

NEW EMPLOYEE CHECKLIST

Instructions: Complete this form for each new employee, before they begin their first day of work. Submit this form and the application for employment to the personnel manager. No new employee may actually start working until the two completed forms have been received by the personnel manager.

Name of Employee _____

Date Hired _____ Job Description _____ Department _____

Rate of Pay \$ _____ per _____ Interviewed and Hired by _____

THIS SECTION TO BE COMPLETED BY THE DEPARTMENT HEAD

Requirement	Completed or Explained	Date	Initials
Explained Payday Schedule	<input type="checkbox"/>	_____	_____
Explained Health Insurance Plan, Policies	<input type="checkbox"/>	_____	_____
Explained Sick Leave Policy	<input type="checkbox"/>	_____	_____
Explained Paid Vacation Policy	<input type="checkbox"/>	_____	_____
Explained Policy Regarding Punctuality	<input type="checkbox"/>	_____	_____
Explained Dress Code	<input type="checkbox"/>	_____	_____
Explained Employee Purchase Policy	<input type="checkbox"/>	_____	_____
Explained Payroll Advances Policy	<input type="checkbox"/>	_____	_____
Explained Periodic Performance Reviews	<input type="checkbox"/>	_____	_____
Explained Citizenship/Work Permit Requirements	<input type="checkbox"/>	_____	_____
New Employee Read and Signed Company Policy Manual	<input type="checkbox"/>	_____	_____
Employment Application/Resume Attached	<input type="checkbox"/>	_____	_____

THIS SECTION TO BE COMPLETED BY THE PERSONNEL MGR

Requirement	Completed or Explained	Date	Initials
Completed W-4 Number of Withholdings	<input type="checkbox"/>	_____	_____
Completed I-9 Work Eligibility Form	<input type="checkbox"/>	_____	_____
Asked if Questions on Any Policy	<input type="checkbox"/>	_____	_____
Administered Pre-Employment Test	<input type="checkbox"/>	_____	_____
Pre-Employment Physical Completed	<input type="checkbox"/>	_____	_____

Approved by Personnel Manager _____ Date _____