

CSN HUMAN RESOURCES PROFESSIONAL NEW HIRE/RE-HIRE PAYROLL BENEFITS CHECKLIST

Employee Name:

Date of Hire: _____ Date of Payroll/Benefit Session: _____

**This checklist and the following forms need to be completed and returned to The Department of Human Resources (4th Floor, West Charleston Campus, "E" Tower Building, Mail Sort Code W40E) before your professional contract will be processed for payment.*

First Payroll will be _____ if all paperwork completed and submitted to HR within 1 week of attending the payroll/benefits session.

Effective Date of Health Insurance: _____

If you do not log into the E-PEBP Portal and enroll in a health insurance plan within 7 to 10 days after completing the PEBP "NSHE Employee Hiring Form" with an HR representative, your health insurance coverage will be defaulted as employee only, Consumer Driven Health Plan (CDHP) and a Health Reimbursement Arrangement (HRA). There is a monthly premium for that coverage.

PAYROLL:

- ☐ [Declaration of Outside Compensation \(Administrative Faculty only\) \[.docx\]](#)
- ☐ [Personal Data Form \[.pdf\]](#)
- ☐ [Pay Check Option Form \[.pdf\]](#)
- ☐ [Mandatory Furlough Information \[.pdf\]](#)
- ☐ [Information on ESS to set up Direct Deposit](#)
- ☐ [Designation of Beneficiary for Unpaid Compensation–Salary \[.pdf\]](#)
- ☐ [W-4 Tax Form \[.pdf\]](#)
- ☐ [Employment Eligibility Verification Form \(Form I-9\)–Requires personal identification to be shown to employer](#)
- ☐ [Employment Contract Attachment – Loyalty Oath \[.pdf\]](#)
- ☐ [Leave Information Guidelines; iLeave information \[.pdf\]](#)
- ☐ [Administrative Faculty/Professional Staff Evaluation Form](#)
- ☐ [Academic Faculty Policy and Evaluation Forms \[.pdf\]](#)
- ☐ Terms of Employment (Contract)
- ☐ Payroll Action Form (PAF)

POLICY STATEMENTS:

- ☐ Links to [CSN's Approved Policies](#) and [Board of Regents Handbook](#)
- ☐ [NSHE Sexual Harassment Policy and Complaint Procedure \[.pdf\]](#) / [Acknowledgement Form \[.pdf\]](#)
- ☐ [Nepotism Policy \[.pdf\]](#) / [Acknowledgement Form \[.pdf\]](#)
- ☐ [Acknowledgment Form for the following Policies \[.pdf\]](#):
 - [Alcohol & Drug-Free Workplace Policy \[.pdf\]](#)
 - [CSN ADA Policy Statement \[.pdf\]](#)
 - [Workplace Safety: Your Rights & Responsibilities \[.pdf\]](#)
 - [Disclosure of Improper Governmental Action "Whistle Blower Law" \[.pdf\]](#)
 - [Acceptable Use of College Equipment and Property \[.pdf\]](#)
 - [Ethical Standards \[.pdf\]](#)
 - [Acknowledgement of Ethical Standards \[.pdf\]](#)
- ☐ [Exposure to Bloodborne Pathogens Determination Form \[.pdf\]](#)
- ☐ [Workers' Compensation Information](#)
- ☐ [Emergency Notification System Info \[.pdf\]](#) / [Active Shooter Course \[.pdf\]](#)
- ☐ [Clery Act Information \[.pdf\]](#)

RETIREMENT:

- ☐ [Statement Concerning Your Employment in a Job Not Covered by Social Security \(SSA 1945\) \[.pdf\]](#)
- ☐ [NSHE "Retirement Plan Company Allocation Instructions \(Retirement Plan Alternative \(RPA\). TIAA/CREF 100 %](#)
- ☐ [Public Employees' Retirement System of Nevada \(PERS\) Member Enrollment Form; for PERS participants only \[.pdf\]](#)
- ☐ [Public Employees' Retirement System of Nevada \(PERS\) Survivor Beneficiary Form; for PERS participants only \[.pdf\]](#)

HEALTH INSURANCE:

☐ [Affordable Care Act Information](#) [.pdf]

☐ Employee Hiring Form (State of Nevada–PEBP). If covering dependent(s), copy of certified marriage certificate required for spouse coverage and copy of birth certificate(s) required for children. PEBP will send packet to enroll.

☐ [State of Nevada \(PEBP\) basic life insurance policy \(\\$25,000\), The Standard Insurance Company, Beneficiary Designation](#) [.pdf]

ADDITIONAL VOLUNTEER SUPPLEMENTAL DEDUCTIONS:

☐ [Request for Supplemental Retirement and Insurance/Products Information](#) [.pdf]

Tax-Sheltered Annuities (403B, 403B Roth, 457 Plans)

Salary Redirection Agreement (For “ASI, Inc.,” pre-tax flexible spending accounts–medical and dependent care)

Cancer Care Policy - American Fidelity

Short-Term Disability - American Fidelity & Standard Insurance

Personal Accident Policy - The Hartford

Liberty Mutual Automobile/Homeowner’s Insurance

Supplemental Policies through MetLife

INFORMATION PROVIDED:

☐ [Please review the CSN Strategic Plan for 2010-2017](#) [.pdf]

☐ [Employee Assistance Program](#)

☐ [Health insurance comparisons and provider directories](#)

☐ [Retirement Plan Alternative \(RPA\) Guide](#)

☐ [Professional Grant-In-Aid Procedures](#)

☐ [Insurance Continuation Rights under COBRA Summary](#)

☐ [State Training](#) [.pdf]

OFFICIAL DOCUMENTS SUBMITTED:

☐ Resume/Application

☐ Official educational transcript(s)

☐ Employment Verification # Received _____

EMPLOYEE SIGNATURE: _____

Date Signed: _____

Employee Name Printed: _____

HR Reps Conducting Orientation: _____