



# REQUEST FOR LEAVE FORM

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PO Box 2308 • 249 Warren Ave • Silverthorne, CO 80498 • 970-468-0295 •  
Fax 970-468-1208 • [www.nwccog.org](http://www.nwccog.org)

Prior written approval required for eight hours or more of consecutive time off.

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Amount of Time Requested (hours/days): \_\_\_\_\_

Dates Requested – From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Leave:

Annual Leave (vacation/sick)

Floating Holiday

Compensatory Leave (personal leave in full day increments)

Medical Leave

Other: \_\_\_\_\_

(shared leave, paid or unpaid administrative leave, jury duty – see Employee Handbook for more types of leave)

Employee Comments:

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor Approval:

Yes       No

Supervisor Comments:

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date



# EMPLOYEE ACTION FORM

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Effective Date: \_\_\_\_\_

New Hire    Termination    Change

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Title: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ per \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

# Hours/Week: \_\_\_\_\_ = \_\_\_\_\_ FTE Effective Date of Change: \_\_\_\_\_

CCOERA (minimum 3.75%) \_\_\_\_\_ % Effective Date of Change: \_\_\_\_\_

Employee Benefits 24+ Hours/Week	NWCCOG Pays/Month	Employee Pays/month
AD&D	\$0.00	\$0.00
Life	\$0.00	\$0.00
Dental	\$0.00	\$0.00
Medical	\$0.00	\$0.00
Vision	\$0.00	\$0.00
LTD	\$0.00	\$0.00
FSA	\$0.00	\$0.00
<b>Total per MONTH</b>	<b>\$0.00</b>	<b>\$0.00</b>
Divided by 2		
<b>Total per PAY PERIOD</b>	<b>\$0.00</b>	<b>\$0.00</b>

Benefit Effective Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Employee's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Fiscal Office Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Executive Director's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Office Manager's Signature

\_\_\_\_\_  
 Date

UNUM Website: \_\_\_\_\_ UNUM Salary Spreadsheet: \_\_\_\_\_ CHP Billing Adjustment: \_\_\_\_\_  
 CHP Premium Spreadsheet: \_\_\_\_\_ Staff Database: \_\_\_\_\_



# EMPLOYEE DISCIPLINE ACTION FORM

PO Box 2308 • 249 Warren Ave • Silverthorne, CO 80498 • 970-468-0295 •  
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Employee Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Department: \_\_\_\_\_

Concern(s), issue(s), or incident(s) involving:

- Conduct or Behavior (Interpersonal Skills)
- Customer Service
- Safety or Work Environment
- Attendance - Dependability
- Department or Organization Policy: \_\_\_\_\_

Describe performance concern or issue (be specific, and include dates and examples):

Describe the expected standard of performance:

Describe agreed upon solution(s) or course of action:

- 1<sup>st</sup> Violation
- 2<sup>nd</sup> Violation
- 3<sup>rd</sup> Violation
- Other: \_\_\_\_\_

## ACKNOWLEDGEMENT

I acknowledge that this description of my conduct is accurate and I accept the discipline action proposed.

Employee's signature indicates that the Supervisor discussed the above information with the employee.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Distribution (check all that apply):**  Employee  Supervisor  Executive Director \_\_\_\_\_  Personnel File \_\_\_\_\_



# EXEMPT EMPLOYEE AGREEMENT TO COMPENSATORY TIME FORM

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Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Department: \_\_\_\_\_

I understand that under the U.S. Department and Labor's Fair Labor Standards Act, I am not entitled to overtime pay (please see Employee Handbook for full description). By voluntarily participating in NWCCOG's Compensatory Time Program, I may accumulate up to 40 hours of compensatory time at a rate of 1 hour accumulated per 1 hour worked. I am required to receive written or verbal permission from the Executive Director before accumulating compensatory time. Specific use of compensatory time is managed at the program level, and is intended as a mutual benefit to both the organization and to the employee. Hours of Compensatory Time are able to be utilized either in full day increments with supervisor approved "Employee Leave Request Form" or in hourly flexible time off with verbal consent from a supervisor, program director or the NWCCOG Executive Director. *I agree and consent to participate in NWCCOG's Compensatory Time benefit as outlined here and in the Employee Handbook.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fiscal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director's Signature

