

## CARROLL COUNTY NEW HIRE CHECKLIST:

***The following forms are required to be completed and submitted to the Auditor's Payroll Department before any new employee will be activated in the payroll system. Use this checklist to make sure you have completed all the required documents and training.***

- Employment Eligibility Verification (USCIS Form I-9) AND acceptable documentation  
The I-9 and acceptable documentation should be verified within three (3) business days after the employee's first day of employment (See Section 2 Employer Review and Verification).
- Payroll Change Notice  
*Please note:* Must include account(s) employee are to be paid from. Departments overseen by the Carroll County Commissioners must also have a County Commissioner signature.
- Direct Deposit Form (must ALSO include direct deposit form from bank or voided check)
- Federal Tax Withholding (Form W-4)  
For assistance in how to complete the form, please use the IRS tax withholding estimator:  
<https://www.irs.gov/individuals/tax-withholding-estimator>
- State Tax Withholding (Form IT 4)  
For assistance in how to complete the form, please use the Ohio income tax calculator:  
<https://smartasset.com/taxes/ohio-tax-calculator>
- City Income Tax Liability
- OPERS Personal History Record/Elected Official Membership
- Statement Concerning Your Employment in a Job Not Covered by Social Security  
As a county employee, your earnings are not covered under Social Security. Please review this form carefully and contact Social Security with any questions you may have.
- Acknowledgment of receipt of Auditor of State fraud-reporting system information
- Required Fraud Reporting and Training – employee is required to have completed the training within thirty (30) days of beginning employment and shall be required every (4) four years thereafter.  
Each department is responsible for maintaining the certificates and spreadsheet for audit.
- Receipt of Ohio Ethics Law Statement

### **FULL TIME EMPLOYEES ONLY:**

- CEBCO - Medical & Dental - if not electing, still need to mark waived, sign, date and return)  
*Please note:* Employees who elect medical coverage should review the Primary Care Physician (PCP) Differential Program. If the requirements of the PCP Differential Program are not met every year, it will affect the employee's premium deduction amount.
- Guardian Enrollment Form (if not electing, please mark "I do not want this coverage" under Vision, Voluntary Term Life Coverage, Life Insurance, Short-Term Disability Coverage, Critical Illness Coverage, Accident Coverage, and Hospital Indemnity Coverage, sign, date and return
- Forms if electing any optional benefits (Gold Circle, Lifelock, CCAO, OPE, Ameriflex and/or Equitable)

***We recommend each employee keep a copy of the forms submitted for their records.***