date) Health Risk Assessment Form on file  SLED/Background Checklist (sent to SOM HR before hire date) SLED or Background Authorization Form (sent to SOM HR before hire date) IS-1, if applicable (process before hire date to receive approval by International office)	
	ACA Marketplace Exchange Notice to Employee	
	ACA Marketplace Exchange Acknowledgment of Receipt (Send with hire paperwork)	
	Application – Affirmative Action information on back (all questions completed)	
	E-verify	
	<u>l-9</u>	
	Malpractice – 60 day advance process, to Dawn Bruce	
$\overline{\square}$	Offer Letter (with contingency on SLED/Background check return & transcripts, if applicable)	
$\overline{\Box}$	Online system updated	
Ħ	Orientation check sheet for Permanent Employees	
Ħ	PBP- <u>2</u>	
	PBP-7 if in Temporary position	
H	Position Description – New online PD with signatures (Print from 'Historical PD')	
H	Reference Checks	
H	Research Grant/Time Limited Employment Agreement	
	Work Locator Form on file (no change in work location for re-hire/re-appointment)	
	<del></del> -	ocation of re-hire/reappointment is different from form on file)
	<b>Note:</b> When hiring research grant-funded te that exceeds the end date of the grant	l employees, you may hire for a year at a time, but <u>may not have an</u> or an IS-1.
Rehire		
	ACA Form	
	PBP - 4/5 Form: HR Action Form for No	on- Students

Research Grant/Time Limited Employment Agreement