



ONBOARDING CHECKLIST

Name: _____

Start Date:
Orientation Date:

Department Notification

- IT
- Building
- Hiring Department
- Police Department for ID

Position:
DEPT:
Drug Screen Date:

PRE EMPLOYMENT					
EE Initials	HR Initials		EE Initials`		HR Initials
<input type="checkbox"/> Employment Application			<input type="checkbox"/> RMV-Driving Record		
<input type="checkbox"/> Interview			<input type="checkbox"/> Pre-Employment Physical (Including Drug Screen)		
<input type="checkbox"/> Reference Check			<input type="checkbox"/> Ethics Certificate		
<input type="checkbox"/> Confirmation of Application (Employment Licensure)			<input type="checkbox"/> Signed Cond Offer Letter		
<input type="checkbox"/> Verbal Cond. Offer			<input type="checkbox"/> Welcome Letter		
<input type="checkbox"/> Conditional Offer			<input type="checkbox"/> Initiated ETF		
<input type="checkbox"/> CORI			<input type="checkbox"/> Send start date as a calendar reminder		
NEW HIRE ORIENTATION					

Mandatory Payroll Documents:	<input type="checkbox"/> W-4 <input type="checkbox"/> Retirement <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Social Security Card EE Initial: _____
Mandatory HR Policies:	<input type="checkbox"/> Pregnancy and Pregnancy related conditions Policy <input type="checkbox"/> Discriminatory and Harassment Policy <input type="checkbox"/> Dress Code <input type="checkbox"/> Cell Phone (if applicable) <input type="checkbox"/> Vehicle (if applicable) <input type="checkbox"/> Conflict of Interest (if applicable) <input type="checkbox"/> DPW Drug Policy <input type="checkbox"/> Travel Policy <div style="text-align: right;">EE Initial: _____</div>
HR New Hire Forms:	<input type="checkbox"/> I-9 <input type="checkbox"/> Personal Form <input type="checkbox"/> Code Red <input type="checkbox"/> Welcome Q & A <input type="checkbox"/> Payroll Self Service <div style="text-align: right;">Initial: _____ EE</div>

EASE SET UP

Benefits:	WAIVER	Enrollment	
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	EE Initial: _____
RSI- Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	EE Initial: _____



ONBOARDING CHECKLIST

Dental Insurance	<input type="checkbox"/>	<input type="checkbox"/>	EE Initial: _____
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	EE Initial: _____
Voluntary Benefits			
CPA – FSA/DCA			EE Initial: _____
AFLAC			EE Initial: _____

Interview panel		
Name	Union or Committee	Title

HR Use ONLY

Work ID's

Fire	DPW	Inspector Services	Board of Health	Elder Services	Veterans	Youth Services	
DATE	DATE	DATE	DATE	DATE	DATE	DATE	
	START DATE	PROBATIONARY EXPIRATION DATE	LONGEVITY DATE	PERFORMANCE EVALUATION DATE	30 CALENDAR DAYS PRIOR TO EXPIRATION OF PROBATIONARY PERIOD		
Important Dates:							

Complete Munis Payroll Enrollment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complete EASE Enrollment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complete Employee Benefits in Munis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Distribute ETF	<input type="checkbox"/> Yes	<input type="checkbox"/> No