

NEW EMPLOYEE ORIENTATION CHECKLIST

NAME: _____

DATE OF HIRE: _____

JOB TITLE: _____

COMPLETED: ☐ Application Received

INFORMATION REVIEWED WITH EMPLOYEE (Please check ✓ box left of description when reviewed with employee) * Asterisk indicates if applicable			
BENEFIT PACKAGE Connect to My Benefits			
<input type="checkbox"/>	Anthem Blue Access PPO Plan	<input type="checkbox"/>	Employee Assistance Program [EAP]
<input type="checkbox"/>	Flexible Spending Account [FSA]/Benny Card	<input type="checkbox"/>	401(k) [Automatic Enrollment]
<input type="checkbox"/>	Group Life Insurance and AD & D	<input type="checkbox"/>	Long Term Disability
<input type="checkbox"/>	Voluntary Term Life Insurance	<input type="checkbox"/>	CarelonRX Prescription Card
<input type="checkbox"/>	Delta Dental	<input type="checkbox"/>	Open Enrollment [May of each year]
<input type="checkbox"/>	VSP Vision	<input type="checkbox"/>	Vacation/Sick Time
<input type="checkbox"/>		<input type="checkbox"/>	Holiday/Holy Day Schedule
FEDERAL/STATE FORMS			
<input type="checkbox"/>	W-4 (Withholding Allowance Certificate)	<input type="checkbox"/>	I-9 Form (Eligibility Verification)
<input type="checkbox"/>	IT-4 Form (Withholding Exemption Certificate)	<input type="checkbox"/>	IT-4 NR (Statement of Residency in Reciprocity State)
POLICIES			
<input type="checkbox"/>	Association with Programs	<input type="checkbox"/>	Information Technology Policy
<input type="checkbox"/>	Conflict of Interest Policy	<input type="checkbox"/>	Issuance of Statements
<input type="checkbox"/>	Corrective Counseling Guidelines	<input type="checkbox"/>	Prohibiting Weapons in Workplace
<input type="checkbox"/>	Driving Policy	<input type="checkbox"/>	Records & Retention Policy
<input type="checkbox"/>	Employee Problem Solving Process	<input type="checkbox"/>	Social Media Policy
<input type="checkbox"/>	Ethics & Conduct Policy	<input type="checkbox"/>	Solicitation & Distribution Policy
<input type="checkbox"/>	Family & Medical Leave Policy	<input type="checkbox"/>	Status & Pay of Parish Musicians Policy
<input type="checkbox"/>	Fit for Duty Policy	<input type="checkbox"/>	Telephone Usage Policy
<input type="checkbox"/>	Gifts & Gratuities Policy	<input type="checkbox"/>	Travel and Expense Reimbursement Policy
<input type="checkbox"/>	Harassment Policy	<input type="checkbox"/>	Workplace Violence Prevention Policy
DECREE ON CHILD PROTECTION			
<input type="checkbox"/>	Criminal Background Check (Fingerprinting)	<input type="checkbox"/>	B4 Form
<input type="checkbox"/>	SafeParish Child Awareness Session for the Decree on Child Protection	<input type="checkbox"/>	Fastrax
OTHER			
<input type="checkbox"/>	Direct Deposit Form	<input type="checkbox"/>	Time & Labor
<input type="checkbox"/>	Handbook	<input type="checkbox"/>	Physical Form*

Employee Signature_____
Date_____
Administrator Signature_____
Date