

CHECK LIST A

EMPLOYEE NAME: _____

INITIAL (NEW HIRE) SPP CONTRACTS ARE TO BE SUBMITTED IN THE FOLLOWING ORDER

___ ORIGINAL 311T PLUS COPY

___ W-4 PLUS COPY

___ ORIGINAL 312 PLUS COPY (IF NECESSARY)

___ ORIGINAL 1242-1 (PLUS COPY IF 312 IS NECESSARY)

___ ORIGINAL 1242-2 (PLUS COPY IF 312 IS NECESSARY)

___ ORIGINAL 1242-6 (PLUS COPY IF 312 IS NECESSARY)

___ 1819 (PLUS COPY IF 312 IS NECESSARY)

___ POSITION CLASSIFICATION WORKSHEET (IF CLASSIFICATION **IS NOT** ON THE DHMH
DELEGATED CLASSIFICATION LISTING)

___ APPLICATION/RESUME

___ LICENSE, REGISTRATION, DIPLOMA, TRANSCRIPTS, ETC.

___ RECORD OF COMPLETION OF EMPLOYMENT REFERENCE CHECK(S)

___ RECORD OF COMPLETION OF EDUCATIONAL CREDENTIAL CHECK(S)
(WITH ACCOMPANYING DOCUMENTATION)

___ RECORD OF COMPLETION OF EXPERIENCE CREDENTIAL CHECK(S)
(WITH ACCOMPANYING DOCUMENTATION)

___ I-9 FORM

___ AUTHORITY FOR RELEASE OF INFORMATION FORM

___ CRIMINAL CONVICTION REPORT FORM

___ CRIMINAL BACKGROUND CHECK FORM

___ COMBINED IRMA POLICY ACKNOWLEDGMENT FORM

___ STATE OF MD SUBSTANCE ABUSE POLICY ACKNOWLEDGMENT FORM

___ DRUG TESTING REQUIREMENT FORM (SENSITIVE CLASSES)

___ DRIVER ACKNOWLEDGMENT FORM

___ SEXUAL HARASSMENT FORM

___ HEALTH BENEFITS ELECTION FORM

___ MARYLAND NEW HIRE REGISTRY REPORTING FORM OR CONFIRMATION #

___ DOMESTIC VIOLENCE ACKNOWLEDGMENT FORM

___ EQUAL OPPORTUNITY APPLICANT DATA FORM

___ REQUEST FOR STATE I.D. BADGE (STATE OFFICE COMPLEX EMPLOYEES)

___ CORPORATE COMPLIANCE

REVISED 3/2003

CONTRACT ADMINISTRATOR/PERSONNEL LIAISON/DATE*

***MUST BE ORIGINAL SIGNATURE**