\_\_\_\_\_  
Date



# NONEXEMPT EMPLOYEE AGREEMENT TO COMPENSATORY TIME FORM

PO Box 2308 • 249 Warren Ave • Silverthorne, CO 80498 • 970-468-0295 •  
Fax 970-468-1208 • www.nwccog.org

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Department: \_\_\_\_\_

I understand that under the U.S. Department and Labor's Fair Labor Standards Act, I am entitled to 1.5 hours of overtime pay for every 1 hour worked over 40 hours in one week (please see Employee Handbook for full description), and that by voluntarily participating in NWCCOG's Compensatory Time Program I waive that right in order to have the flexibility to work, accumulate up to 16 hours as an hourly employee, and utilize "compensatory" time off. I am required to receive written or verbal permission from my Supervisor before accumulating compensatory time. Specific use of compensatory time is managed at the program level, and is intended as a mutual benefit to both the organization and to the employee. Hours of Compensatory Time are able to be utilized either in full day increments with supervisor approved "Employee Leave Request Form" or in hourly flexible time off with verbal consent from a supervisor, program director or the NWCCOG Executive Director. *I agree and consent to participate in NWCCOG's Compensatory Time benefit as outlined and waive my rights to overtime for any hours worked as a part of this program.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fiscal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director's Signature

\_\_\_\_\_  
Date



# HOW TO REPORT A WORKERS' COMPENSATION CLAIM

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Don't wait to report if you don't have all the answers, however all questions on the front and back of the "First Report of Injury" will need to be completed in order to meet the requirements of the Colorado Workers' Compensation Act.

1. **INJURED EMPLOYEE** - **Immediately** report injury to your Supervisor even if you question whether the injury is job related.
  - If your Supervisor is unavailable, report to Executive Director or Office Manager.
  - If your injury is life- or limb-threatening, go to the nearest hospital emergency room immediately. Later treatment can be done by a medical provider designated by NWCCOG.
2. **SUPERVISOR** - **Immediately** report employee's injury to Pinnacol (MUST BE WITHIN 24 HRS)
  - At a minimum, have the following ready when you report an injury:
    - Policy Number
    - Injured worker's name, Social Security number, home address and occupation
    - Date of injury
    - Information about how the injury occurred
  - First Report of Injury Form (FRONT & BACK)
    - Found on shared drive or next to mailboxes
    - Complete with employee
    - BACK: contains OSHA Form 301 questions
  - Report Injury Options
    - **FAX** - Complete injury report form with employee and fax to 303-361-5000
    - **PHONE** - Report claim with employee. Call 303-361-4000
    - **ONLINE** - Report claim with employee. Go to [www.pinnacol.com](http://www.pinnacol.com), select "Quicklinks" then "Report an Injury." Please ask Office Manager for username and password.
3. **SUPERVISOR** - Give "Letter to Injured Worker" to the injured employee.
  - This contains the list of NWCCOG designated Medical Providers.
  - Make sure employee understands they must choose one of the designated providers from the list when seeking medical attention (see below for list).
4. If you need to add or change something on the claim after filing, simply contact Pinnacol's claim representative assigned to the claim.

## Location of Pinnacol Documents

You will find the "Reporting a Workers' Comp Claim," "Letter to Injured Worker," "2017 List of Providers," and "First Report of Injury" documents on the z:drive → Z:\Personnel\Pinnacol - Worker's Comp

## Pinnacol Information

<b>PROVIDER</b>	Pinnacol Assurance
<b>POLICY #</b>	38535
<b>PHONE #</b>	303-361-4000 or 800-873-7242
<b>FAX #</b>	303-361-5000, (Claims reporting fax) 888-329-2251
<b>WEBSITE</b>	<a href="http://www.pinnacol.com">www.pinnacol.com</a>
<b>AGENCY</b>	Arrow Insurance Management, 970-668-3500



