

City of Elizabeth City
Human Resources Department

EMPLOYEE CHECK LIST

NAME: _____

DEPARTMENT: _____

JOB TITLE: _____

HIRE DATE: _____

EMPLOYEE NUMBER: _____

Please the following:

- W-4 Forms _____
- {Federal & State}** _____
- 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

Monica S. Cole-Human Resources Benefits/Payroll Analyst

CONFIDENTIAL INFO- NEW EMPLOYEE