

New Hire Checklist

Employee _____

Start Date _____

Check off the following and note the date when completed by the employee and returned:

Form	Date completed/returned
<input type="checkbox"/> Form I-9	_____
<input type="checkbox"/> Form W-4	_____
<input type="checkbox"/> Age certificate and work permit (if under 18)	_____
<input type="checkbox"/> New hire report for state	_____
<input type="checkbox"/> Benefits enrollment	_____
<input type="checkbox"/> Benefits beneficiary designation(s)	_____
<input type="checkbox"/> Direct Deposit authorization	_____
<input type="checkbox"/> Emergency Contact Information	_____
<input type="checkbox"/> Employee handbook acknowledgement, including at-will notice	_____
<input type="checkbox"/> Conflict of Interest/Ohio Ethics Law	_____

Check off the following and note the date when given to, or conducted for the employee:

Form	Date Provided
<input type="checkbox"/> COBRA notice for new hires and covered dependents (sent to home address)	_____
<input type="checkbox"/> Summary plan descriptions for benefits plans	_____
<input type="checkbox"/> Employee Handbook	_____
<input type="checkbox"/> Job Description	_____
<input type="checkbox"/> Ethics training	_____
<input type="checkbox"/> Harassment training	_____
<input type="checkbox"/> Post-offer medical examinations <i>(only if policy requires)</i>	_____
<input type="checkbox"/> Organizational Chart	_____
<input type="checkbox"/> Map of facilities	_____
<input type="checkbox"/> Internal telephone lists	_____
<input type="checkbox"/> Office keys	_____
<input type="checkbox"/> Security codes	_____