# VEHICLE ACCIDENT REPORTING PROCESS

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**\*\*\*CLAIMS MUST BE REPORTED TO CIRSA WITHIN 24 HOURS\*\*\***

## EMPLOYEE'S REPORTING RESPONSIBILITY

Once the scene of the accident is safe:

1. **Completely fill out the Proof of Insurance/Driver's Report card** in the glovebox of the vehicle.
  - a. Date, Time, Location, Weather
  - b. Other Driver & Vehicle Information
  - c. Witness(s) Information
  - d. Your Driver Information
  - e. Police Officer Information
  - f. Description of the Accident & Any Damages
  - g. Injured Person(s) Information
  - h. Photos
2. WHAT YOU MAY TELL A CLAIMANT
  - a. Do NOT admit liability (responsibility or fault).
  - b. Do NOT agree to pay all or any part of a claim, assume any obligation or incur any expense, other than first-aid and emergency treatment, without the consent of CIRSA.
  - c. You may provide claimants with the name and address of CIRSA.
  - d. You may advise claimants to contact CIRSA regarding their claim.
3. Call your supervisor immediately and give them details of the accident
4. Submit completed card detailing events of the accident and any photos to your supervisor

## SUPERVISOR'S REPORTING RESPONSIBILITY

1. Once you have all required information from your employee, complete the "Supervisor's Accident/Incident Investigation Report"
2. Submit all information to Office Manager ASAP

## OFFICE MANAGER'S REPORTING RESPONSIBILITY

1. File the claim by phone, fax, or online submission

## WHAT HAPPENS AFTER A CLAIM IS REPORTED TO CIRSA?

Once a claim is reported to CIRSA, the following occurs:

1. CIRSA determines whether coverage exists.
2. A claims adjuster is assigned and a claim file is opened.
3. CIRSA acknowledges receipt of the claim by sending a confirmation letter to the member including the claim number assigned to the claim.
4. CIRSA investigates the claim.
5. CIRSA evaluates the claim for settlement, defense or denial.
6. CIRSA notifies the member of the final outcome.





# Mileage & Safety Log

\*\* Drivers are responsible for adhering to all safe-driving-related federal, state, and local laws and ordinances. Seat belts are required for driver and passenger(s) at all times.\*\*

Date	Initials	Destination	Purpose	Program	BEFORE DRIVING		Mileage		Total Miles	Please do ALL the following			
					Seatbelt ON		Begin	End		Gas Tank Filled	Lights Off	Car Cleaned Out	Washer Fluid NOT Empty
					<u>DRIVER</u>	<u>PASSENGER(S)</u>							
					<u>DRIVER</u>	<u>PASSENGER(S)</u>							
					<u>DRIVER</u>	<u>PASSENGER(S)</u>							
					<u>DRIVER</u>	<u>PASSENGER(S)</u>							
					<u>DRIVER</u>	<u>PASSENGER(S)</u>							
					<u>DRIVER</u>	<u>PASSENGER(S)</u>							
					<u>DRIVER</u>	<u>PASSENGER(S)</u>							
					<u>DRIVER</u>	<u>PASSENGER(S)</u>							
					<u>DRIVER</u>	<u>PASSENGER(S)</u>							
					<u>DRIVER</u>	<u>PASSENGER(S)</u>							
					<u>DRIVER</u>	<u>PASSENGER(S)</u>							
					<u>DRIVER</u>	<u>PASSENGER(S)</u>							



WEATHERIZATION PROGRAM  
**TRAVEL PER DIEM EMPLOYEE  
 REIMBURSEMENT VOUCHER**

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Employee Name: \_\_\_\_\_

My signature below indicates that I have taken the trip described as part of official NWCCOG business, that I have not charged any meals to my NWCCOG credit card, and that if necessary I have deducted from this trip voucher meals already paid for by the government (such as through a registration fee for a conference). I certify I am eligible to be reimbursed per diem for the 4 day/3night trip to Destination County indicated below.

