



## New Employee Requirements

Welcome to the Lake Wales Charters Schools. If you are a new employee to this agency, this checklist is for you! As a new employee within the Lake Wales Charter Schools system you will complete the forms located in your employment packet of information, elect your insurance benefits, and return all of the completed forms to the hiring authority at your school. It is extremely important that you meet all deadlines so that your paychecks and benefits are accurate and timely.

### WEBSITE AND LW Charter Schools Information

The Employee Handbook and information about each of our schools are available on our website. To access information that will help you understand the system, check out our website at: [www.lwcharterschools.com](http://www.lwcharterschools.com).

**If you have additional questions about any of the available school activities, please call your local school or the Lake Wales Charter Schools office at 863-679-6560. The office hours are Monday through Friday, from 8:00 a.m. to 5:00 p.m., Eastern Time.**

### COMPLETE YOUR PERSONAL INFORMATION

The Human Resource Office will enter your personal information in the payroll system when you are hired. However, you must provide your school's principal's secretary with the completed employment packet to be returned to the LW Charter Schools Human Resource Office.

- Direct Deposit:** The Lake Wales Charter Schools requires all employees to utilize the direct deposit process. This process automatically deposits your paycheck into your bank account on pay day. Before enrolling in the direct deposit program, you will need the routing number for your bank or credit union, your personal bank account number, the type of account—checking or savings, and the total amount of the deduction.
- Employee Education Verification:** Is required for all positions at the Lake Wales Charter Schools -- official transcripts must be received in the Human Resource office within 60 days of hire.
- A Valid Driver's License:** Is a second form of identification that is required for all LW Charter positions, the hiring authority or the school's secretary will ask for a copy for your personnel file.
- Social Security Card:** You are required to provide the LW Charter Schools with a copy of your social security card prior to beginning work. If you do not have a social security card you will not be allowed to start work until you provide a statement issued by the Social Security Administration, verifying that you have either ordered your social security card or a duplicate copy.
- Telephone References:** Required at the time of hire.
- I-9:** This is the official record of your proof of eligibility to work in the United States.
- W4:** Your W4 must be completed correctly so that our agency knows how much of your earnings to withhold for federal taxes. If you're not certain how to determine your withholdings, complete the information on the form or go to [WWW.IRS.gov](http://WWW.IRS.gov) for additional information.
- Professional License and Certification:** A Professional Teacher's Certificate or an Official Statement of Eligibility is required at the time of hire if you are accepting a teaching position.
- Emergency Contacts:** Please be sure to keep emergency information and contacts accurately updated so that our agency can contact you or someone for you in the event of an emergency.

## VERIFY YOUR PERSONAL INFORMATION

The following information is required to be entered into our Payroll/Human Resource systems. You may contact your school's secretary or the LW Charter Schools Human Resource Office if changes need to be made.

**Home Address:** This is the address that all general correspondences are mailed to, with the exception of open enrollment benefits information. This is also the address that is used on your W-2 Form at the end of the year. The Office of Human Resources will enter your home address and phone number when you are hired; however, you should check it for accuracy and to ensure that you update it if you move or change phone numbers.

**Personal Info:** Check your Social Security Number, your birth date, your address, the spelling of your name, and the correct amount of your insurance deductions on your paycheck. Notify the Human Resources/Payroll office immediately if there are errors.

## SmartFind Express Access ID (NUMBER)

When you are initially hired, you will be assigned a SmartFind Express user access ID and PIN number which allow you to access the telephone absence system to record your absences. If you do not receive this access ID number within 5 days of your hire date, **contact your schools' secretary or the Human Resources Office.**

## CRITICAL INSURANCE BENEFIT INFORMATION

Lake Wales Charter Schools, Inc. is proud to provide employee medical, dental, life and long-term disability to all benefit-eligible employees at no cost to employee through United Healthcare/Unimerica Insurance. Dependent coverage for these products, with the exception of long-term disability, is also available at employees' expense. In addition to the employer-sponsored products, various supplemental insurance coverages are available to benefit-eligible employees and their dependents through Colonial Life.

Please initial and sign the following acknowledgements regarding employee benefits:

\_\_\_\_\_ (Initial) **I acknowledge that I have a maximum of 60 days from my date of hire to make my benefit selections and complete necessary benefit enrollment applications.** Additionally, I understand that if I fail to make such selections and/or complete necessary applications within the 60-day period, with the exception of a plan-defined qualifying event, I will not again be eligible for coverage until the next scheduled open enrollment period (September).

\_\_\_\_\_ (Initial) **I acknowledge that, if selected and enrolled, my benefit coverage would begin on the first day of the month following a 30-day waiting period, which begins on my date of hire.**

\_\_\_\_\_ (Initial) **I acknowledge that I have been received all required enrollment materials including:** 2008-2009 Benefits Enrollment booklet, United Healthcare/Unimerica enrollment application(s) and Colonial Life supplemental insurance packet complete with instructions for direct-enrollment.

\_\_\_\_\_ (Initial) **I acknowledge that, if I wish to enroll for any benefits provided through Colonial Life, it is my responsibility to contact and enroll with them directly, as indicated by the instruction sheet located in the Colonial Life supplemental insurance packet.**

The above acknowledgements have been explained to me and I understand all benefit options that are available to me as an employee of Lake Wales Charter Schools, Inc.

Signed \_\_\_\_\_

Date \_\_\_\_\_