**NEW HIRE ORIENTATION CHECKLIST**

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Hire: \_\_\_\_\_\_\_\_\_\_\_

[ ]  Full Time [ ]  Part Time [ ]  Temporary

|  |  |  |  |
| --- | --- | --- | --- |
|  | Resume |  | Benefits of Caring  |
|  | Employment Application |  | EAP Brochure |
|  | Employee Reference Checks |  | Health Insurance Marketplace Notice |
|  | Job Offer |  | 403(b) Retirement Packet |
|  | Job Description |  | Benefit Solutions Center Contact Info |
|  | Employee Contact Information Form |  | Time Saver Information |
|  | I-9 Form |  |   |
|  | W4 Withholding Form |  |   |
|  | IT-2104 Withholding Form |  |   |
|  | Direct Deposit Authorization Form |  |   |
|  | Employee Screening and Consent |  |  |
|  | Equal Employment Voluntary Disclosure |  |  |
|  | Child Protection Acknowledgement |  |  |
|  | Employee Handbook/Acknowledgement |  |  |
|  | Anti-Harassment & Discrimination Training Instructions |  |  |
|  | NYS Paid Family Leave Opt Out Waiver |  |  |
|  | I Pay Instructions |  |  |
|  | VIRTUS Training Information |  |  |
|  | Time Approval and Sign Off Schedule |  |  |

I hereby certify that the above items were discussed with me and that I have received the Employee Handbook.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date