**Destination County:**     All not listed     Garfield     Routt     Summit     Denver Area

Meal	Reimbursement Rates				
	All not listed	Garfield	Routt	Summit	Denver Area
Breakfast	\$7.00	\$8.00	\$9.00	\$9.00	\$11.00
Lunch	\$11.00	\$12.00	\$13.00	\$13.00	\$16.00
Dinner	\$23.00	\$26.00	\$29.00	\$29.00	\$34.00
Daily Total	\$41.00	\$46.00	\$51.00	\$51.00	\$61.00
Trip Total	\$134.00	\$150.00	\$166.00	\$166.00	\$199.00

\* For a standard 4 day/3 night overnight travel work trip. These will be adjusted for special circumstances such as shorter or longer trips or meals provided by another source.

List any Special Circumstances: \_\_\_\_\_

Trip Destination and Purpose: \_\_\_\_\_

Trip Dates: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date



# Supervisor Hire Checklist for New Employee

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Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
 Date of Hire: \_\_\_\_\_

Checklist Items	Instructions	Initials
<b>Required Forms/Items</b>		
Employee Application	Give to OM	
Acceptance Letter	Supervisor edits template, ED signs & approves, Supervisors sends to EE	
Signed Acceptance Letter	Give to OM	
DMV Record	Ask EE to bring on 1 <sup>st</sup> day, give to OM	
Program Keys (other than office keys)	Give to EE	
Other:		
Other:		

Checklist Items	Instructions	Initials
<b>Office Operations</b>		
Office Tour	Show & Introduce EE	
Recycle	Review with EE	
Cell Phone (if applicable)	Order cell phone & give # to OM	
Voicemail	Setup & give updated password to OM	
FluentStream	Review with EE	
Email	Review with EE	
Computer Login	Setup & give updated password to OM	
Xerox – printing code	Review with EE	
Xerox – scanning	Review with EE	
Account Codes	Review with EE	
Mailing procedures	Review with EE	
Timesheet procedures	Give template to & review with EE	
Supply Order Procedures	Review with EE	
QuickBooks	NEVER ALLOW UPDATE	
Trend Micro	DO NOT UPDATE – ask OM	
Resources Calendar/Check out Equipment	Review with EE	
Google Drive Program Photos	Review with EE	
Safety Orientation	Complete with EE, submit to OM	
Other:		
Other:		

Checklist Items	Instructions	Initials
<b>Vehicle</b>		
Mileage & Safety Checklist	Review & show EE in vehicle	
CIRSA Accident Reporting Review	Review & show EE in vehicle	
CIRSA Driving Evaluation	Supervisor evaluate & submit to OM	
CIRSA Online Driving Training	Show EE how to login and take driving training	
Gas Card Procedure	Show EE and explain code	

\*Updated April 2017



# Employee New Hire Checklist

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Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
 Program: \_\_\_\_\_ Program Director: \_\_\_\_\_  
 Date of Hire: \_\_\_\_\_

Required Forms/Items			
Checklist Items	Instructions	Initials	Date
<b>Employee Application</b>	EE signs, OM processes before hiring, file		
<b>Background Check</b>	EE complete Credit form, OM process before hiring, file		
<b>DMV Record</b>	EE obtains from DMV, OM files		
<b>Employee Handbook Review:</b> Give to EE Overtime - needs approval from supervisor Timesheet - will give to supervisor for approval when due Pay Period - 1 <sup>st</sup> -15 <sup>th</sup> and 16 <sup>th</sup> -end of the month Payroll processed/You are paid every 5 <sup>th</sup> and 20 <sup>th</sup> of the month Annual Leave - begin accruing upon hire. 5.34 hours per pay period - can't be used before accrual Comp Time - needs approval from supervisor. For non-exempt employees. With pay or time to use later. Holidays - paid holidays. There is a place on timesheet to document. Colorado Day. One floating holiday. Sick/Late - contact supervisor			
<b>Employee Handbook Receipt Form</b>	EE signs, OM files		
<b>Drug Free Workplace Policy Review:</b> Federal government does not see marijuana as legal. Do not come to work impaired. We do not drug test unless we have reasonable suspicion.			
<b>Drug Free Workplace Receipt</b>	EE signs, OM files		
<b>IT Policy Review:</b> create safe passwords, not watching Netflix at work. CO Open Records Act says anything in your email or work related phone is able to be requested by a newspaper or the public.			
<b>IT Policy Acknowledgement</b>	EE signs, OM files		
<b>W-4</b>	EE completes, give to Fiscal, OM files		
<b>Direct Deposit Form</b>	Voluntary - EE completes, OM give to fiscal then file		
<b>I-9</b>	EE completes, OM files		
<b>2 Forms of ID (one must be photo)</b>	OM copies IDs, files (copy of license required)		
<b>E-Verify Notice</b>	OM give to EE		
<b>Affirmation of Legal Work Status Form</b>	EE signs, OM files		
<b>Office Keys</b>	OM give copy of keys to EE		
<b>Program Keys (specialty or vehicle)</b>	Supervisor give copy of keys to EE		
<b>Emergency Contact Information</b>	EE completes, OM files		
<b>Employee Action Form</b>	EE signs, supervisor signs, fiscal signs, OM signs & files		

