**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 *(Update as needed)* | | | | |
| Social Security Card | | | | |
| Passport *(If used for I9)* | | | | |
| Criminal Background Completed *(FSA/Every Three Years)* | | | | |
| Health Care Registry Checks *(EOR/Every Year)* | | | | |
| OIG Exclusions *(EOR/Every Year)* | | | | |
| I-9 Form Completed | | | | |
| Federal W 4 Form *(FSA/Every Year)* | | | | |
| NC 4 or NC 4 EZ *(FSA/Every Year)* | | | | |
| Auto Insurance Declaration Page *(Update as Needed)* | | | | |
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