



NEW EMPLOYEE ORIENTATION CHECKLIST HUMAN RESOURCES

Employee's Name: _____

Start Date: _____ Work Hours: _____ Salary: _____

Reporting Supervisor: _____ Supervisor Phone: _____

Department/Program: _____ Location: _____

EMPLOYMENT

- | | |
|---|--|
| <input type="checkbox"/> HEC Website – www.heccstl.com | <input type="checkbox"/> History |
| <input type="checkbox"/> HEC Handbook | <input type="checkbox"/> Injury Reporting |
| <input type="checkbox"/> Complaint Procedure | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Probationary status, performance appraisal | <input type="checkbox"/> City Taxes |
| <input type="checkbox"/> Pay Day/Pay Statement | <input type="checkbox"/> Transcript – send to HEC office |
| <input type="checkbox"/> iPS | <input type="checkbox"/> Direct Deposit |
| <input type="checkbox"/> W-4; I-9; background check forms | <input type="checkbox"/> Employment Opportunities |

BENEFITS

- | | |
|---|--|
| <input type="checkbox"/> Medical, Dental, Vision, Long Term Disability, Voluntary Accidental Death* | <input type="checkbox"/> Life/Accidental Death, Short Term Disability* |
| <input type="checkbox"/> Retirement–SEP, Traditional IRA payroll deduction** | <input type="checkbox"/> Bereavement – number of days, |
| <input type="checkbox"/> Vacation - how accrued and reported | <input type="checkbox"/> Sick Leave - how accrued and reported |
| <input type="checkbox"/> Expense Reimbursement – Process | <input type="checkbox"/> Holidays |
| <input type="checkbox"/> Benefit/Retirement Eligibility – 90 days | <input type="checkbox"/> Employee Assistance Program (EAP) |

DOCUMENTATION

Employee received or reviewed the following items:

- | | |
|---|---|
| <input type="checkbox"/> E-mail Address | <input type="checkbox"/> Traditional IRA |
| <input type="checkbox"/> Health Benefit Summary | <input type="checkbox"/> iPS Employee Guide |
| <input type="checkbox"/> E-verify | <input type="checkbox"/> Healthcare Marketplace |
| <input type="checkbox"/> SEP plan | <input type="checkbox"/> Company Office Directory |
| <input type="checkbox"/> HEC Handbook | |

*These are voluntary plans. The percentage of employer and/or employee amount and deduction procedure will be discussed.

** The procedure to begin the SEP and Traditional IRA and the percentage of employer and/or employee amount will be discussed.

Employee Signature: _____ Date: _____

HR Administrator Signature: _____ Date: _____