\*Updated April 2017

Insurance			
Checklist Items	Instructions	Initials	Date
<b>CHP Review:</b> pool for local governments under CTSI. Insurance is Anthem. Coverage begins on the 1 <sup>st</sup> of the month that follows 30 days of employment. COG pays 85% of premium. COG is required to provide life insurance & pays 100%. Annual salary x2 with cap of 50,000 for life insurance. COG pays 100\$ of long term disability. Betty Apt is our rep and is always willing to help with any questions or concerns.			
<b>CHP Packet</b> (life insurance required)	EE completes, OM faxes to CTSI then files		
<b>CHP Plans with COG percentages</b>	Give to EE		
<b>CHP Certificate of Receipt Form</b>	EE signs, OM files		
<b>HIPPA Authorization:</b> this is to authorize Office Manager to file health related claims for EE if EE is unable	Voluntary - EE completes, OM files		
<b>Temporary ID Card (Health and Dental)</b>	OM completes, give to EE, found in Z:drive - CHP		
<b>BestFlex (FSA) Review:</b> voluntary if you want to have more deducted from your paycheck tax free. Able to sign up during open enrollment each year or upon hire. Required to sign if not participating to show we offered.			
<b>BestFlex (FSA) Form</b>	EE signs, OM faxes to EBS then files		
<b>401(a) Review:</b> Social security replacement plan. Min 3.75% Max 10% COG matches up to 6%. Once you choose, you never have an option to change the amount while working at COG. It is pretax. Can access at age 55 without penalty. Can have a beneficiary.			
<b>401(a) Enrollment Form</b>	EE signs, OM faxes to CCOERA, give to fiscal then files (need to submit within 3 days)		
<b>401 (a) Plan Form</b>	EE signs, OM gives to fiscal, faxes to CCOERA, files (need to submit within 3 days)		
<b>457(b) Review:</b> more flexible. Can do in addition to 401A. No match by COG. Comes in pretax and Roth. You are able to alter after enrollment.			
<b>457(b) Enrollment Form</b>	Voluntary - EE signs, OM faxes to CCOERA then files (need to submit within 3 days)		
<b>Long Term Disability Enrollment</b>	Give EE packet. OM enroll EE via website		
<b>Group Term Life Insurance Packet</b>	Give to EE (group # is on cover)		
<b>CIRSA Training Login</b>	OM create account & give to EE		
<b>Safety Orientation &amp; Training</b>	Inform them Supervisor will walk through		

