NEW EMPLOYEE ORIENTATION CHECKLIST

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DATE OF HIRE:

JOB TITLE: _____

COMPLETED: Application Received

INFORMATION REVIEWED WITH EMPLOYEE (Please check $\sqrt{\text{box left of description when reviewed with employee})}$ * Asterisk indicates if applicable **BENEFIT PACKAGE Connect to My Benefits** Anthem Blue Access PPO Plan Employee Assistance Program [EAP] Flexible Spending Account [FSA] 401(k) [Automatic Enrollment] Group Life Insurance and AD & D Long Term Disability Voluntary Term Life Insurance OptumRx Prescription Card Delta Dental Open Enrollment [May of each year] VSP Vision Vacation/Sick Time Holiday/Holy Day Schedule **FEDERAL/STATE FORMS** W-4 (Withholding Allowance Certificate) I-9 Form (Eligibility Verification) IT-4 Form (Withholding Exemption Certificate) IT-4 NR (Statement of Residency in Reciprocity State) POLICIES \square Association with Programs Information Technology Policy Conflict of Interest Policy **Issuance of Statements Corrective Counseling Guidelines** Prohibiting Weapons in Workplace Driving Policy **Records & Retention Policy Employee Problem Solving Process** Social Media Policy Ethics & Conduct Policy Solicitation & Distribution Policy Family & Medical Leave Policy Status & Pay of Parish Musicians Policy Fit for Duty Policy Telephone Usage Policy Gifts & Gratuities Policy Travel and Expense Reimbursement Policy

DECREE ON CHILD PROTECTION					
	Criminal Background Check (Fingerprinting)		<u>B4 Form</u>		
	SafeParish Child Awareness Session for the		Fastrax		
	Decree on Child Protection				
OTHER					
	Direct Deposit Form		Time & Labor		
	Handbook		Physical Form*		
	Multiple Locations:				

Employee Signature

Harassment Policy

Date

Workplace Violence Prevention Policy

Administrator Signature

Date