Compensation and Benefits



New Hire/Rehire Checklist

Employee Name:	_
Employee ID (if known):	
Department:	
Hiring Form	
Direct Deposit Form	
TD1 (Federal)	
TD1 (Provincial)	
Copy of Birth/Baptismal Certificate	
Copy of Social Insurance card	
Oath of Allegiance/Oath of Office	
Does the employee have prior service with go agency □ Yes □ No If yes, advise employee that they are response form completed by former employer	1 0
Group Insurance Enrollment Form (must com GMPP Enrollment Form	plete within 30 days of eligibility date)

I understand that it is my responsibility to provide the necessary information/complete the forms within a timely manner. If not there could be delays in receiving my pay. I also understand that the insurance enrollment form provided to me must be completed and returned to Compensation and Benefits Division within 30 days of my eligibility date; if not returned within the 30 days I will be considered a late applicant.

Employee Signature:	_ Date:	
Authority (please tick appropriate box)		
□ Letter of Appointment		
□ Other (please specify):		
GNL Representative Signature:	Date:	

All Documents, including this checklist, should be sent as a package to <u>CompensationBenefits@gov.nl.ca</u> or fax 709-729-7167. If documents are missing, incomplete, or illegible, they will be rejected which could result in delays in processing.