



**Human Resources**  
 19 Montana Hall  
 P.O Box 172520  
 Bozeman, MT 59717-2520

Phone: (406) 994-3651  
 Fax: (406) 994-5974

## *Classified Employee Checklist*

Name: \_\_\_\_\_

Dept: \_\_\_\_\_

FTE: \_\_\_\_\_

Appointment Length & Employee Start Date: \_\_\_\_\_

**Please read this packet and complete the required forms to enroll for your benefits. They must be returned to Human Resources within 30 days of your listed date of hire. If you do not return the required forms, your 1<sup>st</sup> paycheck will be held in Human Resources until the completed paperwork is turned in.**

If you have any questions, please contact Human Resources at 994-3651 or stop by Room 19 Montana Hall for personal assistance. If you are interested in any of the Optional Benefits that are described in this packet or would like additional information about them, please call Human Resources Office.

### Required Enrollment Forms

### Received

#### **MUST BE IN TO HR WITHIN 3 DAYS OF EMPLOYMENT**

- |       |  |       |
|-------|--|-------|
| _____ | 1. W-4 Form                                      | _____ |
| _____ | 2. Employment Eligibility Verification Form (I9) | _____ |

#### **MUST BE IN TO HR WITHIN 30 DAYS OF EMPLOYMENT**

- |       |   |       |
|-------|---|-------|
| _____ | 4. CHOICES Form (Enrollment for Insurance)  | _____ |
| _____ | 5. MPERA Enrollment Card (Retirement)   | _____ |
| _____ | 6. Support Disclosure Form  | _____ |
| _____ | 7. Decedent's Warrant   | _____ |
| _____ | 8. New Employee Retirement System Information   | _____ |
| _____ | 9. Certification of Prior Employment  | _____ |
| _____ | 10. Workers' Compensation Subsequent Injury form  | _____ |
| _____ | 11. <b>Males ages 18-26:</b> Verification of registration under The Military Service Act. | _____ |
| _____ | 12. Vehicle Use Agreement   | _____ |
| _____ | 13. Employee Declaration of Tax Status of Dependents                                      | _____ |
| _____ | 14. Direct Deposit  | _____ |

I understand there are optional benefits available to me that require additional forms for my enrollment. If I do not return these optional forms within 30 days from my start date, Human Resources will assume I do not wish to participate in the benefits to which these forms relate and have made a waiver thereof.

For your information, various policies and procedures concerning Professional and Faculty employees are listed at <http://www2.montana.edu/policy/personnel>.

I have read the information contained within the New Employee Packet.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date