

Hiring Documents Checklist

IMPORTANT: Only use the following checklist if the individual was **NOT** processed through the **PageUp** system. For A&P, Faculty and USPS hires, the onboarding tasks will be in the PageUp system and are not listed below.

Review the [attachment guidelines](#) for attaching the Hire/Rehire Sign-In Paperwork to the ePAF. Refer to the Payroll Guidelines and Payroll Calendar for the ePAF 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 include anybody who is NOT a U.S citizen, permanent resident, or naturalized citizen.

Submit the [Background Check Request Online form](#) when a background check is required. Background Check Approval/Waiver Email from Talent Acquisition must be received prior to submitting the ePAF/Sign-In Paperwork.

Hiring Documents Checklist by Employee Type	Post-Docs	Medical Residents	OPS to Line	OPS Adjuncts	OPS Graduate Assistantships	OPS Hourly (non-student)	Ugrad Hourly (OPSSSTU)	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"/>
Approved Hiring Freeze Exception Request Form (not required for C&G funded positions)			<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"/>		
Agreement	<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 Approval/Waiver Email	<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"/>	
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"/>		
Loyalty Oath-Rights to Inventions	<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"/> *	
Personal Data Sheet	<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"/>	
SSA-1945	<input type="checkbox"/>	<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"/>		
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"/>	
403(b) Plan-Notice of Eligibility (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"/>	

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"/>
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* if applicable