

# Fairfield County New Employee Payroll Forms Checklist

Employee: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Department: \_\_\_\_\_

Department Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

## Required Forms for New Employees to County Payroll

Please see the attached detailed instructions for completing the individual forms.

Form	Send To	Form Required?	Submitted (Yes/No)	Date Submitted
<b>Fairfield County Employment Information</b>	<b>Auditor</b>	<b>Yes</b>		
<b>Form SR-6</b> Notice of Re-Employment of an OPERS Benefit Recipient (OPERS)	<b>Auditor</b>	Is this employee receiving retirement or disability benefits from PERS? <b>Yes</b> ___ <b>No</b> ___ If yes, this form must be completed and submitted.		
<b>Form I-9</b> Employment Eligibility Verification (Dept of Homeland Security)	<b>Auditor</b>	<b>Yes</b>		
<b>Form W-4</b> Employee's Withholding Allowance Certificate (Dept of the Treasury IRS)	<b>Auditor</b>	<b>Yes</b>		
<b>Form IT-4</b> Employee's Withholding Exemption Certificate (Ohio Dept of Taxation)	<b>Auditor</b>	<b>Yes</b>		
<b>Form SSA-1945</b> (Social Security)	<b>Auditor</b>	<b>Yes</b>		
<b>Authorization Agreement for Direct Deposit</b>	<b>Auditor</b>	<b>Yes</b>		
<b>Acknowledgement of Review and Understanding</b>	<b>Auditor</b>	<b>Yes</b>		
<b>Marketplace Coverage Options</b>	<b>Employee</b>	<b>Yes</b>		
<b>Central Authentication Identity</b>	<b>IT</b>	<b>Yes</b>		
<b>Motor Vehicle Report-Acknowledgement and Consent</b>	<b>Human Resources</b>	<b>Yes</b>		
<b>Insurance Authorization Form</b>	<b>Human Resources</b>	<b>Yes if Full Time</b>		

### Department Representative:

Please submit all required forms (including this form) within **three** days of first day worked, properly completed and signed by the employee, along with this checklist, to the appropriate department as listed above. **Failure to complete and return the above forms in a timely manner may result in the following; postponement of pay and/or ineligibility for insurance benefits.**

***I have verified that all required forms have been presented to the employee and are complete and included with this New Employee Packet.***

Department Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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### Detailed Instructions for Each Form

#### Fairfield County Employment Information

- Employee must complete the General Information and Local Tax Withholding Information sections.
  - To assist with the Corporation Limits question, you may contact the county auditor within the county the employee resides.
  - Completion of the EEO Civil Service Information section is optional. However, completion assists the County with EEO reporting requirements.
- Employer/department payroll representative **must** complete For Department Use Only.
  - The EEO function code must be entered. Refer to the list below for assistance.
    - 01 = Auditor, Recorder, Treasurer, Clerk of Courts, Commissioners, HR, Economic Development, Board of Elections, Emergency Management Agency, Prosecutor, Veterans Service Commission, All Courts
    - 02 = Engineer
    - 03 = FCDD, JFS, FACFC
    - 04 = Sheriff, Coroner
    - 06 = Soil & Water, Historical Parks
    - 08 = Health, ADAMH
    - 10 = Regional Planning
    - 11 = MCJDC, Adult Probation
    - 12 = Utilities
    - 15 = Maintenance, Dog Shelter

#### Form SR-6, Notice of Re-Employment of an OPERS Benefit Recipient (OPERS)

Form must be completed if employee is receiving retirement or disability benefits from PERS. This form must be completed and submitted to PERS by the end of the first month of employment. Failure to do so will result in employer liability for overpaid benefits.

If the retiree is re-employed within the last ten days of a month, notify the Finance Office immediately to prevent an overpayment of pension; confirmation must then be made on Form SR-6 within ten days.

- Section I – Employment. Department must complete with information supplied by employee.
- Section II – Employer Certification of Health Care Coverage. Department must complete.
- Section III – Acknowledgement of Retiree. Employee must sign.
- Section IV – Certification by Fiscal Officer. **This section will be completed by the Auditor's office.**

#### Form I-9, Employment Eligibility Verification (Dept of Homeland Security)

Please read all instructions before completing the form.

- **Section 1 – Employee Information and Verification.** Employee must complete and sign.
- **Section 2 – Employer Review and Verification.** Department Payroll officer is required to examine original documents listed on back of form and complete the section.
- **Certification** – Department must complete and an authorized signature is required.
- **Section 3 – Updating and Re-verification.** Do not complete.

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**Form W-4, Employee's Withholding Allowance Certificate (Dept of the Treasury/IRS)**

- Employee must complete sections 1 through 5.
- If employee wants additional taxes withheld, then section 6 must be completed.
- If employee claims exemption for all withholding for the year (**meeting both listed conditions**), then section 7 must be completed. Enter the word "Exempt."
- Employee can change this form at any time.
- Employee must sign and date the form.

**Form IT-4, Employee's Withholding Exemption Certificate (Ohio Dept of Taxation)**

- Employee must complete name, social security number, address, public school district of residence, and school district number.
  - To assist with School District Income Code you may refer to [http://www.tax.ohio.gov/online\\_services/thefinder.stm](http://www.tax.ohio.gov/online_services/thefinder.stm). Click on School District Income tab. Click on Lookup Tax Rate – Address. Type in the address and click the Lookup tab.
- Employee must enter allowable exemptions in lines 1 through 4.
- If employee wants additional taxes withheld, then line 5 must be completed.
- Employee must sign and date form.

**Form SSA-1945, Statement Concerning Your Employment in a Job Not Covered by Social Security**

- Employee must complete, sign and date form.
- Employee ID # = employee's social security number.

**Authorization Agreement for Direct Deposit (ACH Credits)**

- Employee must complete "Transaction Type" and corresponding sections.
- Form must be verified by the bank OR a cancelled check must be attached.
- Employee must sign and date form.

**Acknowledgement of Review and Understanding MANDATORY FOR STATE AUDITOR**

- Employee must print name, sign and date the form.
- A witness to the employee's signature must sign and date the form.

**New Health Insurance Marketplace Coverage Options**

- This form **MUST** be given to all new employees.

**Central Authentication Identity**

- Employee must complete, sign and date form.
- Employer must complete, sign and date form.
- This form is sent to data processing.

**Motor Vehicle Report – Acknowledgement and Consent**

- This form is required for insurance purposes.
- This form does not apply for general employee travel reimbursements.

**Insurance Authorization Form**

- Employee must complete, sign and date form.