<b>Internal</b>			
<b>Checklist Items</b>	<b>Instructions</b>	<b>Initials</b>	<b>Date</b>
<b>Email</b> (if need to forward former employees emails to new address set alias in GSuite)	OM set up through GSuite account		
<b>Cell Phone</b> (WX or EIP)	Supervisor orders		
<b>Tax Exempt Card</b>	OM give to EE		
<b>Xerox</b>	OM add EE name		
<b>Voicemail</b>	EE create via FluentStream		
<b>FluentStream</b>	OM sync email to phone number		
<b>Mailbox</b>	OM add name to mailbox next to front door		
<b>Name Tag</b>	OM order from Laser Print		
<b>Business Card</b>	OM order from LP once email and phone established		
<b>WEX Notified</b>	OM add EE to WEX website account		
<b>Credit Card</b> (WX or COG, limit = \$2,000)	ED signs 1st Bank form, OM faxes to 1 <sup>st</sup> Bank: 970-468-7228		
<b>Staff Database</b>	OM add EE - z, database, database, staff		
<b>CO State Directory of New Hires</b>	OM process via website		
<b>Dept. of Homeland Security</b>	OM process via website, file		
<b>UNUM Premiums website</b>	OM add EE		
<b>UNUM Premiums Spreadsheet</b>	OM add EE & update totals		
<b>Monthly Invoice Spreadsheet</b>	OM add EE at proper month		
<b>Billing Update Spreadsheet</b>	OM add EE to proper month		
<b>Add to NWCCOG Staff email list</b>	OM add to Outlook staff email list		
<b>Phone Transfer List</b>	OM add EE, print, replace on transfer system		
<b>Employee Contact Spreadsheet</b>	OM add EE - z, staff access, office, admin		
<b>Email Staff updated contact spreadsheet</b>	OM email to all staff once EE is added		
<b>Organizational Chart</b>	OM add EE - z, admin, council, handbook, section 2		
<b>Out of the Office Door Sign</b>	OM add EE - z, staff access, office, office signs		
<b>Website Contact Us Page</b>	OM add EE via WordPress		
<b>Website Staff Page</b>	OM add EE via WordPress		
<b>Website Program Page</b>	OM add EE via WordPress		
<b>Worksite Wellness Years of Service</b>	OM add EE - z, worksite wellness, staff		
<b>Employee Constant Contact List</b>	OM add EE via Constant Contact		
<b>Building Vehicle List for Bob</b>	OM add EE, email to Bob - z, admin, vehicles		
<b>Passwords Spreadsheet</b>	Add computer passwords		
<b>Trend Micro</b>	Change name, update OM calendar for exp date		
<b>Share Google Drive Photo Folder</b>	OM share folder with EE		



# Employee Separation Checklist

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Employee Name: \_\_\_\_\_

Employee #: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Address (for W2): \_\_\_\_\_

Checklist Items	Instructions	Initials	Date
<b>Insurance</b>			
CHP Form	OM completes, scan to CHP, file, cc: EE		
CHP Monthly Invoice Spreadsheet	OM remove from spreadsheet		
CHP Billing Update Spreadsheet	OM add to update if coverage past last day		
COBRA Notice	OM completes PDF (Z:CHP folder), scan to CHP, file, cc: EE		
Anthem Group Term Life Ins. Conv. Form	OM completes, cc: EE, EE pursues if cont. coverage		
UNUM - LTD Insurance	OM terminate via website		
UNUM Premiums Spreadsheet	OM remove from spreadsheet		
CCOERA - 401(a) & 457(b) Plans	Fiscal enters termination date. No forms <b><i>.Last payroll of the month must be processed first.</i></b>		
FSA (BestFlex) - <b>voluntary</b>	OM completes, Fiscal approves, mail to EB, cc: OM, cc: EE. OM – terminate on website		
VISA receipts	OM collect EE VISA receipts for upcoming statement		

Internal			
Cell Phone	Collect		
Keys	Collect		
Other NWCCOG Equipment	Collect		
Retrieve any passwords	Collect		
Change shared passwords	Change any shared passwords		
Credit Card - Returned	Collect, shred		
Credit Card Termination Form (COG or WX)	OM edits form, ED signs, fax to 1stBank: 970-468-7228		
WEX	OM terminate via website		
Xerox	Remove		
Email	Disable on Gmail		
Voicemail	Disable on FluentStream		
FluentStream	Disable Email connecting to line		
Staff Database	Add termination date		
Mailbox	Remove		
Phone Transfer List	Remove		
Employee Contact Spreadsheet	Remove		
Organizational Chart	Remove		
Out of the Office Door Sign	Remove		
Website Contact Us Page	Remove		
Website Staff Page	Remove		
Website Program page	Remove		
Employee Action Form	OM completes, Fiscal approves, file		
Worksite Wellness Years of Service	Remove from spreadsheet		
Constant Contact List	Remove from NWCCOG staff list		
Last Timesheet Turned In	Confirm		
Vehicle Building List for Bob	Remove		
Passwords Spreadsheet	Remove		
Other:			
Other:			
Other:			
Other:			





