**New Employee Orientation Checklist**

Employee Name Hire Date

Position

Note: (1) and (2) below should be completed by new employee; (3) and (4) should be completed by the trainer, supervisor, or other person who provides the information to the new employee.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(1)**  **Date Completed** | **(2)**  **Employee Initials** | **(3)**  **Date Completed** | **(4)**  **Supervisor**  **or Designee**  **Initials** | **TOPICS** | **NOTES** |
|  |  |  |  | **Prior to Starting Work** |  |
| – | – |  |  | Send Letter of Job Offer |  |
| – | – |  |  | Receive Confirmation of Job Acceptance |  |
| – | – |  |  | Perform Criminal/Background Check |  |
|  |  |  |  | Complete Security Access Forms |  |
|  |  |  |  | **Complete the following, if applicable**: |  |
|  |  |  |  | Confidential Personal Data Sheet |  |
|  |  |  |  | Federal and State Withholding Forms (W-4) |  |
|  |  |  |  | I-9 Verification Form |  |
|  |  |  |  | Other: |  |
|  |  |  |  | **Welcome** |  |
| – | – |  |  | Greet Upon Arrival |  |
|  |  |  |  | Welcome Package |  |
|  |  |  |  | Introductions to Team |  |
|  |  |  |  | Supervisor’s Office |  |
|  |  |  |  | Appointing Authority’s Office |  |
|  |  |  |  | Other: |  |
|  |  |  |  | **Tour of Work Area** |  |
|  |  |  |  | Cafeteria and/or Local Restaurants |  |
|  |  |  |  | Computer Support Staff |  |
|  |  |  |  | Desk/Work Area |  |
|  |  |  |  | Emergency Routes (Tornado/Fire) |  |
|  |  |  |  | Fire Extinguisher |  |
|  |  |  |  | Parking |  |
|  |  |  |  | Personnel Assistant’s Office |  |
|  |  |  |  | Restrooms |  |
|  |  |  |  | Supply Area |  |
|  |  |  |  | Telephones |  |
|  |  |  |  | Time Clock/Sign Out Board |  |
|  |  |  |  | Vending/Break Room |  |
|  |  |  |  | Water Cooler/Fountain |  |
|  |  |  |  | Work Area |  |
|  |  |  |  | Other: |  |
|  |  |  |  | **Policies and Procedures** |  |
|  |  |  |  | Acknowledgement of Driver’s License Requirements |  |
|  |  |  |  | Agency-Specific Code of Iowa Sections |  |
|  |  |  |  | Americans with Disabilities Act |  |
|  |  |  |  | Application for Parking and/or after Hours Building Pass |  |
|  |  |  |  | Catastrophic Leave Policies (Employee and Family) |  |
|  |  |  |  | Cellular Telephone Policy |  |
|  |  |  |  | Confidentiality |  |
|  |  |  |  | Dress Code |  |
|  |  |  |  | Email Policy |  |
|  |  |  |  | Employee Handbook and Acknowledgement – Agency- Specific |  |
|  |  |  |  | Employee Handbook and Acknowledgement – State of Iowa |  |
|  |  |  |  | Equal Opportunity, Affirmative Action, and Anti- Discrimination Policy |  |
|  |  |  |  | Family and Medical Leave Act |  |
|  |  |  |  | Gift Law |  |
|  |  |  |  | ID Card |  |
|  |  |  |  | Institutional Employee Handbook and Acknowledgement |  |
|  |  |  |  | Internet Policy |  |
|  |  |  |  | License Requirements (CDL, Law, Nursing, etc.) |  |
|  |  |  |  | Notification of Conviction/Violation of Motor Vehicle Law |  |
|  |  |  |  | OSHA Requirements |  |
|  |  |  |  | Safety/Security-Physical, Personal, Computer, etc. |  |
|  |  |  |  | Smoking Policy |  |
|  |  |  |  | State Car Usage |  |
|  |  |  |  | Substance Abuse Policy and Acknowledgement Form |  |
|  |  |  |  | Telecommuting/Flexible Schedule Policy |  |
|  |  |  |  | Use of State Property |  |
|  |  |  |  | Violence-Free Workplace Policy and Acknowledgement |  |
|  |  |  |  | Worker Right to Know (Hazardous Chemicals) |  |
|  |  |  |  | Other: |  |
