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|  | **Full-Time** | **Part-Time** | **Retain for Employee Records** | **Reviewed/ Initialed** |
| **Policies** |  |  |  |  |
| Code of Ethics Policy/Reporting Process |   |   |   |   |
| Physical Security Policy |   |   |   |   |
| Bank Secrecy Act/Anti-Money Laundering Policy |   |   |   |   |
| Dress Code Policy |   |   |   |   |
| Employee Confidentiality Agreement |   |   |   |   |
| Customer Information Security Policy |   |   |   |   |
| Identity Theft Prevention Program Policy |   |   |   |   |
| Electronic Communication Acknowledgement & Consent  (Computer/Network/Social Media/Mobile Phone) |   |   |   |   |
| Other Policies pertinent to position |   |   |   |   |
| Policy Acknowledgement Form (for Regulators) |   |   |   |   |
| Business Continuation Form |   |   |   |   |
| Regulation/Compliance Checklist |   |   |   |   |
| Corporate Credit Card/Expense Reimbursement Policy |   |   |   |   |
| SAFE Act  |   |   |   |   |
| Employee Handbook |   |   |   |   |
| Employee Handbook Acknowledgement |   |   |   |   |
|  |  |  |  |  |
| **Forms to be signed/completed and returned** |  |  |  |  |
| Employment Application |   |   |   |   |
| Offer Letter |   |   |   |   |
| Background Check Consent Form |   |   |   |   |
| Drug Test Consent Form |   |   |   |   |
| W-4 (Federal) |   |   |   |   |
| WT-4 (State) |   |   |   |   |
| I-9 |   |   |   |   |
| Personal Data Sheet/Picture |   |   |   |   |
| Voluntary Self-ID Form  |   |   |   |   |
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|  | **Full-Time** | **Part-Time** | **Retain for Employee Records** | **Reviewed/ Initialed** |
| **Insurance Benefits** |  |  |  |  |
| Benefits Summary Sheet |   |   |   |   |
| Insurance Packet |   |   |   |   |
| Medical Insurance |   |   |   |   |
| Dental Insurance |   |   |   |   |
| Vision Insurance |   |   |   |   |
| Insurance Cost/Deduction Form |   |   |   |   |
| HSA Application |   |   |   |   |
| Waiver Form |   |   |   |   |
| COBRA Form |   |   |   |   |
| Group Life Insurance Application |   |   |   |   |
| Voluntary Life Insurance Application |   |   |   |   |
| Short Term Disability Program/Application |   |   |   |   |
| Long Term Disability Program/Application |   |   |   |   |
|  |  |  |  |  |
| **Flex Cafeteria Saving Plan** |  |  |  |  |
| Health Care |   |   |   |   |
| Dependent Care |   |   |   |   |
|  |  |  |  |  |
| **Retirement Benefits** |  |  |  |  |
| 401K Information Packet |   |   |   |   |
| 401K Forms or System Information |   |   |   |   |
| Profit Sharing Information |   |   |   |   |
|  |  |  |  |  |
| **Payroll Information** |  |  |  |  |
| Paid Holidays |   |   |   |   |
| Paid Time Off |   |   |   |   |
| Paydays |   |   |   |   |
| Work Schedules |   |   |   |   |
| Direct Deposit Form for Payroll |   |   |   |   |
| Expense Reports and Reimbursement Procedure |   |   |   |   |
| Incentive/Bonus Programs/Targets |   |   |   |   |
| Payroll System/Time Sheets |   |   |   |   |
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|  | **Full-Time** | **Part-Time** | **Retain for Employee Records** | **Reviewed/ Initialed** |
| **Other Benefits** |  |  |  |  |
| Employee Assistance Program |   |   |   |   |
| Free Employee Checks |   |   |   |   |
| Free Safe Deposit Box |   |   |   |   |
| Preferential Interest Loan Program for Employees |   |   |   |   |
| Bank Apparel |   |   |   |   |
|  |  |  |  |  |
| **Miscellaneous** |  |  |  |  |
| Bank History, Mission Statement, Slogan, Goals |   |   |   |   |
| Employee List and Organization Chart |   |   |   |   |
| Responsibility Roster |   |   |   |   |
| Job Description |   |   |   |   |
| Performance Review Process |   |   |   |   |
| Education Tracking Report |   |   |   |   |
| Gift Committee |   |   |   |   |
| Charity Committee |   |   |   |   |
| Charitable Donation Authorization Form |   |   |   |   |
| *Note: The information contained in this document is not intended to provide legal advice; rather, it is intended to provide general information about banking issues. Consult your institution's attorney for specific legal advice or assistance.* |