# Contractor New Hire Checklist

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Contractor Name: \_\_\_\_\_

Name of Contractor Company for issuance of payments: \_\_\_\_\_

Date of Contract Start: \_\_\_\_\_

Required Forms/Items			
Checklist Items	Instructions	Initials	Date
<b>Employee Application</b>	CONTR signs, OM processes before hiring, file		
<b>Background Check</b>	CONTR complete Credit form, OM process before hiring, file		
<b>IT Policy Review:</b> create safe passwords, not watching Netflix at work. CO Open Records Act says anything in your email or work related phone is able to be requested by a newspaper or the public.			
<b>IT Policy Acknowledgement</b>	CONTR signs, OM files		
<b>W-9</b>	CONTR completes, give to Fiscal, OM files		
<b>Direct Deposit Form</b>	Voluntary - CONTR completes, OM give to fiscal then file		
<b>Office Keys</b>	OM give copy of keys to EE		
<b>Program Keys (specialty)</b>	Supervisor give copy of keys to EE		
<b>Emergency Contact Information</b>	CONTR completes, OM files		
<b>Contract Signed by all participants</b>	OM ensures CONTR & PD sign		
<b>Other:</b>			
<b>Other:</b>			
<b>Other:</b>			

Program under contract: \_\_\_\_\_

I understand as an independent contractor that my company is paid for services provided to NWCCOG or affiliated program, that I am under independent control and direction, therefore, am not entitled to unemployment insurance.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Internal</b>			
<b>Checklist Items</b>	<b>Instructions</b>	<b>Initials</b>	<b>Date</b>
<b>Email</b> (if need to forward former employees emails to new address set alias in GSuite)	OM set up through GSuite account		
<b>Cell Phone</b>	Supervisor orders if applicable		
<b>Tax Exempt Card</b>	OM give to CONTR		
<b>Xerox</b>	OM add CONTR name		
<b>Mailbox</b>	OM add name to mailbox next to front door		
<b>Name Tag</b>	OM order from Laser Print		
<b>Business Card</b>	OM order from LP once email and phone established		
<b>WEX Notified</b>	OM add CONTR to WEX website account		
<b>Credit Card</b> (WX or COG, limit = \$2,000)	ED signs 1st Bank form, OM faxes to 1 <sup>st</sup> Bank: 970-468-7228		
<b>Safe code</b>	Supervisor gives code to CONTR if applicable		
<b>Add to contractor email list</b>	OM add to Outlook contractor email list		
<b>Phone Transfer List</b>	OM add CONTR, print, replace on transfer system		
<b>Employee Contact Spreadsheet</b>	OM add CONTR - z, staff access, office, admin		
<b>Email Staff updated contact spreadsheet</b>	OM email to all staff once CONTR is added		
<b>Organizational Chart</b>	OM add CONTR - z, admin, council, handbook, section 2		
<b>Out of the Office Door Sign</b>	OM add CONTR - z, staff access, office, office signs		
<b>Website Contact Us Page</b>	OM add CONTR via WordPress		
<b>Website Staff Page</b>	OM add CONTR via WordPress		
<b>Website Program Page</b>	OM add CONTR via WordPress		
<b>Passwords Spreadsheet</b>	Add computer passwords		
<b>Trend Micro</b>	Change computer name or add new		
<b>Share Google Drive Photo Folder</b>	OM share folder with CONTR		
<b>Other:</b>			
<b>Other:</b>			
<b>Other:</b>			

\*Updated April 2017

