



## NEW HIRE ORIENTATION CHECKLIST

Date of Hire: \_\_\_\_\_ Benefits Eligibility Date: \_\_\_\_\_ Second Orientation Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Location: \_\_\_\_\_  
(PLEASE PRINT)

### Employment Information (All Employees)

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Mission Statement</li><li><input type="checkbox"/> Core Values</li><li><input type="checkbox"/> HR Mission/Vision/Values Statement</li><li><input type="checkbox"/> Identification Picture/Badge</li><li><input type="checkbox"/> Offer Letter</li><li><input type="checkbox"/> Job Description</li><li><input type="checkbox"/> Emergency Information Sheet</li><li><input type="checkbox"/> Employment Eligibility Verification (Form I-9)</li><li><input type="checkbox"/> W-4 Form</li><li><input type="checkbox"/> New Employee Hire Form</li><li><input type="checkbox"/> Dress Code Policy</li><li><input type="checkbox"/> Unemployment/Disability Exemption Notice</li><li><input type="checkbox"/> Wage Disclosure Notice (non-exempt employees only)</li><li><input type="checkbox"/> Earned Income Tax Credit Outreach Campaign</li><li><input type="checkbox"/> HIPPA Information</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Online Administration Handbook Notice</li><li><input type="checkbox"/> Electronic Communications Policy</li><li><input type="checkbox"/> Personal Communications Device Policy</li><li><input type="checkbox"/> Conflict of Interest Policy</li><li><input type="checkbox"/> Discrimination and Harassment Policy</li><li><input type="checkbox"/> Respecting the Boundaries Brochure</li><li><input type="checkbox"/> Working Together Brochure</li><li><input type="checkbox"/> Substance Abuse Policy</li><li><input type="checkbox"/> Non-Smoking Policy</li><li><input type="checkbox"/> Counseling &amp; Discipline Policy</li><li><input type="checkbox"/> Meal &amp; Break Periods Policy</li><li><input type="checkbox"/> Pay Period Schedule <input type="checkbox"/> Time Sheet</li><li><input type="checkbox"/> Direct Deposit Authorization Forms:<ul style="list-style-type: none"><li><input type="checkbox"/> General checking and/or savings account(s)</li><li><input type="checkbox"/> Parishioners Federal Credit Union account(s)</li></ul></li><li><input type="checkbox"/> Parishioners Federal Credit Union Brochure</li></ul> |
|---|---|

### Workers Compensation

- ☐ Worker's Compensation Brochure
- ☐ Pre-designation of Personal Physician
- ☐ Pre-designation of Chiropractor and/or Acupuncturist

### Benefits and Insurance Information\*

(Eligibility based on the number of hours worked per week)

- ☐ ACC Lay Employee Benefits Summary Sheet\*
- ☐ Archdiocese of Los Angeles 2015—2016 Benefits Guide

\*Employees working less than 20 hours per week are not eligible for benefits other than those required by law.

### Health Care Plans (30 hours per week or more):

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Anthem Blue Cross PPO</li><li><input type="checkbox"/> Anthem Blue Cross EPO</li><li><input type="checkbox"/> Benefit Premiums Sheet</li><li><input type="checkbox"/> Flexible Contributions Account (FCA)</li><li><input type="checkbox"/> U.S. Behavioral Health Brochure (United Optum)</li><li><input type="checkbox"/> Benefits Enrollment/Change Form</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Kaiser Permanente EPO</li><li><input type="checkbox"/> Continuation Coverage</li></ul> |
|--|---|

### Voluntary Insurance Plans (20 hours per week or more):

- ☐ Hartford Group Life Insurance Form (ADLA Provided)
- ☐ Voluntary Life/AD&D Insurance
- ☐ Cost Calculation(s) – Voluntary Life/AD&D Insurance (Pg. 8)
- ☐ Voluntary Disability Insurance
- ☐ Cost Calculation(s) – Voluntary Disability Insurance (Pgs. 9-10)
- ☐ The Hartford Disability Flyer

### Employee Retirement (20 hours per week or more)

- ☐ Pension Plan Booklet
- ☐ Beneficiary Designation Form
- ☐ Tax Deferred Annuity Program

### Flyers (20 hours per week or more):

- ☐ Gym Promotion
- ☐ Transit Subsidy

## FINGERPRINTING, NEW HIRE ORIENTATION, & BENEFITS ENROLLMENT ACKNOWLEDGMENT

I have received the fingerprinting schedule(s) and understand that I am required to be fingerprinted within 90 days of my hire date. I understand that failure to get fingerprinted within 90 days of my hire date will result in disciplinary action up to and including termination of my employment.

\_\_\_\_\_  
Employee Initials

I acknowledge that all of the items on this checklist, applicable to my position, were reviewed with me. I understand that I must either elect or waive enrollment in the above insurance plan(s) by completing the Benefits Enrollment/Change Form within 31 days of my hire date. I understand that if I do not choose any of the above insurance benefits within 31 days of my hire date, I will be unable to elect benefits for the remainder of the plan year, unless I provide satisfactory evidence of insurability at my own expense and/or proof of a qualifying life event. The insurance company will then determine whether or not I will be covered by the group benefits.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date