

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.

Pre-Employment Requirements (Must Be Met Prior to Hire Date)

- Conditional Offer of Employment (07/02) completed, approved, and discussed with applicant ___ Yes ___ No
- Drug Testing Results Obtained from HR and applicant notified ___ Yes ___ No
- Reference Checks Completed by supervisor or HR ___ Yes ___ No

If any of the answers above are "No", the processing authority must check with HR before proceeding with orientation.

Welcome, Introduction and Employment Forms

(required for all employees)

___ "State Employment: Advantages and Responsibilities" _____ Video

___ 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. 06/02) Personnel Data and/or Change Form

___ R-OMF-322 (Rev. 01/01) Prior State Service Form

- ___ SF-10 (Rev. 07/02) Civil Service Employment Application and Reference Checking Documents
- ___ College transcript if the job requires a degree or hours were used to qualify
- ___ Applicant Recapitulation Report (of Civil Service Certificate)
- ___ SF-10D (Rev. 01/92) 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 (Employee signature must be witnessed.)
- ___ Authorization and Driving History Form (Rev. 05/10/00)
- ___ W-4 (current year) Federal Tax Withholding Form
- ___ L-4 (Rev. 04/01) State Tax Withholding Form
- ___ OSUP/F12A (Rev. 02/01) 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. 02/01) ISIS HR Direct Deposit Enrollment Authorization Form and voided check (secondary account is optional) **OR**
- ___ Pre-approved OSUP/F46 (07/02) 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. 08/02) (classified employees only) _____ Video
- ___ Americans With Disabilities Act (ADA) (08/16/99)
- ___ Drug-Free Workplace Policy (04/1/91)
- ___ Substance Abuse & Drug-Free Workplace Policy (Drug Testing) (Rev. 01/03)
- ___ Safety Policy, Responsibility, and Rules (09/30/97)
- ___ Early Return to Work (08/16/99)
- ___ Vehicle Operation Policy (07/27/01)
- ___ Violence-Free Workplace Policy (07/27/01)
- ___ Sexual Harassment Policy (Rev. 01/20/00)
- ___ Workplace Harassment/Discrimination (09/01/02)
- ___ Policy Prohibiting Possession and Use of Dangerous Weapons in the Workplace (07/27/01)

- Family and Medical Leave Act (FMLA) (04/9/99)
- Overtime Compensation Acknowledgment
- Employee Interaction with Prison Inmates (if applicable; 01/6/93)
- Permissible and Prohibited Political Activities (Reissued 09/02)
(Not required for unclassified and student workers)
- Name/Address/Emergency Contact Update/Change Form (Rev. 06/02)
- Employee Assistance Program (brochure, Rev. 10/02)
- Employee Policy Acknowledgments (Rev. 05/03)

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)

General

- "Some of the Benefits of Working in Louisiana State Government" (2003-04)
- List of benefit providers' web sites and customer service numbers

Retirement

- Employee is a member of another retirement system Yes No
- Employee is retired from LASERS or Teachers' Retirement System Yes No
- "A Lot to Offer" Video
- LASERS Benefits Handbook (LASERS will mail to new members)
- 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.

- ___ Membership Registration from other retirement system, if applicable (obtain from HR)
- ___ ERBER37 (Rev. 05/02) **LASERS Reemployment of Retiree**
- ___ Photocopy of Birth Certificate

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 is also required for employees enrolling in health insurance:***
- ___ Insurance Portability Law Application

Life Insurance (Underwritten by Prudential)

- ___ Basic & Basic Plus Supplemental Insurance Enrollment/Waiver Form (09/00)
- ___ Optional Term Life & Personal Accident Insurance Enrollment/Waiver Form (09/01)

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 for Current Plan Year
 - ___ **FARA/BestCare MCO** Benefits and Providers (available statewide)
 - ___ **Flexible Benefits Plan** general booklet
 - ___ **Flexible Benefits Plan special booklet on spending accounts** (available upon request)
 - ___ **Ochsner HMO** Benefits & Providers (available statewide, except in the Monroe area)
 - ___ **Office of Group Benefits EPO** (not available in B.R. area) **and PPO** (available statewide)
- Schedule of Benefits & Provider Directories
- ___ **Prudential Life Insurance** brochure
 - ___ **United Healthcare EPO** Benefits and Providers (Baton Rouge service area only)
 - ___ **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. More information can be obtained from the following web site: www.doa.state.la.us/osup*
- ___ 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*

Orientation acknowledgment signatures must be completed on next page.
Orientation Acknowledgment Signatures:

_____ **Processing Authority Signature** _____ **Date**

*I _____ have been informed of all the items listed on
(print name)
 this checklist and have 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.

Rev. 5/1/03/km

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

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- ___ 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
 - 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. 9/18/02/km