

Email completed form to: practice@tcmfl.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 _____	City / State / ZIP _____

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 _____
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