

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** \_\_\_\_\_