

**Your Small Provider Agency (EOR)
Employee Personally Identifiable Information
(BINDER D)**

Name: _____

Date of Hire: _____

Employee Document	Date Received	Initials	Expiration	Date Updated
Driver's License <i>(Update as needed)</i>				
Social Security Card				
Passport <i>(If used for I9)</i>				
Criminal Background Completed <i>(FSA/Every Three Years)</i>				
Health Care Registry Checks <i>(EOR/Every Year)</i>				
OIG Exclusions <i>(EOR/Every Year)</i>				
I-9 Form Completed				
Federal W 4 Form <i>(FSA/Every Year)</i>				
NC 4 or NC 4 EZ <i>(FSA/Every Year)</i>				
Auto Insurance Declaration Page <i>(Update as Needed)</i>				

