**New Hire Orientation Checklist**

**Forms:**

|  |  |
| --- | --- |
|  | I-9 Employment eligibility form completed |
|  | Federal W-4 form completed |
|  | Notice of Coverage Options provided |
|  | State tax form completed, if applicable |
|  | State-specific forms and notices completed/provided |
|  | Emergency Contact Form completed |

**Compensation:**

|  |  |
| --- | --- |
|  | Pay Rate: $*<Enter Pay Rate>*  per *<Enter Hour/Week/Month/Etc>* |
|  | Exempt or Non-exempt? *<Enter Employee Status>* |
|  | Pay Day: *<Enter Payday>* |
|  | Overtime procedures explained |
|  | State wage notice provided, if applicable |
|  | Automatic payroll deposit explained, if applicable |
|  | Automatic payroll deposit authorization obtained, if applicable |

**Benefits:**

|  |  |
| --- | --- |
|  | Benefit eligibility rules and benefit summary explained |
|  | Enrollment eligibility date is: *<Enter Eligibility Date>* |
|  | Enrollment forms completed |
|  | Designation of beneficiary for sponsored insurance plans |

**Status, Policies and Procedures:**

|  |  |
| --- | --- |
|  | Job description provided and explained |
|  | Performance expectations/evaluations explained |
|  | At-will employment explained |
|  | Employee handbook provided and explained |
|  | Employee handbook acknowledgement obtained |
|  | Company rules and regulations discussed |
|  | Sexual harassment and discrimination complaint procedure explained |

**Other Items:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | |  |
|  | **Employee Signature**  I hereby acknowledge each of the aforementioned items has been discussed with me. | | | | | |  |
|  |  |  | |  | | |  |
|  | *Employee Signature* | |  |  | *Date* | |  |
|  |  | |  |  |  | |  |
|  |  | |  |  | |  | |
|  | *HR Representative Signature* | |  |  | *Date* | |  |
|  |  | |  |  |  | |  |