

NEW EMPLOYEE ORIENTATION CHECKLIST

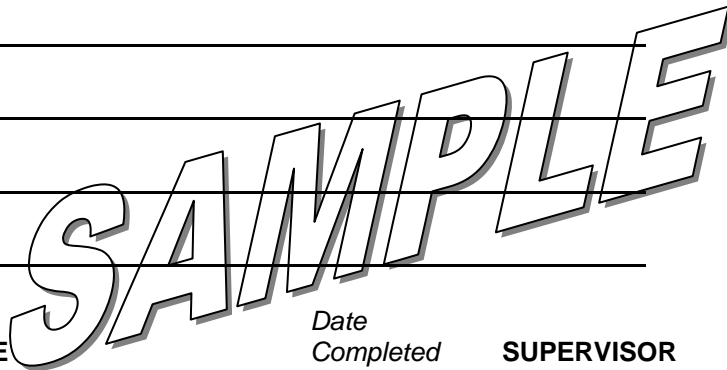
This checklist is designed to assist designated personnel in providing a thorough orientation for new employees.

Employee Name: _____

Employee Signature: _____

Supervisor Signature: _____

Administrative Signature: _____



| <i>Date Completed</i> | ADMINISTRATIVE | <i>Date Completed</i> | SUPERVISOR |
|-----------------------|--|-----------------------|---------------------------------|
| _____ | Wages/Salary (pay periods) | _____ | What is expected of employees |
| _____ | Direct Deposit Form | _____ | Probationary Period |
| _____ | Personnel Rules & Regulations | _____ | Performance Reviews |
| _____ | I-9 | _____ | Job Duties and Responsibilities |
| _____ | W-4 | _____ | Performance Expectations |
| _____ | Child Support Disclosure Form (MN) | _____ | Training |
| _____ | PERA Enrollment | _____ | Conflict of Interest |
| _____ | Computer set up | _____ | Drug/alcohol testing |
| _____ | Time Sheet | _____ | Dress Code |
| _____ | Health/Life Insurance Enrollment | | |
| _____ | Medical Pool procedure | | |
| _____ | Incident report form/Work Comp – <i>What to do in case of an accident</i> | | |
| _____ | Reporting absence | | |
| _____ | Keys | | |
| _____ | Overtime/Comp Time | | |
| _____ | Breaks and Lunches, time/locations | | |
| _____ | Purchases/Charges/Petty Cash | | |
| _____ | Travel policies/expenses | | |
| _____ | SWCD Policies | | |
| _____ | Work Hours | | |
| _____ | Personal calls and visitors | | |
| _____ | Telephone procedures and courtesy | | |
| _____ | Background Check (NRCS) | | |
| _____ | Defensive Driving Course | | |
| _____ | Facility locations: Govt. Center, U of M Extension Service, Etc. | | |

Return completed form to employee's personnel file.

PERSONAL INFORMATION

SAMPLE

Date of Hire: _____

Employee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone (optional): _____

Job Title: _____

Person to contact in an emergency:

Name: _____

Telephone # (Home): _____ Business: _____

Alternate Name: _____

Telephone # (Home): _____ Business: _____

Employee Signature

Date