New Employee Checklist- RCD

EMPLOYEE INFORMATION							
Name:			Start date:				
Position:			Supervisor: Location:				
FIRST DAY							
☐ Provide employee with Employee Policies, review and conduct orientation. (D)							
Assign "buddy" employee(s) to answer general questions.							
POLICIES							
Reviewed key policies and received a copy. (D)	 Orientation Period Employment Pract Time Clock Stand Positive Employer including Open Do Harassment Drug, Alcohol, and Workplace Confidentiality/HIF 	ions icy	AppiLeavWorkAction	 Health &Safety/OSHA/Reporting Injuries Appropriate Dress/Grooming Leaves of Absence Policy Work Place Behavior and Corrective Actions Attendance and Punctuality COBRA Rules 			
ADMINISTRATIVE PROCEDURES (those applicable)							
Solid Supple Eme Pers Tele use		Keys Conflicts of Interest Solicitation Supplies Emergency Procedures Personal Protective Equipment Telephones (cell phone, texting use & non-use) Location of Legal Postings		ures Equipment none, textino			
INTRODUCTIONS AND TOURS							
☐ Introductions to department staff and key personnel during tour.							
☐ Tour of facility, including: • Restroom • Mail room					Coffee/vending machines Break Area		
POSITION INFORMATION							
☐ Introductions to team.							
Review initial job assignments and training plans.							
Review job description and performance expectations and standards.							
Review job schedule and hours.							
COMPUTERS (those applicable)							
☐ Hardware and software reviews, including:			mail ernet		Microsoft Office System Data on shared drives • Databases • Security System		

NEW HIRE PAPERWORK					
New hire paperwork completed	 New Employee Checklist Wage & Status W-4 I-9, Direct Deposit Form Offer Letter Application Resume Employment References Credit/Background Authorization Job Description Policy Sign-off (in Handbook) 	BCBS Health Form (if applicable) 403 (b) Participation Election Form Interview Summary Sheet W-11 Affidavit Form Catamount Form Code of Ethics Pastoral Code of Conduct HIPAA Form			
COMPENSATION & PAYROLL					
Review of general procedures. (D)	HoursMeal and Rest PeriodsPay Schedule /Paychecks	Time System (ADP)OvertimePayroll Deductions			
BENEFITS (those applicable)					
Review of benefits if applicable. (D)	Health403(b)Paid Time Off	Other: STD/LTD/Life (F/T over 35 hrs			
Employee Signature	Date				
Supervisor Signature	Date				
This is to acknowledge that I have completed procedures described are subject to change, and I agree to observe these changes in all re understand that any violation could lead to dis	I agree that the Organization can make spects. I agree to follow these policies	such changes at any time and procedures and I			
Employee's Signature:	Date:				
Supervisor:	Date:				

This form is to be submitted with new hire paperwork.

D = Distribute Form Date: 6/21/10, update 10/06/2016