

ABC Company
NEW EMPLOYEE CHECKLIST

Employee Name	Position	Hire/Start Date
Department	Supervisor	ID# Assigned

Prior to start date: EMPLOYER CHECKLIST

- Create/provide employee with orientation schedule
- New employee announcement to staff
- Position description
- Test results (if applicable)
- _____
- _____
- _____
- _____

On/After start date: EMPLOYEE CHECKLIST

Orientation Forms

- Resume/Application
- New Hire/Change Form
- Employee Handbook Acknowledgement
- Non-Compete/Confidentiality Agreement
- I-9 Form
- W-4 Form
- Internet and Computer Usage Policy
- _____
- _____
- _____



Benefits Overview

- Life Insurance
- Health Insurance
- Dental Insurance
- AD&D
- Eye Care Plan
- Cafeteria Plan
- Long-Term Care
- Long-Term Disability
- Short-Term Disability
- Automatic/Direct Deposit
- _____
- _____
- _____

General Information

- Parking
- Keys
- Name Plate
- Business Cards
- Phone/Email setup
- _____
- _____
- _____
- _____
- _____

Employee Signature

Date

Manager/Supervisor Signature

Date