**Checklist: New Hire Orientation**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To be completed within three days of the employee’s start date.*

Introduction to the Company

[ ]  Organization overview

[ ]  Corporate culture

[ ]  Company mission

[ ]  Corporate literature/video

[ ]  Organizational chart

New-Employee Paperwork

[ ]  W-4 and state tax forms

[ ]  I-9 form

[ ]  Employee handbook

Benefits and Compensation

[ ]  Health, life, disability insurance

[ ]  Retirement benefits

[ ]  Dependent care FSA

[ ]  Educational assistance

[ ]  Employee assistance program

[ ]  Pay procedures

[ ]  Salary increase/performance review process

[ ]  Incentive/bonus programs

[ ]  Paid and unpaid leave

Administrative Procedures

[ ]  Office/desk/workstation

[ ]  Computer username and password

[ ]  E-mail

[ ]  Keys/access card

[ ]  ID badge

[ ]  Mail (incoming and outgoing)

[ ]  Business cards

[ ]  Purchase requests

[ ]  Telephones

[ ]  Conference rooms

[ ]  Expense reports

Key Policy Review

[ ]  Anti-harassment/discrimination

[ ]  Vacation and sick leave

[ ]  FMLA/leaves of absence

[ ]  Overtime

[ ]  Dress code

[ ]  Personal conduct standards

[ ]  Progressive discipline

[ ]  Security

[ ]  Confidentiality

[ ]  Safety

[ ]  Injury reporting

[ ]  Emergency procedures

[ ]  E-mail and Internet usage

Introductions and Tours

[ ]  Department staff and key personnel

[ ]  Tour of facility, including:

Restrooms

Mailroom

Copy centers, printers, fax machines

Bulletin board

Parking

Office supplies

Break rooms

Coffee/vending machines

Watercoolers

Emergency exits

**ACKNOWLEDGMENT: *(to be signed upon completion of all orientation items)***

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

***Return original to Human Resources - Copies to Manager and Employee***