FY 23 EPIC Part-Time New Hire Checklist

| EPIC ID # |
|------------|
| EPIC Email |
| Start Date |

| Employee: | |
|--|---|
| Position: | |
| Program & Location: | |
| Employee's Current email address: | |
| Documen | ntation |
| (Please check off items as they are inc | |
| Job Posting/Description Included Application showing 3 references | Hourly Rate |
| References Checked | Or Daily Rate |
| Employment Letter Signed | NTE per |
| Proof of Vaccination if Required | (ACA dictates PT employees NTE 130 hours per month) |
| Education Verification (HS diploma or equivalent OR | Official Transcripts if needed) |
| Proof of Qualification (Class D license for van drivers | / BO license for bus drivers / other certification or licensure as needed.) |
| Criminal Record/Fingerprint Results Ret | urned/Cleared or Vetted via WVDE |
| Copy of Driver's License | |
| Copy of SS Card or Passport or Birth C | ertificate |
| I-9 Form Completed | |
| IT 104 Completed | |
| W-4 Form Completed | |
| Direct Deposit Form Completed with Voided Check or Bank Verification | |
| EPIC Staff Emergency Form Completed | |
| Non-Disclosure Agreement Completed | |
| EPIC Acceptable Use Agreement | |
| EPIC Drug Free Workplace | |
| Mandated Reporting Training Complete | |
| Managed Reporting Training Complete | |
| Copy of Driving Record (if applicable – a | all drivers must include) |
| Copy of Physical (if applicable) | |
| | |
| EPIC Orientation (Review how to submit timesheets / times | esheet due dates / paperwork processed / Other Q&A) |
| Badge Made (Contact Shannon Johnson to make an appoir | |
| Added to New Hire Spreadsheet | |