NEW HIRE CHECKLIST

*Please complete, sign, and give a copy to your supervisor within 30 days of hire. Thank you.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name:* |  | | *Office:* |  |
| *Title:* |  | | *Department:* |  |
| *Hire Date:* | |  | *Manager:* |  |
| *Date of First Performance Review:* | |  | *Direct Supervisor:* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Employee ID:* |  | *Phone Number:* |  |
| *Email:* |  | *Work Schedule:* |  |
| *Office Location:* |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Mentor:* |  | *Contact Info:* |  |

Date, time, and location of employment processing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete and turned in to Administrative Services, or to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

\_\_\_\_\_ Champaign County direct deposit form [Forms / Payroll / Deposit](http://www.co.champaign.il.us/Internal/PDFS/DirectDeposit.pdf)

*(with voided check or letter from bank)*

\_\_\_\_\_ IL W-4 Federal withholding form [Forms / Payroll / W-4](https://www.irs.gov/pub/irs-pdf/fw4.pdf)

\_\_\_\_\_ US I-9 Employment eligibility form [Federal government website](https://www.uscis.gov/i-9)

\_\_\_\_\_ US W-4 Federal withholding form [Forms / Payroll / W-4](https://www.irs.gov/pub/irs-pdf/fw4.pdf)

Received:

\_\_\_\_\_ Time punch card/fob \_\_\_\_\_ Job description

\_\_\_\_\_ Timekeeping instructions \_\_\_\_\_ Clearly defined performance expectations

\_\_\_\_\_ ID \_\_\_\_\_ Procedures for emergencies

\_\_\_\_\_ Schedule and shift information \_\_\_\_\_ Keys (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Payroll schedule \_\_\_\_\_ Laptop

\_\_\_\_\_ Holiday schedule \_\_\_\_\_ Credit Card

\_\_\_\_\_ Uniform(s) \_\_\_\_\_

Date, time, and location of benefits orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Forms received

\_\_\_\_\_ Forms completed and submitted to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ First paycheck with benefits deductions will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date, time, and location of bargaining unit orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date, time, and location of New Hire Orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Successfully completed:**

\_\_\_\_\_ Verified login to Office 365 \_\_\_\_\_ Configured voice mailbox and greeting

\_\_\_\_\_ Verified login to Kronos \_\_\_\_\_ Configured email signature block

\_\_\_\_\_ Verified ability to print \_\_\_\_\_ Configured access to shared drives

\_\_\_\_\_ Submitted the Policy Verification Form(s) used by my department to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ Enrolled in the Employee Assistance Program (<https://champaign.lifeworks.com/>)

**Acknowledgement of new-hire training to be completed:**

Ack Complete by Training Resource / System / Contact

\_\_\_\_\_ 30 days FOIA Officer <http://foia.ilattorneygeneral.net/electronic_foia_training.aspx>

\_\_\_\_\_ 30 days OMA Designee <http://foia.ilattorneygeneral.net/electronic_foia_training.aspx>

\_\_\_\_ 30 days ADA IL Relay [hr@co.champaign.il.us](mailto:hr@co.champaign.il.us) (MindFlash)

\_\_\_\_ 30 days ADA Counter Staff [hr@co.champaign.il.us](mailto:hr@co.champaign.il.us) (Intranet videos)

\_\_\_\_ 30 days Sexual Harassment Prevention, interactive, required by law:

\_\_\_\_ New Hire Orientation

\_\_\_\_ Other in-person training (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_ Interactive on-line, coordinated by [hr@co.champaign.il.us](mailto:hr@co.champaign.il.us)

\_\_\_\_ Other training, coordinated by department

Other:

**Acknowledgement of annual training to be completed:**

Ack Frequency Training Usual Schedule

\_\_\_\_ Annual Sexual Harassment Prevention January

\_\_\_\_ Semi-annual Fraud/ Whistleblower March, September

\_\_\_\_ Semi-annual Ethics March, September

\_\_\_\_ Annual ADA Refresh July

\_\_\_\_\_ Annual OMA Designee Anniversary of hire

\_\_\_\_\_ Annual FOIA Officer Anniversary of hire

Other:

*Complete, sign, date, and submit to Supervisor / Manager / Department Head to be added to your personnel file within 30 days of hire.*

*ADA, domestic partnership, FMLA, and other info is on the Website under the Forms tab and the General tabs.*

***Keep a copy of this signed form for your own records.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature Date**