



# **Employee Orientation Packet**



## **Employee Orientation Checklist**

*Check as completed, if covered.*

### **Forms:**

- \_\_\_\_\_ I-9 Employment Eligibility form completed
- \_\_\_\_\_ W-4 form completed
- \_\_\_\_\_ State tax form completed, if applicable
- \_\_\_\_\_ Notice of Coverage Options provided
- \_\_\_\_\_ State-specific forms and notices completed/provided
- \_\_\_\_\_ Emergency contact form completed

### **Compensation:**

- \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_ per \_\_\_\_\_
- \_\_\_\_\_ Exempt or Non-exempt? \_\_\_\_\_
- \_\_\_\_\_ Pay Day: \_\_\_\_\_
- \_\_\_\_\_ Overtime procedures explained
- \_\_\_\_\_ Automatic Payroll Deposit explained
- \_\_\_\_\_ Automatic Payroll Deposit Authorization obtained

### **Benefits:**

- \_\_\_\_\_ Benefit eligibility rules and benefit summary explained
- \_\_\_\_\_ Enrollment eligibility date is: \_\_\_\_\_
- \_\_\_\_\_ Enrollment forms completed

### **Status, Policies and Procedures:**

- \_\_\_\_\_ Employment Status explained – Status: \_\_\_\_\_
- \_\_\_\_\_ At-will employment explained
- \_\_\_\_\_ Employee handbook provided and explained
- \_\_\_\_\_ Employee handbook acknowledgement obtained
- \_\_\_\_\_ Rules and Regulations discussed
- \_\_\_\_\_ Sexual harassment and discrimination complaint procedure explained

### **Other Items:**

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**I hereby acknowledge each of the aforementioned items have been discussed with me.**



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

Date: \_\_\_\_\_

HR Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Employee Health and Emergency Contact Form**

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

In the event of a medical emergency, are there any emergency procedures, information concerning medications or restrictions on medications, of which we or the emergency personnel should be aware? If yes, please list below:

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

**Please notify in case of emergency:**

**Primary Contact**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Secondary Contact**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Physician**

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

Address: \_\_\_\_\_



Phone: \_\_\_\_\_

**Employee Authorization:**

I have voluntarily provided the above contact information and authorize **<COMPANY NAME>** and its representatives to contact any of the above individuals on my behalf in the event of any emergency.

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

\_\_\_\_\_  
Date



**Receipt of Company Property**

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

ID Number: \_\_\_\_\_

Department: \_\_\_\_\_

I acknowledge receiving the company property listed below. I will maintain the property in good condition and return it upon separation of employment from <COMPANY \_\_\_\_\_, or upon earlier request. I will report any loss or damage immediately. I will use the property for work-related purposes only.

<b>Received</b>			<b>Returned</b>	
Item	Qty	No. or I.D.	Returned To (initial)	Date Returned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Date: \_\_\_\_\_

HR Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_