

**CLASSIFIED APPOINTMENT CHECKLIST**  
(TO BE COMPLETED BY HUMAN RESOURCE MANAGEMENT)

**FORMS COMPLETED BY THE EMPLOYEE:**

- \_\_\_\_\_ 1. Civil Service Application
- \_\_\_\_\_ 2. LASERS Member Registration
- \_\_\_\_\_ 3. Form SSA-1945
- \_\_\_\_\_ 4. Current Retirement Status Form
- \_\_\_\_\_ 5. Recoupment Policy Form
- \_\_\_\_\_ 6. Personal Data Sheet
- \_\_\_\_\_ 7. Invitation for Self Identification
- \_\_\_\_\_ 8. Appointment Affidavit
- \_\_\_\_\_ 9. Employment Eligibility Verification (**I-9**)  
(See reverse side of form for requirements)
- \_\_\_\_\_ 10. Federal and State Tax Forms
- \_\_\_\_\_ 11. New Employee Orientation Form
- \_\_\_\_\_ 12. Public Records Act Form
- \_\_\_\_\_ 13. Code of Conduct Form
- \_\_\_\_\_ 14. Confidentiality Agreement Form
- \_\_\_\_\_ 15. Form E-2

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**MATERIALS GIVEN TO THE EMPLOYEE:**

- \_\_\_\_\_ 1. Copy of offer letter
- \_\_\_\_\_ 2. State of Louisiana Public Employees Deferred Compensation Plan
- \_\_\_\_\_ 3. LASERS Member Registration Copy
- \_\_\_\_\_ 4. Form SSA-1945 Copy
- \_\_\_\_\_ 5. Benefits Summary for Classified Employees / Benefits Packet
- \_\_\_\_\_ 6. HIPAA – Training Acknowledgement Guide

\_\_\_\_\_  
Signature of Human Resource Representative

\_\_\_\_\_  
Date

*I acknowledge receipt of the above mentioned materials.*

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

11/05, 07/07, 06/08