

FULL-TIME EMPLOYMENT CHECKLIST

Employee Name		Unit Administrator		Date Initiated
Colleague ID	Position Number	Dept ID		HR Representative

#	a. Ad	b. Fac	c. PM	d. Cls	e.	f. Document/Action	g. HR Rep	h. Rec
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PART A Document(s) provided by employee.

A1.	●	●	●	●		I-9 Support documents a. One document from list A, <i>or</i> b. One doc from list B and one doc from list C (If Soc Sec Card used here it must be original and not a replica or laminated.)		4
A2.	●	●	●	●		HCC Employment Application		1
A3.	●	●	●	●		Completed Satisfactory Auth for Pre-Employment Background Investigation		1
A4.	●	●	●	●		Copy of original (not replica) Social Security Card		2
A5.	●	●	●	●		Transcripts supporting degrees, if any claimed on application. (Unofficial or student copy may suffice to start employment.)		1
A6.	●	●	●	●		Transcript / Certification (Official) (Not applicable if official copy submitted for 4 above.)		1
A7.	●		●	●		Diploma, Certificate, etc, showing required education		1

PART B Document(s) provided/completed by unit administrator/manager

B1.	●	●	●	●		Immigration and Naturalization Form I-9 (Signed by certifying official)		4
B2.		●				Transcript Evaluation Form		1
B3.	●	●	●	●		HRAR-1 Personal Information		1
B4.	●	●	●	●		HRAR-2 Assignment Information		1
B5.	●	●	●	●		Employment History / Reference Check Logs		2
B6.		●				Faculty Salary Calculation Form		1
B7.	●		●	●		Wage/Salary Recommendation (If above prescribed amount)		
B8.	●		●	●		Experience for Education Substitution (If required)		

PART C Documents/actions normally completed at HR office

C1.	●	●	●	●		Worker's Compensation Handout		1
C2.	●	●	●	●		State of Florida Loyalty Oath (Citizen or Non-Citizen) notarized		1
C3.	●	●	●	●		W-4 Form		7
C4.	●	●	●	●		Sexual Harassment Policy Receipt Form		1
C5.	●	●	●	●		Drug Free Workplace Policy Receipt Form		6
C6.	●	●	●	●		Direct Deposit Form		7
C7.	●	●	●	●		Class Specifications (copy to employee, copy placed in pers recs)		
C8.	●	●	●	●		Missing/Incomplete Documents memo issued. Comm Mgt updated		1

#	a. Ad	b. Fac	c. PM	d. Cls	e.	f. Document/Action	g. HR Rep	h. Rec
C9.	●	●	●	●		Disclosure Exemption Questionnaire		1
C10	●	●	●	●		SSN Collection & Usage Notification		1
C11	●	●	●	●		Temp Empl Agreement (Ineligibility for FRS Coverage) Only if employee is in a temp status.		1
C12	●	●	●	●		Sex. Ethnicity, Race Data Collection		1

PART D Documents/actions completed after initial processing

D1.	●	●	●	●		FRS New Employee Certification		1
D2.	●	●	●	●		Disclosure Memorandum (2 ea) (For insertion in record jackets)		1 2
D3.	●	●				Hardcopy contract for Employment (To be completed within 45 days)		1
D4.	●	●	●	●		Colleague records created		
D5.		●				Colleague faculty load contract with load periods created (FT only)		
						Other		

NOTES:

Column e. Enter check mark if document/action is complete, "n/a" if item does not apply.
 Column g. Enter initials of person making determination.
 Column h. Record codes are: 1=Regular 2=Limited Access 4=I-9 5=Benefits 6=Risk Mgt 7=Payroll

All required documents/actions complete. Records assembled and filed.	Date	Signature of HR Representative
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