

KPM, LLC
18661 Comstock Circle
Middleburg Heights, OH 44130

NEW EMPLOYEE CHECKLIST

Name of Employee: _____

Date of Hire: _____ Pay Rate: _____

Position Title: _____ Location: _____

REQUIREMENT	Completed or Explained	Initials
KPM Handbook Received and Signed	<input type="checkbox"/>	_____
Employment Application / Resume Received	<input type="checkbox"/>	_____
Completed W-4 Form	<input type="checkbox"/>	_____
Completed I-9 Work Eligibility Form	<input type="checkbox"/>	_____
If applicable, Insurance Enrollment Form Completed	<input type="checkbox"/>	_____
KPM Welcome Form	<input type="checkbox"/>	_____
Completed Ohio State Tax Form	<input type="checkbox"/>	_____
Voided Check Received / Bank Information Received	<input type="checkbox"/>	_____
Copy of Driver's License	<input type="checkbox"/>	_____
Ohio New Hire Reporting Form	<input type="checkbox"/>	_____

KPM Representative: _____ Date: _____

Signature: _____

Employee: _____ Date: _____

Signature: _____