

PERSONNEL RECORD

Name _____

Date Hired _____ Position _____

Start Date _____ Hours per week _____

- Letter of Agreement
- Form I-9 with document copies
- IRS Form W-4
- MA DOR Form M-4
- CORI form (date filed _____)
- New Hire Report filed via WebFile (date _____)
- Direct Deposit form
- Medical 125 Plan (If declined, initial and date here: _____)
- Vision Insurance (If declined, initial and date here: _____)

Benefits if contracted for 20 or more hours per week:

- Dental Insurance (If declined, initial and date here: _____)
- Pension Plan (Application submitted to UCC _____)
- Life and Disability Income Plan (Application submitted to UCC _____)

Benefits if contracted for 30 or more hours per week:

- Health Insurance (If declined, initial and date here: _____)

- TimeClock QuickBooks Vanco