

## PROFESSIONAL EXPERT (TCA) PAPERWORK CHECKLIST

SCHOOL: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

EMPLOYEE WORKED PREVIOUS YEAR:      **YES**      **NO**

CONTACT PERSON: \_\_\_\_\_  
 SPORT: \_\_\_\_\_  
 PC #: \_\_\_\_\_  
 PERNER #: \_\_\_\_\_

IF EMPLOYEE WORKED PREVIOUS  
YEAR, ONLY HIGHLIGHTED  
PAPERWORK NEEDED

	NOTES
<input type="checkbox"/> FREEZE FORM	
<input type="checkbox"/> REQUEST FOR PERSONNEL ACTION FORM <small>(fiscal specialist's signature <b>REQUIRED</b> at the bottom of the form)</small>	
<input type="checkbox"/> APPLICATION FOR ASSIGNMENT AS PROFESSIONAL EXPERT FORM <small>(fiscal specialist's signature <b>REQUIRED</b> at the bottom of the form)</small>	
<input type="checkbox"/> EMPLOYMENT INFORMATION FORM (HUMAN RESOURCES)	
<input type="checkbox"/> OATH OF ALLEGIANCE	
<input type="checkbox"/> EMPLOYEE ACKNOWLEDGEMENT OF SUSPECTED CHILD ABUSE REPORTING DISTRICT ...	
<input type="checkbox"/> TUBERCULOSIS (TB) CLEARANCE FOR NEW CERTIFICATION EMPLOYEES <small>(paperwork must be submitted within 60 days of doctors visit)</small>	
<input type="checkbox"/> APPLICANT FINGERPRINT INFORMATION FORM (HUMAN RESOURCES)	
<input type="checkbox"/> EMPLOYMENT ELIGIBILITY VERIFICATION <small>(1-9, SECTION 1, PREPARERE INFO NOT NEEDED,PAGE 7)</small>	
<input type="checkbox"/> EMPLOYMENT ELIGIBILITY VERIFICATION <small>(1-9, SECTION 2 AND CERTIFICATION, PAGE 8)</small>	
<input type="checkbox"/> EMPLOYEE'S WITHHOLDNG ALLOWANCE CERTIFICATE (EDD)	
<input type="checkbox"/> W-4 FORM (TAX)	
<input type="checkbox"/> W-4 FORM DEDUCTIONS AND ADJUSTMENTS WORKSHEET (PAGE 2)	
<input type="checkbox"/> WARRANT(S) RECIPIENT DESIGNATION	
<input type="checkbox"/> RETIREMENT CONTRIBUTION INFORMATION	
<input type="checkbox"/> CERTIFICATE OF MEDICAL EXAMINATION	
<input type="checkbox"/> ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE	
<input type="checkbox"/> EMPLOYEE HEALTH SERVICES - TB COMPLIANCE PROGRAM (CERTIFICATE OF COMPLETION)	