



Office of Human Resources

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NEW HIRE ORIENTATION CHECKLIST

Employee Name: _____

Date of Hire: _____ Department: _____

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 and its appendices.

I understand all changes to this handbook and appendices will be posted on the internet and that I am responsible to read and follow the policies and procedures it contains. I further understand that I can ask questions of the HR department on the above materials at any time.

Employee Signature

Date