## **Personnel Files Checklist**

Employee Name	Employee Number				
Department	Date of Review	/	/		
Review Completed By					
Personnel File (one file per employee)					
■ Employment Application					
☐ Résumé					
☐ Up-To-Date Job Description					
☐ Employment References Che	Employment References Checklist				
Job Offer Letter					
Orientation Checklist					
Emergency Contact Information					
Employee Information Form					
Employees Withholding Allowance Certificate W-4					
State Specific Employees Withholding Allowance Certificate, if applicable					
Copy of Driver's License, if required for the position					
Signed Receipt of Employee Handbook and Employment-at-will Statement					
Change in Personal Data Form					
Performance Evaluations					
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• •	3-7, -11				
Absentee Record					
Requests for Time Off					
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Resignation Statement	3 I IIE				
☐ Other					
Other D	<b></b>			_	
Benefits File (one file per employee)					
<ul><li>Benefits Declination Form</li></ul>					
Health, Dental, Vision, and/or Pharmacy Insurance Enrollment Forms					
Other Insurance Enrollment Forms (Life Insurance, STD, LTD, etc)					
• •	'				
	ation Reduction Agreement				
☐ Employee Direct Deposit	Signup Form				
<ul><li>☐ Claims</li><li>☐ 401(k) Enrollment Form, Reti</li></ul>					
401(k) Enrollment Form, Retirement Forms, Profit Sharing Forms					
S125 Premium Only Plan Forms					
Beneficiary Designation Form  CORPA or State Continuation paperwork if applicable					
<ul><li>□ COBRA or State Continuation paperwork, if applicable</li><li>□ Other</li></ul>					
☐ Other					

Pa	yroll File (one file peremployee)			
	Direct Deposit Authorization			
	Payroll Deduction Authorization Forms			
	Overtime Requests, if applicable			
	Time Sheets			
	Employee Expense Report			
	Auto Mileage Reimbursement Vouchers			
	Garnishments/Income Executions			
	Requests for Pay Advances			
	Other			
		<u> </u>		
Co	infidential Files (one file per employee)			
	Documentation of Investigations			
	Lawsuit or DOL/EEOC investigation correspondence			
	Background Check and Drug Testing Results			
	OSHA Forms			
	Employee Incident Report			
	Other			
		o		
Me	edical File (one file peremployee)			
_	FMLA Forms			
	☐ Employee Request for Family Medical Leave			
	☐ Certification of Health Care Provider			
	☐ Family Medical Leave Periodic Reports			
	☐ Family Medical Leave Return to Work Certification	ation		
	Disability and/or Workers' Compensation Claim Fo			
	Accommodation Requests			
	Other			
		<u> </u>		
	Note: Under ADA, all medical information must be	retained in separate, confidential files.		
I-9	File (one consolidated file)			
	Form I-9			
	Copies of Form I-9 supporting documentation, if ap	oplicable (for example, social security card).		
	<b>Note:</b> By law, you are not required to photocopy of and should retain each photocopy with the	locuments. If you do, you must do so for all employees Form I-9.		

Employers should ensure that information contained in employee files remains confidential by maintaining the files in a secure location and limiting disclosure to authorized personnel only. Employers should also be sure to review and comply with all recordkeeping and record retention requirements set forth in local, state and federal laws. Please understand that this document is provided for informational purposes only, and is not intended to be legal advice. If the reader has concerns about how the law applies to their specific facts or circumstances, they should seek advice from an attorney.

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