

# City of Elizabeth City Human Resources Department

## EMPLOYEE CHECK LIST

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_

Please  the following:

W-4 Forms	_____
<b>{Federal &amp; State}</b>	_____
Employee Application	_____
Employee I-9 Form	_____
Information Sheet	_____
Voided Check	_____
Copy of Driver's License	_____
Copy of SS Card	_____
Personnel Policy Manual	_____
Holiday Savings Account	_____
State Employees CU	_____

**{Revised: June 2014}**

**{Full Time Regular Employees}**

North Carolina 401K Enrollment Form & Beneficiary Designation Form  
NC Retirement System Designating Beneficiary & Death Benefit Form 2C

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