NEW EMPLOYEE CHECKLIST

Please read the following important information and indicate you have done so by checking the appropriate boxes and sign

the form. **Retirement** - Regular/full-time or regular part-time employees, working 20 or more hours/equivalent, A are by law required to become members of the Louisiana State Employees Retirement System, Teachers' Retirement System of Louisiana, an Optional Retirement Plan, or Social Security. B **Insurance** - Regular full-time employees are eligible to enroll in the State of Louisiana Office of Group Benefits Employees Group Benefits Program. This program includes Group Medical and Hospital benefits, Life Insurance and Dependent Health and Life Insurance. Employees are required to contact the University Benefits & Insurance Coordinator (Long-Jones Hall, Room #151) within thirty (30) days after the date of employment, whether or not they elect to enroll in the Insurance Program. Faculty/Staff Identification Cards - Employees are required to obtain an I. D. Card from the \mathbf{C} University Police Department, Corner of Main & Central. Motor Vehicle Registration - Employees are required to immediately register their vehicle with the D University Police Department and purchase a University parking decal at such time. Ε Transcripts - Unclassified staff (including Faculty) must submit official transcripts to Human Resources within 30 days of employment. Supervision - Employees who supervise Civil Service Workers are required to complete on-site F Performance, Planning and Review Training. (Contact Office of Human Resources for details) EMPLOYEE COMPLETION 1. a) If you are a member of a retirement system in Louisiana, check applicable block below: Louisiana State Employees' Retirement (LASERS) Louisiana Teachers' Retirement (TRSL) ORP (Optional Retirement Plan: ING, TIAA-CREF, AIG-VALIC) Other, Specify Are you a retiree of a retirement system? \(\sqrt{Yes} \) \(\sqrt{No} \)? If yes, check applicable block(s) b) below: Louisiana State Employees' Retirement **DROP** Retiree Teachers' Retirement System of Louisiana Initial Lump Sum(Option 5) Retiree Retirement System other than one above: Social Security Are you married?

Yes

No If yes, is your spouse employed by a Louisiana state agency and you are covered 2. as a dependent under the State Group Benefits Program for hospitalization or life? Yes Have you had prior employment service with the State of Louisiana? 3. Yes ☐ No If yes, list State agencies and periods of service/employment: Have you ever been previously employed by Grambling State University? ☐ Yes ☐ No 4. If yes, provide position(s) and date(s) of employment: Signature: Date: ____