

ROMAN CATHOLIC DIOCESE OF LEXINGTON

NEW TEACHER CHECKLIST

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

- \_\_\_\_\_ Teacher Application
- \_\_\_\_\_ Official, original (not a copy) Kentucky Certification
  - Catholic Schools Office Staff Only: Type \_\_\_\_\_ Expiration \_\_\_\_\_*
  - a. \_\_\_ Out of state teachers must have a Form TC-1 for Kentucky Certification
  - b. \_\_\_ First year teachers on internship must send the RED Statement of Eligibility (SOE)
- \_\_\_\_\_ Transcripts of degree work (i.e. Bachelor's, Master's, etc.) supplied by new hire
- \_\_\_\_\_ Verification of Experience - if salary credit is to be given for previous experience the hiring school should send the verification form to each school district or diocesan office in which the applicant was employed.
- \_\_\_\_\_ FBI Background Check (See School Background Check Requirements)
- \_\_\_\_\_ Tuberculin (TB) skin test results
- \_\_\_\_\_ Catechist Training form (Form supplied by the Diocesan Director of Religious Education)
- \_\_\_\_\_ Signed contract
- \_\_\_\_\_ 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
- \_\_\_\_\_ Health Enrollment Form Accepting or Waiving Coverage
- \_\_\_\_\_ Life Insurance/Short Term Disability Enrollment Form
- \_\_\_\_\_ Tobacco Usage
- \_\_\_\_\_ HIPAA Form
- \_\_\_\_\_ Dental, if accepting coverage
- \_\_\_\_\_ Protecting Personal Information Acknowledgement