**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**