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| COMPANY NAME _____ | DATE _____ |
| EMPLOYEE NAME _____ | HIRE DATE _____ |
| POSITION TITLE _____ | DEPARTMENT _____ |
| SUPERVISOR _____ | LOCATION _____ |

1. NEW HIRE SET-UP

- Personnel File Created
- Confidential / Medical / Benefits File Created
- Application Filed
- Signed Offer Letter Received / Filed
- References Verified / Filed

- Background Check Completed**
 - Authorization Received: _____
 - Date Initiated: _____
 - Results Received: _____
 - Reviewed By: _____
 - Results Filed: _____

- Drug Screen Completed**
 - Authorization Received: _____
 - Date Initiated: _____
 - Results Received: _____
 - Reviewed By: _____
 - Results Filed: _____

- Orientation Meeting**
 - Date Scheduled: _____
 - Completed by: _____
 - Date Completed: _____

- Safety Training**
 - Date Scheduled: _____
 - Completed by: _____
 - Date Completed: _____

- Office / Workstation Equipment Completed**
 - Office /Workstation Assigned:
 - Office / Workstation Set-up
 - Computer Equipment Set-up
 - Laptop / Tablet Ordered / Set-up
 - E-mail Account Set-up
 - Office Phone / Extension Set-up

2. ORIENTATION PROCESS

- Form I-9 Completed
- W-4 Completed
- State / Locality Tax Forms (if Applicable)
- Emergency Contact Information Completed
- Confidentiality Agreement Completed
- Employee Handbook Acknowledgement Completed

 Important Policies Reviewed Completed

- Harassment / Discrimination Prevention
- Complaint Procedures
- Company Leave Policies
- Attendance / Punctuality
- Drug / Alcohol Use Drug Free Workplace
- Standard of Conduct
- On the Job Injury
- Confidentiality / Proprietary Property
- Email / Internet / Computers
- Safety

 Company Procedures Reviewed / Completed

- Office / Workstation Security
- Expense Reports
- Use of Company Phones / Mail System
- Office Supplies
- Business Cards / Office Stationery
- Standard of Conduct
- Company ID Badge / Office Access Card/Parking sticker or pass
- Purchase Orders
- Email System / Office Intranet
- Phone System / Voice Mail Set-up

 Company Benefits Completed

- Review Co. Benefits: _____
- Enrollment Form Given: _____
- Enrollment Forms Rec.: _____
- Reviewed By: _____
- Sent to Carriers: _____
- Confirmation Rec.: _____
- Deductions Entered: _____

COMPLETED BY _____ **DATE** _____