

NEW HIRE ORIENTATION CHECKLIST (rev 9/13)

Name: _____ Job Title: _____
Office/Section: _____ Hire Date: _____

Select the appropriate Appointment Type:

Full-Time Classified Appt with Benefits (check one):	<input type="checkbox"/> Probational	<input type="checkbox"/> Permanent
Special Appointment (call HR for explanation of benefits):	<input type="checkbox"/> Unclassified Appointment	<input type="checkbox"/> Classified Job Appointment
Part-Time Appointment (No benefits, no leave, no paid holidays, no retirement):	<input type="checkbox"/> Classified WAE Appointment	<input type="checkbox"/> Student

SECTION 1: NEW HIRE FORMS AND DOCUMENTS (to be completed by new hire)

Upon notification of a satisfactory drug test result and an effective date of hire, please complete Section 1 of this checklist, and present it (along with the required documents) to your supervisor on your first day of work.

A. When reporting for your first day of work, you are **REQUIRED** to present the following documents:

- ☐ Form I-9 Documents to prove citizenship and work authorization (if not presented at time of job offer);
- ☐ Signed Original Social Security Card
- ☐ Valid Driver's License or State-issued ID
- ☐ Voided Check for Direct Deposit to Checking Account
- ☐ Copy of DD-214 (if you are a veteran)
- ☐ Work Permit and Intention to Employ a Minor (required for employees under age 18)
- ☐ Probational Status Acknowledgement Statement (if forfeiting permanent status upon transferring from another agency)
- ☐ Official Original College Transcript(s), if applicable
- ☐ Selective Service Registration Card (males age 18-25)
- ☐ Affordable Health Care Act (ACA) Acknowledgement form
- ☐ License or certification (if required)
- ☐ Law Enforcement Contract Agreement (for non-POST certified Park Ranger employees only)

B. The following forms should be completed prior to your first day of work:

- ☐ Confidentiality of Home Address and Phone Number
- ☐ Prior State Service Questionnaire
- ☐ L-4 State Withholding Exemption Certificate
- ☐ W-4 Federal Withholding Allowance Certificate
- ☐ Direct Deposit Enrollment Authorization – Main Bank (if your direct deposit will be sent to a savings account rather than a checking account, your bank **MUST** complete the form)
- ☐ Direct Deposit Enrollment Authorization – Secondary Bank (if applicable)
- ☐ Employee Identification Badge/Access Card Enrollment Form
- ☐ Statement of Agreement or Understanding RE: Compensation for Overtime Work (only applicable for leave-earning positions)
- ☐ Form SSA-1945, Statement Concerning Your Employment in a Job Not Covered by Social Security (not applicable for students/wage employees)

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SECTION 2: CONDITIONS OF EMPLOYMENT (to be completed by supervisor)

This section must be completed by the supervisor to ensure that the new hire has met all of the conditions of his/her employment before proceeding to Section 3. If any of the answers below are "No," the supervisor must check with HR to determine the appropriate course of action.

A. The following conditions of this new hire's employment have been met, to include:

- | | | |
|--|------------------------------|-----------------------------|
| • Conditional Offer of Employment is completed, approved, and discussed with employee | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Employment in a Non-Permanent Position is completed, and discussed with employee (<i>Job Appt & Classified WAE positions only</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Drug Testing results have been obtained from HR and employee notified | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Reference Checks have been completed by supervisor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Criminal Background Check completed by HR (if necessary) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Work Permit and Intention to Employ a Minor completed (required for employees under age 18) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION 3: FORMS/DOCUMENT REVIEW (to be completed by supervisor)

This section should be completed by the supervisor to ensure that the employee has completed his/her new hire paperwork appropriately.

The forms and documents as listed in Section 1 above have been reviewed for completeness, and any areas of deficiency or omission have been corrected. ☐ Yes ☐ No

SECTION 4: INTRODUCTION (to be completed by supervisor with employee)

*This section must be completed by the supervisor as an introduction to OLG/DCRT, as well as overall State employment. This introduction must be provided to **ALL employees**, regardless of Appointment Type.*

A. The following introductory materials have been provided to and/or completed with the new employee, to include:

- ☐ State Employment: Advantages and Responsibilities (Handout)
- ☐ Introduction to DCRT – A Brief Overview (Handout)
- ☐ Supervisor's Checklist
- ☐ Appointment Affidavit (SF-13)
- ☐ Employee Work Schedule Form
- ☐ Louisiana Employees Online (LEO) System – Instruction Brochure (Handout)
- ☐ Affordable Health Care Act (ACA) Information (Handout)

SECTION 5: BENEFITS (to be completed by supervisor with employee)

*This section should only be completed for those **employees that are eligible for benefits** (as determined by their Appointment Type noted above). If the employee is not eligible for benefits, please write "N/A" next to this section and proceed to Section 6 below.*

A. The following GENERAL BENEFITS INFORMATION has been provided to the new employee:

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- ☐ 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 Division 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. 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.

