



ABRAHAM BALDWIN AGRICULTURAL COLLEGE

Office of Human Resources Full-Time Staff Hiring Check List

Name Phone

E-mail Reporting Dept/Area

In case of an emergency, please notify the following person:

Name Relationship Phone Number

| | Item | Completed |
|-------------------------------|---|-----------|
| Forms | Staff Application | |
| | Original Transcripts | |
| | Offer of Employment | |
| | Personal Data Form | |
| | Background Request Form | |
| | Payroll Information Form (PIF) | |
| | State Security Questionnaire/Loyalty Oath | |
| | Employment Eligibility Verification-I-9 <i>Bring original documents for verification</i> | |
| | Federal Tax Withholding Form-W-4 | |
| | Georgia State Withholding Tax Form-G-4 | |
| | Direct Deposit Form | |
| | Direct Deposit Notification Form | |
| | Account Request Form | |
| | Retirement Election Form | |
| | Tax Shelter Form, Section 125 | |
| Retirement Certification Form | | |
| Training | Workers' Compensation | |
| | Auto Coverage and Safety Training | |
| | Drug Free Workplace Statement | |
| | Right to Know Chemical Training | |
| | Non-Harassment Training | |
| | IT User Security Training | |
| Benefits | Benefits Chosen | |
| | Retirement Chosen | |