

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