



NEW EMPLOYEE / SUBSTITUTE CHECKLIST

The Employee Checklist should be completed for all of the prospective Lake Wales Charter Schools' employees. This form must be completed prior to the employee's first day of work, and signed by the hiring authority of the school. All required documents must be attached. Not all items will be applicable to all employees. If an employee is a substitute or hourly paid employee, put NA in the column when the items are not required.

(PLEASE PRINT)

Employee name: _____ School: _____ Starting Date: _____
 Please note if the employee is currently subbing for or transferring from the Polk County School Board (If applicable note). _____

Please provide substitute employee's home phone number (required for their SEMS ID). _____

ITEMS TO BE COLLECTED AND/OR COMPLETED	Date Received from Employee	Secretary's Initials	Date Items Submitted to LWCS HR office
*PAF (Completed Personnel Action Form)	_____	_____	_____
Social Security Card	_____	_____	_____
Drivers License (Must Match Name on SS Card)	_____	_____	_____
Application (preferably on line)	_____	_____	_____
W-4 Card	_____	_____	_____
I-9 Form	_____	_____	_____
If Non-Citizen – Valid Work Permit	_____	_____	_____
Oath of Loyalty	_____	_____	_____
Ethnicity Form	_____	_____	_____
Acknowledgement of Receipt of Handbook	_____	_____	_____
Fingerprint Results Clearance Letter	_____	_____	_____
Date Drug Test Completed	_____	_____	_____
Proof of Education (Diploma)	_____	_____	_____
Official College Transcripts	_____	_____	_____
FRS New Employee Certification Form	_____	_____	_____
Valid Educator's Certificate (Para Pro Test Score) or DOE Official Statement of Eligibility	_____	_____	_____
Health Certificate (Not required for subs)	_____	_____	_____
Signed Acknowledgement of Drug Policy	_____	_____	_____
Disclosure to Employment Application	_____	_____	_____
Previous Work Experience Form Completed	_____	_____	_____
Applicant Release Authorization	_____	_____	_____
Telephone References completed by hiring authority	_____	_____	_____
Direct Deposit Form with a voided check attached	_____	_____	_____
Copy of Letter Requesting Leave from PCSB (If applicable)	_____	_____	_____

Sick Leave Hours: Under the provisions of the agreement between the Polk County School Board and the Lake Wales Charter Schools, an employee who transfers on leave to the Lake Wales Charter Schools and has sick leave days/hours remaining with the Polk County School Board may be able to utilize those days/hours once all of their leave days with the Lake Wales Charter Schools have been exhausted. Please annotate in the space provided below if the employee is transferring from the Polk County School Board and is eligible for this benefit.

YES, I have _____ days (hours) of unpaid sick leave with the Polk County School Board.

NO, I do not have any days (hours) of unpaid sick leave left with the Polk County School Board.

* SUBMIT THE PERSONNEL ACTION REQUEST FORM TO THE LAKE WALES CHARTER SCHOOLS HR OFFICE FOR ALL NEW HIRES, TRANSFERS, SUBSTITUTE, LEAVE OF ABSENCE, AND TERMINATIONS.

I acknowledge that the required documentation for this action was provided to me prior to forwarding to the Lake Wales Charter Schools HR office for processing.

Secretary's Signature

Date

Revised: 2/18/10