

CITY OF ESPAÑOLA

Check list for processing new/terminated employees:

NAME: \_\_\_\_\_  
DEPT: \_\_\_\_\_  
POSITION: \_\_\_\_\_

- { } New Hire
- { } Regular FT
- { } Regular PT
- { } Temporary
- { } Emergency
- { } Casual
- { } Termination

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**NEW HIRE:**

Personnel Action Form \_\_\_\_\_  
Conditions of Employment \_\_\_\_\_  
Fringe Benefit Information \_\_\_\_\_  
Job Description \_\_\_\_\_  
PERA Form \_\_\_\_\_  
Post Hire Form \_\_\_\_\_  
Safety Orientation \_\_\_\_\_  
W-4 Form \_\_\_\_\_  
Miscellaneous:  
    Credit Union \_\_\_\_\_  
    Outside Employment \_\_\_\_\_  
    Other Insurance \_\_\_\_\_  
New Hire Form \_\_\_\_\_

Affirmative Action Form \_\_\_\_\_  
Employee Health Statement \_\_\_\_\_  
Health/Life Insurance \_\_\_\_\_  
Inventory Check:  
    Personnel Rules & Regulations \_\_\_\_\_  
    I. D. Card \_\_\_\_\_  
Drug Testing Policy \_\_\_\_\_  
Leave Record \_\_\_\_\_  
I-9 Form \_\_\_\_\_  
Driving Record Release \_\_\_\_\_  
Direct Deposit Form \_\_\_\_\_  
Release Sheet \_\_\_\_\_  
Employee Declaration \_\_\_\_\_

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**TERMINATION:**

Personnel Action Form \_\_\_\_\_  
Check List for Clearance \_\_\_\_\_  
Conversion of Insurance \_\_\_\_\_  
Cancel Miscellaneous Ins. \_\_\_\_\_  
Cancel PERA \_\_\_\_\_  
Terminate Leave Record \_\_\_\_\_  
Turn in I. D. Card \_\_\_\_\_

Employer's Unity \_\_\_\_\_  
Forwarding Address \_\_\_\_\_  
Cancel Cafeteria Plan \_\_\_\_\_  
Cancel Credit Union \_\_\_\_\_  
Cancel Health & Life Ins. \_\_\_\_\_  
Paycheck Consent \_\_\_\_\_

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**TEMPORARY HIRE:**

Personnel Action Form \_\_\_\_\_  
Conditions of Employment \_\_\_\_\_  
Job Description \_\_\_\_\_  
Safety Orientation Form \_\_\_\_\_  
Post Hire Form \_\_\_\_\_  
Affirmative Action Form \_\_\_\_\_

Employee Health Form \_\_\_\_\_  
W-4 Form \_\_\_\_\_  
Employee Verification & Info. \_\_\_\_\_  
Inventory Sheet \_\_\_\_\_  
Driving Record Release \_\_\_\_\_  
Release Form \_\_\_\_\_

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