

Employee Checklist Form

EMPLOYEE INFORM This section must be comple HR completes the processes	eted by the Super			ays prior to the first day of employment. Once o IT
Name:				
Department:			Job Title:	
Supervisor Signature:			Date:	
EMPLOYEE STATUS Once this section is complet	ed by HR it mus	t be forwarded to IT		
NEW HIRE			TERMINATION	
Employee Status:			Retirement / Termination	
New Hire: Rehire:			Last Day:	
Begin Date:			Supervisor Needs access to email, computer, phone for	
Transfer Date:			60 days?	
Employee ID number:			YES / NO	
Employee 1D number:				
HR Representative Signature:				Date:
the dean or hiring manager	to notify HR wit	h a new form should	the employee be rehired a	liately de-activated. It is the responsibility of as an Adjunct or in another area of the college.
New Employee active di	rectory accou	int sign on:		nemployee@kilgore.edu)
	itional access			If YES, Time Frame:
EQUIPMENT ACCESS	S			
Computer and software access: YES / NO		Phone access: YES / NO Extension:		Replacing employee: YES / NO
ID Card issues: YES / NO		ID Number:		
SOFTWARE ACCESS				
Jenzabar EX	PowerFAID	S	Content 7	
JCIS	Copier Code:		Long Distance Code:	
			Permissions Group:	
IT Representative Signature:			•	Completed Date: