



PART-TIME EMPLOYMENT CHECKLIST

- I. I have completed the following forms:
 - a. Form I-9: U.S. Department of Justice Employee Eligibility Verification
 - b. W-4 Form: Employee withholding and allowance certificate
 - c. Authorization for Disclosure of Information

- II. I have provided the county/city with:
 - a. Parental Authorization/Release Affidavit
 - b. Minor Release Affidavit

I understand that as a part-time, temporary employee, I am not eligible for the group medical/dental insurance coverage with the county/city.

Employee Signature

Date

Authorized County/City Employee Signature

Date