|  |  |  |  | **Hours of Work and Pay Information** |  |
|  |  |  |  | Breaks and Meal Periods |  |
|  |  |  |  | Collective Bargaining – which one and who to contact |  |
|  |  |  |  | Direct Deposit Options |  |
|  |  |  |  | Holiday Pay |  |
|  |  |  |  | Leave Application and Usage (Vacation, Sick Time, etc.) |  |
|  |  |  |  | Overtime/Compensatory Time |  |
|  |  |  |  | Salary/Pay Dates/Increases |  |
|  |  |  |  | Time Cards/HRIS |  |
|  |  |  |  | Work Hours/Scheduling |  |
|  |  |  |  | Other: |  |
|  |  |  |  | **Benefits** |  |
|  |  |  |  | Benefit Guide Book |  |
|  |  |  |  | Credit Union |  |
|  |  |  |  | Deferred Compensation Plan |  |
|  |  |  |  | Dependent Care IowaBenefits Self-Service Enrollment Website: [http://benefits.iowa.gov](http://benefits.iowa.gov/) |  |
|  |  |  |  | Employee Assistance Program (EAP) |  |
|  |  |  |  | Health and Dental Insurance Info., IowaBenefits Self- Enrollment Website: [http://benefits.iowa.gov](http://benefits.iowa.gov/) |  |
|  |  |  |  | Health Flexible Spending Accounts IowaBenefits Self- Service Enrollment Website: [http://benefits.iowa.gov](http://benefits.iowa.gov/) |  |
|  |  |  |  | IPERS Information and Forms |  |
|  |  |  |  | Life/LTD Insurance information and form |  |
|  |  |  |  | One Gift |  |
|  |  |  |  | Pre-Tax Premium Conversion Program Form |  |
|  |  |  |  | Workers’ Compensation |  |
|  |  |  |  | Other: |  |
|  |  |  |  | **Organizational Overview** |  |
|  |  |  |  | Acronyms of Agency/Institution |  |
|  |  |  |  | Customer Service |  |
|  |  |  |  | Department of Administrative Services |  |
|  |  |  |  | History of Agency/Institution |  |
|  |  |  |  | Mission and Vision of Agency/Institution |  |
|  |  |  |  | Service Areas of Agency/Institution |  |
|  |  |  |  | Table of Organization |  |
|  |  |  |  | Work Unit |  |
|  |  |  |  | Other: |  |
|  |  |  |  | **Performance and Goals** |  |
|  |  |  |  | Employment Status: At-Will |  |
|  |  |  |  | Employment Status: Bargaining |  |
|  |  |  |  | Employment Status: Merit/Non-Merit |  |
|  |  |  |  | Performance Evaluation System (Individual Performance Plan) |  |
|  |  |  |  | Position Description/Duties/Essential Functions |  |
|  |  |  |  | Probationary Period |  |
|  |  |  |  | Promotion Process |  |
|  |  |  |  | Strategic Plan Relationship to Position |  |
|  |  |  |  | Other: |  |
|  |  |  |  | **Training and Development** |  |
|  |  |  |  | PDS Catalog of the Department of Administrative Services – Human Resources Enterprise |  |
|  |  |  |  | Questions |  |
|  |  |  |  | Trainer/Mentor/Partner |  |
|  |  |  |  | Training/Development Plan |  |
|  |  |  |  | Training Requirements/Minimum Yearly |  |
|  |  |  |  | Other: |  |

Your signature below indicates you have received the above information. Questions regarding this material should be directed toward your supervisor or the person who provided the information to you. Please note, failure to sign your insurance forms or enroll via IowaBenefits within thirty (30) days of your employment  date will prohibit you from enrolling for health insurance coverage until the next annual benefits enrollment and change period, unless you experience a qualified life event and the benefit change is consistent with the event. YOU WILL NOT BE ELIGIBLE FOR DELTA DENTAL INSURANCE IF YOU DO NOT ENROLL WITHIN THIRTY (30) DAYS OF YOUR EMPLOYMENT DATE.

*Employee’s Signature Date*

*Management Representative Signature Date*