## **Department of Administration**

Checklist for **Temporary** Employee

Name:	Effective Date:
Agency:	Department Number:
City User Fee: Y or N	

Requires I	nk Signature:
☐ For	m I-9 Employee Information
☐ For	m I-9; Employer Verification
☐ Cop	y of supporting documentation ID(s) for I-9
☐ For	m W-4; Federal Tax Withholding Form
☐ For	m WV/IT-104; State Tax Withholding Form
□ Pay	roll Direct Deposit Form OR Pay Card Request Form (attach voided check or bank
doc	umentation verifying account and bank routing numbers)
□ Par	king Form (only needed if parking on the Capitol complex)
□ Eme	ergency Contact Form
☐ Pol	icies ( <u>Return signature page only</u> )
	P Drug and Alcohol Free Workplace Policy Acknowledgement Form
	P Prohibited Workplace Harassment Policy Acknowledgement Form
	P Workplace Security Policy Acknowledgement Form
	P Workplace Security Policy – Capitol Complex Acknowledgement Form
	P Smoking Restrictions in the Workplace Policy Acknowledgement Form
$\Box$ OT	Information Security Policy Acknowledgement Form
	A Confidentiality Agreement Acknowledgement Form
	A Employee Handbook Acknowledgement Form
	et Policy Acknowledgement Form
☐ Em <sub>l</sub>	ployee Conduct Expectations Acknowledgment Form
Retiremen	nt Benefit (Optional)
$\square$ WV	Retirement Plus (Optional. Return form declining participation if not enrolling)
□ \\\\\\	Retirement Plus Reneficiary (Complete if enrolling)

• Temporary employees transferring from another agency do not need to complete tax forms or direct deposit form unless making changes.