

**CTAHR CHECKLIST
CASUAL/OVERLOAD APPOINTMENTS**

NAME: _____ DEPARTMENT: _____ TITLE: _____

The following forms/documents must be submitted with the UH Form 6 (Overload and Casual Notification of Personnel Action).

EMPLOYEE FORMS	CASUAL	OVERLOAD
Approved Casual Hire Memo		NA
Hawai'i State Employment Service Job Order Form		NA
UH Form 3, Request for Authorization of Overload	NA	
Photocopy of Social Security Card		NA
I-9, Employee Eligibility Verification (with attachments) [must be submitted within 3 days of hire]		NA
HW-4, Employee's Withholding Allowance & Status Certificate - Hawai'i		NA
W-4, Employee's Withholding Allowance Certificate - U.S. Treasury		NA
Valid Tuberculosis Clearance Certification (See A9.520)		NA
D-60, Salary Assign/Cancel - State of Hawai'i, Bank Assignment		NA
D-90, Employee's Designation of Beneficiary – State of Hawai'i (For unpaid wages)		NA
Executive Policy E11.210: Illegal Drugs and Substance Abuse		NA
Invention Disclosure & Assignment Agreement (See E5.500)		NA
Copy of current PNF (if not CTAHR employee)	NA	
UH Form 1 (leave card for those on vacation accrual)	NA	
UH Form 25, Student, Casual and Overload Payroll Change Form		
Employment Not Covered by Social Security (Form SSA-1945)		

PTS DEFERRED COMPENSATION:

Is individual employed elsewhere? **YES/NO** If yes, please indicate (e.g. private, state, city, county, DOE) _____
(Attach copy of appropriate SF-5/PNF from other state agency or DOE).

Submitted By: _____ Date: _____ Phone: _____

CTAHR Personnel Use Only:

	<u>date sent</u>	<u>initials</u>
New Hire Information Memo	_____	_____
PTS Memo & Booklet	_____	_____