



FULL-TIME NEW HIRE FORMS

NAME _____

DEPARTMENT _____

Federal W-4 Form

- Complete form; filling in all spaces 1-7, remembering to sign and date form.
Page 2 is for your reference only.

State W-4 Form

- Complete "Employee Withholding Allowance Certificate", remember to sign and date.
Page 2 is for your reference only.

Form I-9 Employment Eligibility Verification

Complete the entire I-9 form with City Clerk/Deputy City Clerk

- Review acceptable forms of documentation AND bring the appropriate forms of identification for verification on or before your first day of employment or prior to first day.

Direct Deposit Authorization Form

- Complete all fields required (for each account), sign and date.
 A Voided Check is required with Direct Deposit Form.

Emergency Contact Form

- Complete employee contact form with emergency contact information and sign.

IPERS Enrollment Form

- Complete the first page, making sure to include member information, all required beneficiary information and member's and spouse's (if applicable) signature.

Health Choices Flex Enrollment Form

- Complete and return to City Hall. If you do not wish to participate in the flex plan, you are required to choose that option and return to the signed form to City Hall.

Payroll Calendar

Payroll Calendar for your reference is included in this packet.

(continued on next page)

Personnel Handbook

A copy of the Personnel Manual is available to be emailed or printed for your reference.
Sign and return the following:

- Employee Acknowledgement Form – Personnel Handbook
- Employee Acknowledgement Form –Internet, Social Media and Email
- Employee Acknowledgement Form – Drug & Alcohol Use & Testing Policies

Health Insurance Enrollment Form.

- Complete enrollment form from Medical Associates Health Insurance Plan.

Kansas City Life Insurance Company Dental, Long Term Disability and Life Insurance

- Complete enrollment form.

NEW THIS YEAR: Your paystub will be directly emailed to you biweekly. Please provide a valid email address on your application to be used to send your paystub.

Also included in the packet is a Notice of Creditable Coverage regarding Medicare.

Please contact Sara Burke at Asbury City Hall at 563.556.7106 or email sburke@cityofasbury.com, if you have any questions completing the new hire payroll forms packet.