

NEW HIRE ORIENTATION CHECKLIST

NAME: _____ TITLE: _____

As listed on Social Security Card

OFFICE/SECTION: _____ HIRE DATE: _____

- **Full-time Classified Appointment w/full benefits:** • *Probational;* • *Transfer-in w/Permanent Status;* • *Transfer-in w/Probational Status;* • *Non-Competitive Reemployment;* • *Provisional*
- **Special Appointment** (call HR Office for explanation of benefits) • *Unclassified Appointment;* • *Classified Job Appointment*
- **Part-time/Temporary Class/Uncl. Appointment** (No Benefits: no leave, no paid holidays, no retirement, no insurance): • *Restricted;* • *Seasonal or WAE Wage;* • *Student*

NOTE: Temporary employees working 30 hours or more per week are offered insurance **only** after 120 consecutive days of full-time employment.

=====

Employment Forms

(required for all employees)

- ___ Conditional Offer of Employment (06/02)
- ___ Introduction to CRT – “A Brief Overview” (Rev. 07/01)
- ___ Social Security Card (a copy is required for payroll)
- ___ I-9 (Rev. 11/91) Employment Eligibility Verification (Immigration and Naturalization Service)

Copies of the following documentation are included (See back of Form I-9):

_____ Expiration Date (if any) ____/____/____

_____ Expiration Date (if any) ____/____/____

Note: Employee must present *original* Social Security card and original or certified copies of required documents for I-9.

- ___ Selective Service Card (required for all males age 18-25)
- ___ R-OMF-301 (Rev. 6/02) Personnel Data and/or Change Form
- ___ R-OMF-322 (Rev. 01/01) Prior State Service Form
- ___ SF-10 (Rev. 1/97) Civil Service Employment Application and Reference Checking Documents
- ___ College transcript if the job requires a degree or hours were used to qualify
- ___ SF-10D (Rev. 1/92) Application for Student Employment (student workers only)
- ___ Work Permit and Intention to Employ a Minor (required for employees under age 18)
- ___ SF-13 (Rev. 11/85) Appointment Affidavit
- ___ Employee Work Schedule (if other than M-F, 8-hour work day)

___ E-2 (Rev. 12/92) Pre-Existing Condition Form (Risk Management)

Note: Employee signature must be witnessed.

___ Authorization and Driving History Form (Rev. 3/90)

___ W-4 (current year) Federal Tax Withholding Form

___ L-4 (Rev. 2/95) State Tax Withholding Form

___ OSUP/F12A (Rev. 2/2001) ISIS HR Direct Deposit Enrollment Authorization Form and voided check for main bank (primary account direct deposit is a Condition of Employment)

___ OSUP/F12B (Rev.2/2001) ISIS HR Direct Deposit Enrollment Authorization Form and voided check (secondary account is optional) **OR**

___ Pre-approved UPR/F46 (11/99) Request for Direct Deposit Waiver

Policies and Acknowledgments

(required as noted below)

___ Employee Handbook (Rev. 05/14/02) personal copy *OR* access to office copy

___ Performance Planning and Review (SF-15 Rev. 02/01) (classified employees only) ___ Video

___ Americans With Disabilities Act (ADA) (8/16/99)

___ Drug-Free Workplace Policy (4/1/91)

___ Substance Abuse & Drug-Free Workplace Policy (Drug Testing) (11/1/98)

___ Safety Policy, Responsibility, and Rules (9/30/97)

___ Vehicle Operation Policy (7/27/01)

___ Violence-Free Workplace Policy (7/27/01)

___ Sexual Harassment Policy (Rev. 1/20/00)

___ Policy Prohibiting Possession and Use of Dangerous Weapons in the Workplace (7/27/01)

___ Family and Medical Leave Act (FMLA) (4/9/99)

___ Overtime Compensation Acknowledgment

___ Employee Interaction with Prison Inmates (if applicable; 1/6/93)

___ Permissible and Prohibited Political Activities (7/27/95)

(Not required for unclassified and student workers)

___ Name/Address/Emergency Contact Update/Change Form (Rev. 6/02)

___ Employee Assistance Program (brochure rev. 06/00)

___ Employee Policy Acknowledgments (Rev. 06/02)

Benefits

NOTE: Important Information Regarding State Benefits

Regular, full time employees (classified and unclassified) are eligible for state retirement and insurance. Most part time, temporary employees are not eligible for benefits. Some exceptions may apply but must be confirmed by the Human Resources Office prior to enrollment.

New employees who are eligible must enroll in the state's retirement plan immediately; however, they have 30 days from the hire date (or 121st consecutive day for temporary employees working 30 or more hours per week) to enroll in the State's Group Insurance and Flexible Benefits Plan. For insurance, these employees must complete both the GB-01 Insurance Enrollment Form and the Flexible Benefits Enrollment form and indicate their enrollment choice OR waiver of coverage (do not sign in both places). They must also complete the Acknowledgment of Pre-Existing Condition and Statement of Physical Condition form and the Insurance Portability Law (IPL) Application (required since July 1, 2001). Additional forms are required if dental and life insurance are desired. All insurance applications submitted after 30 days are considered "late enrollments." After the 30 days, enrollment in the Flexible Benefits Plan is not available again until Annual Enrollment.

