

INSTRUCTIONS FOR ATTACHED PACKET

1. **Request for Delivery of Salary Check, VA Form 1301a.** Print your name, Division or Section and your address in the appropriate boxes. Sign in the Signature of Payee box. All employees are required to complete this form, even though your check will be direct deposited.
2. **Ohio Department of Taxation Employee Withholding Exemption Certificate.** Fill out all information requested, sign and date the bottom of the form.
3. **W-4, Federal Tax Withholding Allowance Certificate.** Complete bottom portion of the form, sign and date the bottom of the form.
4. **City Income Tax and School District Tax Form.** Review the list of school districts and cities, select the appropriate one and enter on space provided. If your school or city isn't listed, and you know there is a tax, you can write it on the space provided, but taxes may not be withheld at this time. Payroll can answer any questions regarding these taxes.
5. **FASTSTART Direct Deposit.** All Employees are required to complete this form. Please enter your SSN, Name and home telephone number in section 1. Select the type of account in section 2, Enter your Bank Routing number, Account Number, Account Title and Financial Institution Name in section 3. **Nothing needs to be entered in the Check Digit Box.**

If you would like to set up an allotment, which is a portion of your check designated for a specific account, you can do this in section 4. This portion does not need to be completed at this time.

Sign and date the bottom of this form. It is imperative that this form get turned in no later than 3 days after your start date.

6. **Self Identification of Handicap.** Put your name in the appropriate box. Review all the possible codes and place the appropriate code in the box provided at the top right hand corner. *This is for statistical data only and will not be kept in your employee file.*
7. **Ethnicity and Race identification.** Please complete the appropriate sections for name, ssn and birth date. Answer question 1 and question 2. *This is for statistical data only and will not be kept in your employee file.*
8. **Employee Educational Data Form VA Form 4637.** Please select the appropriate education code for the highest level of education that you have completed. *Anything beyond high school education will need to have official transcripts attached.* Complete Part II. If you cannot find your program code for section 2B in the attached list of codes, please write out your degree next to the box.
9. **Statement of Prior Federal Service.** If you have any prior military or federal service, please list it on this form to ensure you receive proper credit for leave and retirement purposes.

10. **Department of Labor Statement.** Read and sign this statement even if you are not collecting unemployment.
11. **Life Insurance Election Standard Form 2817,** if applicable, complete section 2, 3 and 4 if you would like to select additional Optional Life insurance. If you prefer to meet with an HR Assistant in Benefits you can wait to sign up for the Optional Life Insurance. If you would like to Waive all Life insurance sign section 5.
12. **Designation of Beneficiary Standard Form 2823,** If you would like to elect a beneficiary for your life insurance amounts, please complete all portions of this form. There cannot be any errors on this form, so if you make a mistake please request a new form. If you do not designate a beneficiary, your next of kin will be the automatic beneficiary of all your life insurance funds.
13. **Appointment Affidavits,** sign when directed by HR Assistant.
14. **Certification of Licensure VA Form 4682-2.** This form only needs to be completed if you are required to have a license or certification to perform your job functions (ie. RN's, PA's, Social workers, etc)