

New Employee Package:

Name:

Unit:

Enrollment form (please make sure the following items are complete)

- Date of membership into the system (date deductions began-first day of work)
- Department and job title
- Veteran status

To Be Completed by Payroll/Personnel Dept section:

- Deduction rate
- Approximate hours worked per week _____
- Cash compensation: \$ _____ per _____
- Authorized signature

Beneficiary Selection Form

Social Security Form SSA-1945

Copy of birth certificate

Copy of marriage certificate

Copy of military discharge papers (form DD214), date of entry and separation (if applicable)

Job description