

**STAFF NEW HIRE CHECKLIST**

School of Medicine

NAME: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_

CLASS/SLOT: \_\_\_\_\_ REQUISITION #: \_\_\_\_\_

DEPT: \_\_\_\_\_ DIVISION: \_\_\_\_\_

STATE TITLE: \_\_\_\_\_ POSITION #: \_\_\_\_\_

INTERNAL TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

**Employee's Emergency Contact (Name/Relationship/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)

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- 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
- I-9
- Malpractice – 60 day advance process, to Dawn Bruce
- Offer Letter (with contingency on SLED/Background check return & transcripts, if applicable)
- Online system updated
- [Orientation check sheet](#) for Permanent Employees
- [PBP-1](#)
- [PBP-7](#) if in Temporary position
- Position Description – New online PD with signatures (Print from 'Historical PD')
- [Reference Checks](#)
- [Work Locator Form on file](#) (no change in work location for re-hire/re-appointment)
- Work Locator Form** (if new hire or if location of re-hire/reappointment is different from form on file)