

DEARBORN PUBLIC SCHOOLS
HUMAN RESOURCES OFFICE
18700 AUDETTE, RM #7
DEARBORN, MI 48124
PHONE: (313) 827-3002
FAX: (313) 827-3134

NON-INSTRUCTIONAL PERSONNEL:

NAME: _____ DATE: _____

ADDRESS: _____

PHONE (HOME) _____ PHONE (CELL) _____

BUILDING: _____ POSITION: _____

The position for which you are employed, or being employed requires that certain documents be on file in your personnel record. Copies of this form reflecting documents still outstanding will be sent as reminders in the event you do not comply promptly. (IF THE LAST PARAGRAPH IS CHECKED, YOUR PAYCHECK WILL BE WITHHELD AS INDICATED). Please eliminate the need for reminders and paycheck withholdings by forwarding the documents immediately.

FOR OFFICE USE ONLY

Employee ID# _____

Effective Date: _____

_____ *Tuberculin Test*

_____ *Driver's License*

_____ *Health Form*

_____ *Social Security Card*

_____ *Tax Withholding Form (U.S.)*

_____ *Green Card (If non-US Citizen)*

_____ *Tax Withholding Form (State)*

_____ *At Will Statement (Subs only)*

_____ *Employment Eligibility (I-9 Form)*

_____ *Release of Information Waiver*

_____ *High School Diploma/College Transcripts*

_____ *Letter mailed to employer*

_____ *Fingerprint Form (Public Act 68)*

_____ *Letter received from employer*

_____ *Livescan Fingerprint Form*

_____ *Consent Form*

_____ *Fingerprints Received*

_____ *Direct Deposit (Voided Check or Bank Printout)*

_____ *Ethnicity Form*

_____ *Life Insurance Form*

_____ *MI Waiver Agreement*

_____ *FIA Clearance (Childcare only)*

_____ *Discharge Papers*

_____ *Handbook Acknowledgement*

_____ *I have received a copy of the work rules.*

Signature: _____

Date: _____

_____ Your next paycheck will be held unless the documents requested above are forwarded to this office.

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