B. The following GENERAL BENEFITS HANDOUTS have been provided to the new employee:

- ☐ Some of the Benefits of Working in Louisiana State Government
☐ List of benefit providers' web sites and customer service numbers

C. The following RETIREMENT forms and/or information has been discussed with the new employee:

- ☐ Is the employee a member of another State retirement system? ☐ Yes ☐ No
☐ Has employee retired from LASERS, Teachers' Retirement, or another State retirement system? ☐ Yes ☐ No
☐ LASERS Benefits Handbook (available at www.lasersonline.org)
☐ LASERS Membership and Optional Membership Registration (Form 1-01)
*Note: Participation in LASERS is mandatory before age 55. Newly-hired employees over 55 years of age **must** contact the Human Resources Division 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, the employee is required by law to be enrolled in LASERS until proof of 40 quarters in Social Security (SSA-7005) is submitted by the employee to the Human Resources Division.*
☐ LASERS Designation of Beneficiary (Form 1-06), if applicable (**NOTE: Must be an original**) (available at www.crt.state.la.us/HR/Forms.aspx).
☐ LASERS Benefit Forfeiture (Form 1-13).
☐ Membership Registration from other retirement system, if applicable (obtain from HR)
☐ LASERS Reemployment of Retiree (Form 10-2), if applicable

D. The following benefits forms for OFFICE OF GROUP BENEFITS (OGB) coverage have been provided to the new employee:

Health Insurance:

- ☐ Benefit rates and plan information may be found at www.groupbenefits.org. The "Health Plans" link provides further information on the plans available in specific areas of the State and rates applicable to those plans.
☐ Office of Group Benefits Enrollment/Change Form (GB-01) – **due within 30 days of hire date**
Note: If employee is electing not to enroll in health insurance, please have him/her mark "No coverage" under the Level of Medical Coverage Selected section.
☐ Insurance Portability Law (IPL) Application (if enrolling in health insurance)

Life Insurance (underwritten by Prudential):

- ☐ Office of Group Benefits Enrollment/Change Form (GB-01) – **due within 30 days of hire date**

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Note: If employee is electing not to enroll in life insurance, please have him/her mark "No Coverage Employee/Dependent" under the Life Insurance section.

- ☐ Prudential Enrollment Packet (GL 2005.055; GL 2005.289) – **due within 30 days of hire date**

Note: If employee is electing to enroll in life insurance, please have him/her complete the Enrollment form and Beneficiary Designation form in addition to the GB01.

Flexible Benefits Plan:

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

SECTION 6: OPTIONAL BENEFITS (to be completed by supervisor with employee)

The miscellaneous, optional benefits noted below are available to ALL employees, regardless of Appointment Type.

A. The following miscellaneous, optional benefits have been made available to the new employee:

- ☐ Supplemental insurance policies available through private vendors
Note: These companies are approved for payroll deduction. Policies offered include term-life insurance; whole life insurance; dental; cancer; intensive care; disability; etc. More information can be obtained from www.doa.louisiana.gov/OSUP/stwide_Vnd_Prod_Listing_January2012.htm
- ☐ LaChip health insurance for children (fees dependent on eligibility)
- ☐ START Savings Plan (for college expenses)
- ☐ Deferred Compensation (tax-deferred savings 457 retirement plan)
- ☐ LA Capitol Credit Union

ORIENTATION ACKNOWLEDGEMENT:

I, _____, have been informed of all the items listed on this New Hire Orientation Checklist and have been afforded an opportunity to ask questions. If I have any further questions for which my supervisor was unable to provide guidance, I understand that I am to contact the Human Resources Division at (225) 342-0880.

Employee's Signature

Date

Supervisor's Signature

Date

**** PLEASE RETURN COMPLETED CHECKLIST TO THE HUMAN RESOURCES DIVISION WITH ALL REQUIRED FORMS/DOCUMENTS WITHIN TWO (2) DAYS OF HIRE. ****