



NEW HIRE ORIENTATION CHECKLIST

Date of Hire: _____ Benefits Eligibility Date: _____ Second Orientation Date: _____

Employee Name: _____ (PLEASE PRINT) Location: _____

Employment Information (All Employees)

- Mission Statement
- Core Values
- HR Mission/Vision/Values Statement
- Identification Picture/Badge
- Offer Letter
- Job Description
- Emergency Information Sheet
- Employment Eligibility Verification (Form I-9)
- W-4 Form
- New Employee Hire Form
- Dress Code Policy
- Unemployment/Disability Exemption Notice
- Wage Disclosure Notice (non-exempt employees only)
- Earned Income Tax Credit Outreach Campaign
- HIPPA Information
- Online Administration Handbook Notice
- Electronic Communications Policy
- Personal Communications Device Policy
- Conflict of Interest Policy
- Discrimination and Harassment Policy
- Respecting the Boundaries Brochure
- Working Together Brochure
- Substance Abuse Policy
- Non-Smoking Policy
- Counseling & Discipline Policy
- Meal & Break Periods Policy
- Pay Period Schedule Time Sheet
- Direct Deposit Authorization Forms:
 - General checking and/or savings account(s)
 - Parishioners Federal Credit Union account(s)
- Parishioners Federal Credit Union Brochure

Workers Compensation

- Worker's Compensation Brochure
- Pre-designation of Personal Physician
- Pre-designation of Chiropractor and/or Acupuncturist

Benefits and Insurance Information*

(Eligibility based on the number of hours worked per week)

- ACC Lay Employee Benefits Summary Sheet*
- Archdiocese of Los Angeles 2015—2016 Benefits Guide

*Employees working less than 20 hours per week are not eligible for benefits other than those required by law.

Health Care Plans (30 hours per week or more):

- Anthem Blue Cross PPO
- Anthem Blue Cross EPO
- Benefit Premiums Sheet
- Flexible Contributions Account (FCA)
- U.S. Behavioral Health Brochure (United Optum)
- Benefits Enrollment/Change Form
- Kaiser Permanente EPO
- Continuation Coverage

Voluntary Insurance Plans (20 hours per week or more):

- Hartford Group Life Insurance Form (ADLA Provided)
- Voluntary Life/AD&D Insurance
- Cost Calculation(s) – Voluntary Life/AD&D Insurance (Pg. 8)
- Voluntary Disability Insurance
- Cost Calculation(s) – Voluntary Disability Insurance (Pgs. 9-10)
- The Hartford Disability Flyer

Employee Retirement (20 hours per week or more)

- Pension Plan Booklet
- Beneficiary Designation Form
- Tax Deferred Annuity Program

Flyers (20 hours per week or more):

- Gym Promotion
- Transit Subsidy

FINGERPRINTING, NEW HIRE ORIENTATION, & BENEFITS ENROLLMENT ACKNOWLEDGMENT

I have received the fingerprinting schedule(s) and understand that I am required to be fingerprinted within 90 days of my hire date. I understand that failure to get fingerprinted within 90 days of my hire date will result in disciplinary action up to and including termination of my employment.

Employee Initials

I acknowledge that all of the items on this checklist, applicable to my position, were reviewed with me. I understand that I must either elect or waive enrollment in the above insurance plan(s) by completing the Benefits Enrollment/Change Form within 31 days of my hire date. I understand that if I do not choose any of the above insurance benefits within 31 days of my hire date, I will be unable to elect benefits for the remainder of the plan year, unless I provide satisfactory evidence of insurability at my own expense and/or proof of a qualifying life event. The insurance company will then determine whether or not I will be covered by the group benefits.

Employee Signature

Date