New Mexico CONSORTIUM

Revised 013026

Employee File Checklist

Name: _____ Fringe Category: _____ ADP Home Dept: _____

Start Date: _____

Check	N/A	
		Acknowledgement: NMC policies
		Acknowledgement: Relocation Policy and Repayment (for EEs who receive relocation reimbursement ONLY)
		Attendance Expectations Form
		ADA Self ID Form CC-305: voluntary self-identification of disability
		Benefits Election/Change Form
		Certification for employees on LANL- sponsored projects
		Certification Regarding Participation in a Foreign Government Talent Recruitment Program (FGTRP)
		COI or PHS FCOI Sent to SF date:
		COI Statement for Former Federal Employees
		Confidentiality Agreement
		Direct Deposit Authorization (note: NOT valid w/o voided check attached)
		E-verify: __Open case __ approved __ TNC _____ FNC __ notify EE __ Close Case
		Employee Profile
		I-9 (with presented A or B and C documents)
		Invention Disclosure Agreement (for sponsored research hires ONLY)
		Job Description
		Medical Questionnaire (for manual labor workers ONLY
		New Hire Orientation Checklist
		Offer Letter
		On-line Application submitted SF (n/a for re-hire w/in 3 years)
		Outside Activity Approval form, a copy from LANL (for dual appointments w/LANL ONLY)
		Payroll Deduction Authorization
		Resume/CV
		Social Security Card (copy)
		Training
		W-4
		Work Plan (students, postdocs, JR, interns, and mentored volunteers ONLY)
		403(b)(7) Prior Service Certification (if eligible)
		403(b)(7) Retirement Plan On-line Registration (if eligible)
		403(b)(7) Retirement Plan Salary Reduction Agreement (if eligible)
FOR FOREIGN NATIONALS		
		W-8ECI
		Test of Presence Form
		Work Authorization Doc. Exp. Date: In SF:

By signing below, I acknowledge that I have provided the above documents and they are true and correct.
I also acknowledge that NMC approval is required for all publications resulting from research conducted while affiliated with NMC.

_____	_____	_____	_____
Employee Signature	**Date**	**NMC HR Representative**	**Date**

FOR NMC USE ONLY

- ☐ EE ADP record created. Date: _____ Tax rate___ Deductions ____ Seniority _____Sched_____
- ☐ Email of new employee added to employee email list by the 2nd Wed. of the pay period. Date:
- ☐ Public Access file created (H-1B only)
- ☐ SF contact and application record updated. Date:
- ☐ Enroll: BCBS____, DD ____, Term ___, SLTD ___, H/FSA ____ ACC ___ ILL ___ Legal___ VTL___
- ☐ LANL notified (FN, LANL employee, or onsite LANL) Date:

ATTACHMENT 1. Training (https://newmexicoconsortium.org/inside-nmc/training-requirements/)

Employee Name _____ **Start Date**_____

Employee Group	**Check if applies**	**Required Training**	**Date of Completion**	**Proof of Completion** (file in Employee folder)
ALL EMPLOYEES				
		Sexual Harassment Prevention		Mineral Certificate
		Drug-free Policy		Mineral Certificate
		Conflict of Interest		CITI Certificate
		Information Security		CITI Certificate
		Controlled Unclassified Information		Certificate or Email Acknowledgement
		Export Compliance		CITI Certificate
IT STAFF				
All IT Staff		Electrical Safety		Electrical Safety Quiz
OFFICE ADMINS				
POSTDOCS				
All Postdocs		RECR		CITI Certificate (currently RCR)
		Research Integrity Policy		Training Acknowledgement Form
		Research Security (formerly UFI)		CITI Certificate
Funded by PHS (NIH, FDA, CDC, etc.)		FCOI Tutorial		FCOI Tutorial Certificate
RESEARCH ADMINS				
RESEARCHERS				
All researchers		RECR		CITI Certificate (currently RCR)
		Research Integrity Policy		Training Acknowledgement Form
		Research Security (formerly UFI)		CITI Certificate
Funded by PHS (NIH, FDA, CDC, etc.)		FCOI Tutorial		FCOI Tutorial Certificate
STUDENTS				
All Students		RECR		CITI Certificate (currently RCR)
		Research Integrity Policy		Training Acknowledgement Form
		Research Security (formerly UFI)		CITI Certificate
Funded by PHS (NIH, FDA, CDC, etc.)		FCOI Tutorial		FCOI Tutorial Certificate