

# Important Information

Please read carefully before completing this packet.

**Incomplete packets will be returned.**

Welcome to VEI! We know you are looking forward to receiving your first paycheck, however, due to federal and state laws and company policy, we require all paperwork in this Paycheck Pack to be **completed accurately** before you begin employment with VEI. Incomplete forms will be returned, and unable to be processed. **This would result in delaying your start date.**

Please check off each item below as you accurately complete it. When all boxes have been checked, sign and date this document and return with the completed packet.

- Form I-9 (Employment Eligibility Verification)**
  - Clean copy of two forms of identification from **List A** or **List B**, as listed on the back of the I-9 form
- Form W-4 (Federal Holding Certificate)**
- Form WH-4 (State of Indiana Withholding Certificate)**
- Direct Deposit Form (This is a mandatory requirement of employment with VEI.**  
If you are unable to provide Direct Deposit information, you must state a valid reason why.) \_\_\_\_\_
  
- Emergency Contact Form**
- Confidentiality Agreement**
- EEO-1 Form**
- Access Control Request Form**
  
- Clean copy of **Social Security Card (SSC)**. The SSC can also be accepted as one form of identification for your I-9. A social security card or receipt of application is **mandatory** for employment. The last name on the driver's license and Social Security card must match. If not, you will not be able to start until you provide HR with an updated driver's license or Social Security card/request receipt (two pages). If you have this receipt, HR also needs to make a copy of your birth certificate. If you need to obtain a replacement Social Security card, name change, or if you do not have a Social Security number, you may visit the Social Security Administration online at **www.ssa.gov** for more information or call 1-800-772-1213.
  
- Clean copy of diploma or transcripts from highest level of education completed
- Clean copy (**front and back**) of professional license/certification/registration

I acknowledge that the above checked items have been fully and accurately completed. I understand the completion of the Paycheck Pack is my responsibility, and failure to complete and/or return the forms to human resources will result in the delay of my start of employment with VEI.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**VEI**

Partners in health care ventures