

## NEW EMPLOYEE ORIENTATION CHECKLIST P-02

Employee Nan	ne Social Secu	rity Number	Date
Check the appropriate box when complete.			
Personnel and Payroll		Benefits	
<ul> <li>☐ Standard Pay Period</li> <li>☐ FSLA Status</li> <li>☐ Work Week</li> <li>☐ Timesheets</li> <li>☐ Direct Deposit</li> <li>☐ Tax Forms (W-4, I-9, K-4,</li> </ul>	<ul> <li>☐ Employee ID Number</li> <li>☐ Confidentiality Forms</li> <li>☐ Holiday Schedule</li> <li>☐ Paid Time Off</li> <li>☐ Probationary Period</li> <li>&amp; WCS)</li> </ul>	<ul> <li>☐ Health Insurance</li> <li>☐ Life Insurance</li> <li>☐ Dental Insurance</li> <li>☐ Section 125 IRS</li> <li>☐ Vision Insurance</li> </ul>	<ul><li>□ Disability Insurance</li><li>□ Aflac Option</li><li>□ Deferred Compensation</li><li>□ Retirement Options</li></ul>
Policies, Procedures, Health, and Safety		Agency Resources	
<ul><li>☐ Employee Resources</li><li>☐ Worker's Comp</li><li>☐ Incident Reporting</li><li>☐ HIPAA</li></ul>	<ul><li>☐ KY Train</li><li>☐ ICS/Nuts &amp; Bolts</li><li>☐ ID Badge</li><li>☐ Health Alert Network</li></ul>	<ul><li>☐ Security Agreement</li><li>☐ Network/E-mail ID</li><li>☐ Computer Basics</li></ul>	<ul><li>☐ Telephone Usage</li><li>☐ KY Train</li><li>☐ Agency Vehicle Usage</li></ul>
Job Specific			
☐ General Orientation☐ Dress Code	☐ Team Orientation☐ Leave/Attendance	<ul><li>☐ Emergency Procedures</li><li>☐ Performance Reviews</li></ul>	☐ Position Trainings☐ Lunch/Breaks
Employee Signature	Date		

Date