



NEW EMPLOYEE ORIENTATION CHECKLIST

Employee Name _____

Date of Orientation _____

Title _____

Start Date _____

SS# _____

PLEASE PRINT AND COMPLETE ALL THE DOCUMENTS HIGHLIGHTED IN YELLOW. YOU *MUST* BRING THIS COMPLETED INFORMATION AND ALL REQUIRED BACKUP DOCUMENTATION REQUESTED TO YOUR SCHEDULED BENEFITS ORIENTATION SESSION.

[Withholding Federal Form \(W-4\)](#)

[Form IT-2104 Employee's Withholding Allowance \(NYS\)](#)

[Employment Eligibility Verification \(I-9\) & copies of required documentation \(downloads PDF\)](#)



Acceptable copies of documentation required on page 9 of I-9 form – (typically Passport or Drivers License and Social Security card.)

[Direct Deposit Form](#) (Please attach copy of voided check) [Direct Deposit Memo](#)

[Payroll Option - Only required for 10 month staff \(must be provided before the first date worked as per IRS regulation\)](#)

___ [Payroll Calendar](#)

___ [Holiday Schedule](#)

___ [School Calendar](#)

___ [403\(b\) and 457 Information](#)

[What is a 403\(b\)?](#)

[403\(b\) – Salary Reduction Agreement](#)

[457 – Salary Reduction Agreement](#)

[403\(b\) Universal Availability Notice](#)

[NYSUT Union](#) – Teachers Union and Support Union Members

[SAANYS](#) – Administrator Union Members

[Health Insurance Forms & copies of required documentation](#)



If enrolling dependents on a family policy, you will need to provide the following documentation:

-Most recent tax return must show all dependents (with financial data crossed out)

-Marriage certificate (if enrolling a spouse)

-Birth certificates **AND** social security cards for all enrolled (individual and dependents)

___ [Health Insurance \(CASEBP\) Plan Document](#)

[Basic Benefits Outline](#)

[Summary of Benefits and Coverage](#)

___ [Dental Insurance Forms & Information](#)

If enrolling dependents on a family policy, you will need to provide the following documentation:

-Most recent tax return must show all dependents (with financial data crossed out)

-Marriage certificate (if enrolling a spouse)

-Birth certificates **AND** social security cards for all enrolled (individual and dependents)

-If dependent is between the ages of 19-25, to be eligible for dental they must be enrolled full time in college, proof of registration, enrollment or schedule is required.



___ [High Level Dental Plan Documents](#)

___ [Vision Plan Enrollment Form \(Non-Unit Staff Only\)](#)

___ [Vision Plan Plan Document](#)

[Premium Conversion](#) (required for employees getting any health or dental coverage)

___ [CASEBP – Required Notices](#)

[Marketplace Coverage Options](#)

[ONC BOCES Health Buy-Out Option](#) - Please see individual contracts or benefit summary in regards to Health Buy-out

Paid in June of each year

-Copy of current health insurance card required

[Flexible Benefits Options](#) - Additional information will be sent to you in the fall

[Notice to Provisional Appointee \(Civil Service\)](#)

Only required for non-certified support staff (this does not include Teachers, Licensed Teaching Assistant or certified Administrators)

New York State Retirement System -If your employment is on a part-time, temporary or less than 12 months per year, membership is optional.

[NYS Employees' Retirement System](#)

[Beneficiary Information](#)

Publications – [Tier 3 & 4](#) , [Tier 5](#), and [Tier 6 \(all new enrollment\)](#)

Non-Instructional Support Staff, non-certified Administrators and OT's, PT's and COTA's

[NYS Teachers' Retirement System](#)

[Active Members Handbook](#)

All instructional Teachers and Licensed Teaching Assistants and certified Administrators

[NYS Voluntary Defined Contribution Program](#)

Current Member _____ ERS/TRS/VDC Decision to Join YES/NO
ID# Circle

Membership Tiers	
Tier 1	– Before 7/1/73
Tier 2	– Between 7/1/73 and 7/26/76
Tier 3	– Between 7/27/76 and 8/31/83
Tier 4	– Between 9/1/83 and 12/31/09
Tier 5	– Between 1/1/2010 and 3/31/12
Tier 6	– after 4/1/12

[Acceptable BOCES Computer & Equipment Policy](#)

[Oath of Allegiance](#)

[Employee Handbook](#)

[ONC BOCES Board Policies](#) – Please visit the online manual for the following important policies: Sexual Harassment Prohibition Policy (#7020), Gun Free School Policy (#5020), Purchasing Policy (#5070), Professional Code of Ethics, operation procedures and Expense Reimbursement Policy (#5110) and Code of Conduct.

[Family Education Rights and Privacy Act \(FERPA\)](#)

Sick Bank Form & Information – Please see contract or benefit summary for additional information in regards to Sick Bank membership

[Teachers](#) – Please review union contract for details

[Unit Support](#) – Please review union contract for details

[Non unit Support, Administrators, Adult Education](#) – [Sick Bank Details](#)

[AESOP Information](#) - Login information will be emailed to you.

Public School Works

[Accident Reporting](#)

Required Training

[My Wincap Information – Setting up your account](#)

[Employee Self Service](#) – Salary notice, Employee Demographics, Paychecks and Attendance Balances

[Requisitions](#)

[AFLAC NY Benefits](#) - ***Unit Support only***

For more information contact Jim Farnham at 845-255-2508

[Study Grants or Salary Adjustments](#) - Please see individual contract or benefit summary in regards to Study Grants and application deadlines.

[Employee Assistance Program](#) (create an account to obtain full access)

[What is EAP?](#)

[What can EAP help you with?](#)

Observation/Evaluation Procedures

[-Non Instructional Staff Evaluation Form](#)

[-Licensed Teaching Assistants](#)

[-OT/PT/COTA](#)

[-Program Leaders](#)

[-Principal Rubric](#)

[-APPR Plan for Pupil Personnel Providers](#)

[LTA Certification Requirements & Certification Status](#)

[Continuing Teacher and Leader Education \(CTLE\) Registration](#)

BOCES Information

[ONC BOCES 101](#)

Benefits Summary/Contract - (Will be provided at Benefits Orientation Session)

Signed Application of Employment - (Will be provided at Benefits Orientation Session)

I ACKNOWLEDGE THAT EACH OF THE ABOVE ITEMS HAS BEEN DISCUSSED AT THIS ORIENTATION. I UNDERSTAND THAT THIS IS NOT A CONTRACT, BUT THAT IT WILL BE MADE A PART OF MY PERMANENT PERSONNEL FILE.

Employee Signature

Human Resources Coordinator Signature