

EMPLOYEE ORIENTATION CHECKLIST

Employee Name _____ Department _____

Employee Number _____ Hire Date _____

Employee Processing:

Verified Form
Completed/Signed

- * Employee Information Sheet _____
- * Form W-4 _____
- * Form NC-4 _____
- * Form I-9 _____
- * Direct Deposit _____
- * Health Insurance Marketplace Coverage Option Notice _____
- If form not completed, action taken _____

Benefits:

- * Retirement _____ Effective Date/Employer _____
- * 401k _____ Effective Date/Employer _____
- _____ Employee _____
- * Health Insurance _____
- * Summary of Benefits Coverage _____
- * Flexible Spending Account _____
- * Life Insurance _____
- * Annual Leave _____
- * Sick Leave _____
- * Paid Holiday _____
- * Funeral Leave _____
- * Credit Union _____

General Policy:

- * Employee Handbook _____
- * Emergency Response Employee Policy _____
- * Substance Abuse Policy _____
- * Substance Abuse Training _____
- * Sexual/Other Unlawful Harassment _____
- * Shared Leave _____
- * Photograph Consent _____
- * Pay Procedure _____
- * Work Week/Overtime _____
- * Call Back/Standby _____
- * Uniform/Tools/Safety Equipment _____
- * Worker's Compensation _____

I hereby certify that the above listed items were explained to me on the date specified and I received an Employee Handbook.

Employee Signature _____ Date _____

Witness _____ Date _____