

Replace this text with company name or delete to leave blank

## Employee Orientation Checklist

---

To \_\_\_\_\_ :  
Employee

As your supervisor goes through the orientation process with you, please initial the space next to each item as it is completed. Please feel free to ask questions if there is anything you do not understand completely.

### I have received, filled out and returned to my employer:

- \_\_\_\_ Form W-4
- \_\_\_\_ Form DE-4
- \_\_\_\_ Form I-9
- \_\_\_\_ Emergency Information
- \_\_\_\_ Health/Benefits Forms
- \_\_\_\_ Employee Handbook (return receipt)
- \_\_\_\_ Harassment, Discrimination and Retaliation Prevention policy (return receipt)
- \_\_\_\_ Personal Chiropractor or Acupuncturist Designation Form
- \_\_\_\_ Personal Physician Designation Form
- \_\_\_\_ Property Return Agreement
- \_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_ Other \_\_\_\_\_

### I have received for my information:

- \_\_\_\_ Workers' Compensation Pamphlet
- \_\_\_\_ Paid Family Leave Pamphlet (DE-2511)
- \_\_\_\_ State Disability Insurance Pamphlet (DE-2515)
- \_\_\_\_ Sexual Harassment Pamphlet
- \_\_\_\_ Initial Safety Training
- \_\_\_\_ General Notice of COBRA Continuation Coverage Rights
- \_\_\_\_ Employee Handbook
- \_\_\_\_ Lactation Accommodation Policy
- \_\_\_\_ Wage & Employment Notice to Employees
- \_\_\_\_ Health Insurance and Benefits Information
- \_\_\_\_ Holidays for current year
- \_\_\_\_ Rights of Victims of Domestic Violence, Sexual Assault and Stalking notice

I have received the following items, and I agree to return them to my employer at the termination of the employment relationship:

- \_\_\_\_ Keys: Number of keys \_\_\_\_\_
- \_\_\_\_ Parking Pass \_\_\_\_\_
- \_\_\_\_ Credit Card (Card Number) \_\_\_\_\_
- \_\_\_\_ Uniform \_\_\_\_\_
- \_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_ \_\_\_\_\_
- \_\_\_\_ \_\_\_\_\_
- \_\_\_\_ \_\_\_\_\_

Please read and sign:

I have been informed about each of the topics that I have initialed, and I have had all of my questions answered to my satisfaction at this time. I understand that any additional questions about the topics covered during this orientation should be directed to my supervisor.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Conducting Orientation

\_\_\_\_\_  
Date