



Employee Onboarding Paperwork

Total Care Medical Centers

Email completed form to: lori@tcmcf.com and practice@tcmcf.com

Please email this form with Social Security documentation and a copy of your driver's license.

All other onboarding forms will be completed through Paychex Flex.

Employee Information

Legal Name

Preferred Name

Phone

Personal Email

Address

Position Details

Position / Role

Location / Department

Start Date

Supervisor / Manager

Emergency Contact

Contact Name

Relationship

Phone

Alternate Phone

Onboarding Checklist

- | | |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Social Security documentation attached | <input type="checkbox"/> Licenses, certifications, CPR/BLS, or credentials provided if applicable |
| <input type="checkbox"/> Driver's license copy attached | <input type="checkbox"/> Employee handbook, HIPAA, privacy, and compliance policies reviewed |
| <input type="checkbox"/> Paychex Flex onboarding invitation received or pending | <input type="checkbox"/> System access, portal, and required training assigned |

Employee Acknowledgement

I certify that the information provided is accurate and understand that remaining onboarding forms will be completed through Paychex Flex.

Employee Signature

Date