

**STUDENT** HIRE CHECKLIST  
School of Medicine

HIRE: RE-HIRE:

NAME:

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HIRE DATE:

DEPT:

DIVISION:

TITLE:

SUPERVISOR:

CONTACT:

EMERGENCY CONTACT INFO:

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[SLED/Background Checklist](#) (sent to SOM HR before hire date)

[SLED or Background Authorization Form](#) (sent to SOM HR before hire date)

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ACA Form

Copy of I-20 (for international students only)

E-verify

[Health Risk Assessment Form](#) (sent to SOM HR before hire date)

Health Risk Assessment Form **on file**

[I-9](#), Employment Eligibility Verification

[Personnel Employment Information Form](#)

PBP3 / PBP3 – G Form

**[Work Locator Form](#) - Required**