Benefits Forms

(for eligible employees only)

Retirement

___ LASERS Benefits Handbook (LASERS will mail to new members) _____ Video

___ MER-1 (Rev. 9/00) **LASERS Membership and Optional Membership Registration Form**

Note: Participation in LASERS is mandatory before age 55. Newly-hired employees over 55 years of age should contact the Human Resources Office if they are interested in other retirement plan options. *If age 55 and over and eligible for Deferred Compensation or Social Security in lieu of LASERS, employee is required by law to be enrolled in LASERS until proof of 40 quarters in Social Security is submitted (SSA-7005) by employee.*

___ ERBER37 (Rev. 05/02) **LASERS Reemployment of Retiree**

Health Insurance

___ GB-01 (Rev. 07/01) Group Benefits and HMO Enrollment, Health and Life Insurance

Enrollment/Change or Waiver Form (Due within 30 days of hire date)

The following are also required for employees enrolling in health insurance:

___ GB-31 Acknowledgment of Pre-Existing Condition and Statement of Physical Condition

___ Insurance Portability Law Application

Dental Insurance

___ AlwaysDental (enrollment form inside brochure)

Life Insurance

___ Prudential Insurance Enrollment/Waiver Form

Flexible Benefits Plan

- ___ Flexible Benefits Plan Enrollment/Stop Form for Current Plan Year
- ___ Flexible Spending Accounts Enrollment Form (available upon request)

Benefits Handout Information

(for eligible employees only)

- ___ Schedule of Rates
- ___ **AlwaysDental** brochure
- ___ **AmCare HMO** Benefits & Providers (Lafayette, Alexandria, Lake Charles, Natchitoches, Houma and Thibodaux service areas only)
- ___ **Blue Cross EPO** (Baton Rouge service area only)
- ___ **FARA/BestCare** (Baton Rouge service area only)
- ___ **Flexible Benefits Plan** general booklet
- ___ **Flexible Benefits Plan special booklet on spending accounts** (available upon request)
- ___ **Ochsner HMO** Benefits & Providers (Baton Rouge, Hammond, New Orleans and Shreveport service areas)
- ___ **Office of Group Benefits EPO (not available in B.R. area) and PPO** Schedule of Benefits & Provider Directories
- ___ **Prudential Life Insurance** brochure
- ___ **Vantage HMO** Benefits & Providers (Monroe service area only)

Miscellaneous Optional Benefits

(available to all employees – waivers not required)

- ___ Supplemental insurance policies available upon request through private vendors
***Note:** These companies are approved for payroll deduction. Policies offered include term life, whole life, dental, cancer, intensive care, disability, etc.*
- ___ LaChip health insurance for children (fees dependent on eligibility)
- ___ START Savings Plan (for college expenses)
- ___ Deferred Compensation (Tax-deferred savings 457 plan)
- ___ U.S. Savings Bonds
- ___ La Capitol Credit Union
- ___ State Library of Louisiana membership

Processing Authority Signature

Date

I _____ have been informed of all the items listed this checklist and have
(print name)
been given an opportunity to ask questions. If miscellaneous benefits were not described during orientation, I understand that I must inquire further for more information.

Employee Signature

Date

Please return completed checklist to Human Resources with all required paperwork within two days of hire.

Detach and forward to supervisor for completion. Return completed checklist to Human Resources within one week of hire date.

SUPERVISOR'S ORIENTATION CHECKLIST

NAME: _____ TITLE: _____
As listed on Social Security Card

OFFICE/SECTION: _____ HIRE DATE: _____

- **Full-time Classified Appointment w/full benefits:** • *Probational;* • *Transfer-in w/Permanent Status;* • *Transfer-in w/Probational Status;* • *Non-Competitive Reemployment;* • *Provisional*
- **Special Appointment** (call HR Office for explanation of benefits) • *Unclassified Appointment;* • *Classified Job Appointment*
- **Part-time/Temporary Class/Uncl. Appointment** (No Benefits: no leave, no paid holidays, no retirement, no insurance): • *Restricted;* • *Seasonal or WAE Wage;* • *Student*

NOTE: Temporary employees working 30 hours or more per week are offered insurance **only** after 120 consecutive days of full-time employment.

- =====
- ___ Introduced to supervisor, subordinates and co-workers
 - ___ Toured department and introduced to staff
 - ___ Shown location of wash rooms, water fountains, vending machines, etc.
 - ___ Assigned work space and equipment
 - ___ Explained general layout of office
 - ___ Explained office hours and work schedule (lunch, breaks, flex-time, flexible schedules and the possibility of hours and schedules changing)
 - ___ Furnished necessary handbooks, manuals, and other materials
 - ___ **Safety Program** - discussed requirements including
 - ___ Job Safety ___ First Aid ___ Emergency Preparedness/Evacuation Procedures
 - ___ Workplace Violence ___ Incident and Accident Reporting
 - ___ Early Return to Work ___ Blood Borne Pathogens/Bacterial Infection
 - ___ Employee signed safety policy acknowledgments
 - ___ **General office policies** regarding the following:
 - ___ Leave System ___ Overtime ___ Dress Code ___ Overtime
 - Other _____
 - ___ Employee signed policy acknowledgments if required by unit

- ___ Made provisions for on-the-job training
- ___ Explained organizational and functional structure of *department*
- ___ Explained organizational and functional structure of *division or section*
- ___ Explained and described position in division or section
- ___ Discussed job description and nature of appointment
- ___ Discussed Performance Planning and Review and scheduled date for Performance Planning Session on _____
- ___ Discussed parking and made provisions for building access
- ___ Explained all uniforms, building access cards, keys, and parking cards must be returned upon termination of employment
- ___ Explained State travel regulations
- ___ Explained grievance procedures
- ___ Afforded employee opportunity to ask questions.

Other items discussed as determined or required by office or section:

___ _____

___ _____

___ _____

Supervisor Signature

Date

I have been informed of all items listed on this checklist and have been given an opportunity to ask questions.

Employee Signature

Date

Please return completed checklist to Human Resources within one week of hire date.

Rev. 6/27/02/km