

CTAHR CHECKLIST FOR NEW HIRES

NAME: _____ DEPARTMENT: _____ TITLE: _____

The respective forms/documents are to be submitted with the appropriate hiring documents. Use a (✓) to indicate the forms attached.

EMPLOYEE FORMS	E/M	FAC	APT	GA	LEC
Photocopy of Social Security Card					
I-9, Employee Eligibility Verification (with attachments) {must be submitted within 3 days of hire}					
HW-4, Employees's Withholding Allowance & Status Certificate - Hawai'i					
W-4, Employee's Withholding Allowance Certificate - U.S. Treasury					
Faculty Vitae, APT Application Form (UH Form 64), or Resume					
UH Form 17, Recruitment/Selection (See A9.540)					NA
UH Form 27, Ethnic Background Form					
D-60, Salary Assign/Cancel - State of Hawai'i, Bank Assignment					
D-90, Employee's Designation of Beneficiary - State of Hawai'i (For unpaid wages)					
Valid Tuberculosis Clearance Certification (See A9.520)					
E-1, Health Fund Enrollment Application; Health Fund Booklet; Premium Conversion Plan Handout -- (See Note #1)					
BD-1, Beneficiary Designation Form for HF Life Insurance Plan members -- (See Note #1)					
Island Flex Brochure (contact CFP for enrollment kit: http://www.rrhi.com/cfp) -- (See Note #2)				NA	NA
Long Term Care Insurance Program Memo (1/01) -- (See Note #2)				NA	NA
EC&B-1, ERS Membership Enrollment Form				NA	
Invitation to Identify Disability or Veterans Status					
Official Notice to Faculty, Staff and Students re: Substance Abuse					
Invention Disclosure & Assignment Agreement (See E5.500)					
Vacation Addendum for Extra-Curricular Fund Appointees (See A8.950)				NA	NA
Dean Smith's Memo (6/00) Regarding Temporary Employee's on Extramural Funds -- (See Note #2)					NA
Vacation/Off-Duty Election Form (for faculty who are eligible to accrue vacation)	NA		NA	NA	NA
UH Form 12, Employee's Claim for Prior Creditable Service (if applicable)				NA	
UH Form 20, Hiring of Relatives -- (See Note #3)					
Authorization to Hire, Letters of Offer & Acceptance/SF-1, Request for Position Action (Approved copy)				NA	NA
CTAHR PeopleSoft Input Form					

NOTES:

- (1) If appointment is 50% FTE or more **and** appointment period is 3 months or more. Lecturers who teach 7 or more credits are eligible for medical & retirement benefits.
- (2) Please provide a copy to prospective employee.
- (3) Required only when a supervisory-subordinate relationship exists between relatives in same department. "NA" if not applicable.

PTS DEFERRED COMPENSATION:

BOR less than 50%, Lecturers less than 7 credits – employed elsewhere? **YES/NO** If yes, please indicate (e.g. private, state, city, county, DOE)
 _____ (Attach copy of appropriate from other state agency or DOE).

Submitted By: _____ DATE: _____ Phone: _____

CTAHR Personnel Use Only: sent date initials
New Hire Information Memo _____ _____