

ROMAN CATHOLIC DIOCESE OF LEXINGTON

NEW EMPLOYEE 20 PLUS HOURS CHECKLIST

- Employee Information Sheet completed**
- W4**
- K4**
- I-9 with clear copies of identification**
- Direct Deposit Form with voided check**
- Code of Conduct Acknowledgement**
- Acknowledgement of Handbook**
- Background Check**
- At Will Application**
- Health Enrollment Form Accepting or Waiving Coverage**
- Life Insurance Form**
- Short Term Disability Enrollment Form**
- Tobacco Usage**
- HIPAA Form**
- Dental, if accepting coverage**
- Protecting Personal Information Acknowledgement**

Fax to 859-253-0939

**Mail to: Risk Management Office
The Catholic Center
1310 W. Main St.
Lexington, KY 40508**