

# New Employee Checklist- VCCI Residential Care Homes

EMPLOYEE INFORMATION			
Name:		Start date:	
Position:		Supervisor:	Location:
FIRST DAY			
<input type="checkbox"/> Provide employee with Employee Policies, review and conduct orientation. (D)			
<input type="checkbox"/> Assign "buddy" employee(s) to answer general questions.			
POLICIES			
<input type="checkbox"/> Reviewed key policies and received a copy. (D)	<ul style="list-style-type: none"> <li>• Orientation Period</li> <li>• Employment Practices</li> <li>• Time Clock Standards/Policy</li> <li>• Positive Employee Relations including Open Door Policy</li> <li>• Harassment</li> <li>• Drug, Alcohol, and Tobacco Free Workplace</li> <li>• Confidentiality/HIPAA</li> </ul>	<ul style="list-style-type: none"> <li>• Health &amp; Safety/OSHA/Reporting Injuries</li> <li>• Appropriate Dress/Grooming</li> <li>• Leaves of Absence Policy</li> <li>• Workplace Behavior and Corrective Actions</li> <li>• Attendance and Punctuality</li> <li>• COBRA Rules</li> <li>• COVID safety policies</li> <li>• Infection Control/COVID OSHA training</li> </ul>	
ADMINISTRATIVE PROCEDURES (those applicable)			
<input type="checkbox"/> Reviewed general administrative procedures.	<ul style="list-style-type: none"> <li>• Keys</li> <li>• Conflicts of Interest</li> <li>• Solicitation</li> <li>• Supplies</li> <li>• Emergency Procedures</li> <li>• Personal Protective Equipment</li> <li>• Telephones (cell phone, texting use &amp; non-use)</li> <li>• Location of Legal Postings</li> </ul>	<ul style="list-style-type: none"> <li>• Building access cards/#'s</li> <li>• Using ADP</li> <li>• Expense reports</li> <li>• Personal Belongings</li> <li>• Personnel Files</li> <li>• Visitors</li> <li>• Security</li> <li>• Fit Testing</li> </ul>	
INTRODUCTIONS AND TOURS			
<input type="checkbox"/> Introductions to department staff and key personnel during tour.			
<input type="checkbox"/> Tour of facility, including:	<ul style="list-style-type: none"> <li>• Restrooms</li> <li>• Mail rooms</li> </ul>	<ul style="list-style-type: none"> <li>• Bulletin board</li> <li>• Parking</li> </ul>	<ul style="list-style-type: none"> <li>• Coffee/vending machines</li> <li>• Break Area</li> </ul>
POSITION INFORMATION			
<input type="checkbox"/> Introductions to team.			
<input type="checkbox"/> Review initial job assignments and training plans.			
<input type="checkbox"/> Review job description and performance expectations and standards.			
<input type="checkbox"/> Review job schedule and hours.			
TECHNOLOGY (those applicable)			
<input type="checkbox"/> Hardware and software reviews, including:	<ul style="list-style-type: none"> <li>• E-mail</li> <li>• Internet</li> </ul>	<ul style="list-style-type: none"> <li>• Microsoft Office System</li> <li>• Data on shared drives (SharePoint)</li> </ul>	<ul style="list-style-type: none"> <li>• Security System</li> <li>• Door Alarms</li> <li>• Resident Call Buttons</li> </ul>

**NEW HIRE PAPERWORK**

<input type="checkbox"/> New hire paperwork completed ➤ <b><u>Paperwork should be submitted in order written in columns</u></b>	<ul style="list-style-type: none"> <li>• New Employee Checklist</li> <li>• Wage &amp; Status</li> <li>• W-4</li> <li>• I-9,</li> <li>• Direct Deposit Form</li> <li>• Offer Letter</li> <li>• Application</li> <li>• Resume</li> <li>• Employment References</li> <li>• Credit/Background Authorization</li> <li>• Job Description</li> <li>• Policy Sign-off (in Handbook)</li> </ul>	<ul style="list-style-type: none"> <li>• Health Insurance Form (if applicable)</li> <li>• 403 (b) Participation Election Form</li> <li>• Interview Summary Sheet</li> <li>• W-11 Affidavit Form</li> <li>• Catamount Form</li> <li>• Code of Ethics</li> <li>• Pastoral Code of Conduct</li> <li>• HIPAA Form</li> </ul>
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**COMPENSATION & PAYROLL**

<input type="checkbox"/> Review of general procedures. (D)	<ul style="list-style-type: none"> <li>• Hours</li> <li>• Meal and Rest Periods</li> <li>• Pay Schedule /Paychecks</li> </ul>	<ul style="list-style-type: none"> <li>• Time System (ADP)</li> <li>• Overtime</li> <li>• Payroll Deductions</li> </ul>
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**BENEFITS (those applicable)**

<input type="checkbox"/> Review of benefits if applicable. (D)	<ul style="list-style-type: none"> <li>• Health</li> <li>• Dental and Vision</li> <li>• 403(b)</li> <li>• Paid Time Off</li> </ul>	<ul style="list-style-type: none"> <li>• Other: _____</li> <li>• STD/LTD/Life (F/T over 35 hrs)</li> </ul>
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\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

This is to acknowledge that I have completed the Orientation process and that I understand the policies and procedures described are subject to change. I agree that the Organization can make such changes at any time and I agree to observe these changes in all respects. I agree to follow these policies and procedures and I understand that any violation could lead to disciplinary action up to and including termination of my employment.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

This form is to be submitted with new hire paperwork.

D = Distribute  
Form Date: 6/21/10,  
update 1/20/22