|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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.* | | | | |