**FORMS THAT NEED TO BE COMPLETED AND SUBMITTED TO THE CENTRAL OFFICE – NEW EMPLOYEE**

Signed Offer Letter or Contract

W-4

WT-4

I-9: Request copy of social security card and driver’s license for verification

Direct Deposit Information Form along with a copy of a VOIDED check

Health/Dental/Life Insurance Application

\*\*NOTE: Need to Either Sign Up for the Insurance or Waive Insurance

Section 125 Premium Only Plan Flexible Spending Enrollment Form

Health Care Reimbursement and Dependent Care Reimbursement Enrollment Form

Request for Initial or Change of Compensation/Department for School Employees

Mutual of America 403(b) Thrift Plan Enrollment and Election Form

Wisconsin Criminal History Record Request Form

Confidential Employee and Volunteer Questionnaire

Annual Safe Environment Compliance Review

Finger Printing Form

TB Blood Test Form (decision to test is determined at a local level)

Employee Handbook and sign-off form

School System Contract Information

Class Schedule (as needed)

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**EMPLOYEE DATE**