

Hiring Documents Checklist

Please review the [attachment guidelines](#) for attaching the Hire/Rehire Sign-In Paperwork to the ePAF.

Please refer to the [Payroll Guidelines](#) and [Payroll Calendar](#) for the ePAF/Sign-In Paperwork deadlines.

All international employees must meet with the Employment and Taxation Section at UCF Global to complete the sign-in paperwork (excluding the ePAF). International employees includes anybody who is NOT a U.S citizen, permanent resident, or naturalized citizen.

Submit the applicable Affirmation Form to Talent Acquisition when background check is required. Confirmation Background Check Email from Talent Acquisition (Talent@ucf.edu) must be received prior to submitting the following ePAF/Sign-In Paperwork.

Hiring Documents Checklist by Employee Type	A&P	Faculty	USPS	Post-Docs/Med Residents	OPS to Line	OPS Adjuncts	OPS Graduate Assistantships	OPS Hourly (non-student)	Ugrad Hourly (OPSSU)	Grad Hourly (OPSGRD/OPSMED)	Rehire	Student to Non-Student/Adjunct
ePAF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-in-1 Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Agreement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> *	<input type="checkbox"/> *
Copy of Background Check Confirmation Email (from Talent Acquisition- Talent@ucf.edu)		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/> *
Electronic I-9 Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Acknowledgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Orientation Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> *	
Personal Data Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Retirement Status Notification Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SSA-1945				<input type="checkbox"/>	<input type="checkbox"/> *	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>
Informational Sheet, Direct Deposit and W-4 (provide to employee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Health Insurance Marketplace Notice (provide to employee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Drug-Free Workplace Policy Statement (provide to employee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

If applicable:

Employment of Relatives Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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* if applicable