

**DIOCESE OF YAKIMA**

New Employee Checklist

Employee Name: \_\_\_\_\_

**OFFICE CHECKLIST**

- \_\_\_\_\_ Entry Codes – if applicable
- \_\_\_\_\_ Keys given – if applicable
- \_\_\_\_\_ Credit card – sign up if applicable

**PAYROLL**

- \_\_\_\_\_ W-4
- \_\_\_\_\_ I-9
- \_\_\_\_\_ Direct Deposit
- \_\_\_\_\_ Background Check

**BENEFITS PACKET**

- \_\_\_\_\_ Medical Insurance
- \_\_\_\_\_ Benefits Buffet
- \_\_\_\_\_ Flexible Spending Account (FSA)
- \_\_\_\_\_ Long Term Care Insurance
- \_\_\_\_\_ Retirement – 5% and voluntary
  
- \_\_\_\_\_ Employee Policies received
  
- \_\_\_\_\_ Copy of this form given to employee

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature – Payroll

\_\_\_\_\_  
Signature - Benefits

\_\_\_\_\_  
Date