



New Employee Addition Form

This form to be completed when any of the following occur: a new employee is hired, an employee changes position, an employee has an authorization change, or an employee is terminated. This form is initiated by the Human Resources Department and forwarded to the next applicable Supervisory Personnel, or designee. If any items are found to be non-applicable, mark as N/A.

Human Resource Department Verification:

Employee name: _____ Employee Number: _____

Position _____

Date of Hire: _____ Start Date: _____

Payroll Updated _____ Dac System Revised _____ Uniforms Issued _____ IT Department Ticket # _____

Maintenance:

Validation of Certificate Number FAA) _____ Addition to Drug Program _____

Qualification Analysis:(See Attachment 66.02) Record employee qualifications below:

Education: _____ Experience: _____ Training: _____

Human Resources Signature: _____ Date: _____

Notes: _____

Maintenance Department Verification:

Validation of Certificate Number (FAA)

Shop Assignment: _____ Supervisor Assignment: _____

Toolbox Inspection: Incoming Toolbox Inspection _____
Miscellaneous Hardware _____
Consumables _____
Workstation Assignment _____

Maintenance Signature: _____ Date: _____

Notes: _____

QC Department Verification:

Inspection Stamp: Issue _____ Stamp _____ Authorizations 1, 2, 3, 4, 5, *Circle All that Apply

Training Needs Assessment: Training Conducted and Documented _____

Quality Control Signature: _____ Date: _____

Notes: _____



QA Department Verification:

Roster Change _____
QSM Change _____
 -Business Continuity Plan _____
 -Job Description _____
 -Training Program (Att. 66.02) _____
 -Training Needs Assessment Verification _____
 -Organization Chart _____
 -Limits of Authority _____

Issuance of Repairman Certificate (Date of Issue) _____ Certificate Number: _____

DOT Roster Added _____ Validation of Certificate (FAA) _____

Quality Assurance Signature: _____ Date: _____

Notes: _____

Training Department Verification:

Training Record Review Completed _____

Training Needs Assessment Verification _____ (Attachment 66.02)

Training Needs Assessment: Required Training _____ Department Management Notified: _____

Badge/Key Card Issue _____ Keys Issued _____

Training Signature: _____ Date: _____

Notes: _____

Verification of document (All signatures provided, all blocks N/A or completed)

Human Resources Signature: _____ **Date:** _____
(Document placed in Employee File)