

従業員雇用チェックリスト

EMPLOYEE NAME: _____

EMPLOYEE #: _____

POSITION: _____

DATE: _____

| ORIENTATION PERIOD | DATE/INITIALS (EMPLOYEE) | DATE/INITIALS (SUPERVISOR/MANAGER) |
|--|--|------------------------------------|
| 初日 | | |
| I-9 | | |
| W-4 | | |
| Application Form | | |
| Background Release | | |
| Background Information | | |
| Emergency Information | | |
| Status - AT WILL employment | | |
| Signed Receipt Page From Employee Handbook | | |
| Signed Form "Harassment in the workplace" | | |
| Signed Form "Time Record Policy" | | |
| Signed "Workplace Search Policy" | | |
| Signed " Drug & Alcohol Policy" | | |
| Signed "Voicemail and Email Policy" | | |
| Completed "Items given Form" | | |
| Completed Direct Deposit Form | | |
| Company Benefits Forms: | | |
| Medical | | |
| Dental | | |
| Disability | | |
| Life Insurance | | |
| Section 125/Other | | |
| 一週間以内 | | |
| Job Description | | |
| Job Progress | | |
| Payday, Working Hours, Breaks | | |
| Time Away From Work and Other Benefits | | |
| Work Objectives | | |
| Training Needs | | |
| Safety Rules | | |
| Other Company Policies | | |
| COMPLETION OF INTRODUCTORY PERIOD | Notes for Supervisor or Manager | |
| Complete Evaluation; Forward to Manager | | |
| Attach Above Checklists | | |
| Schedule meetings with Manager if Required | | |
| File Copies in Employees File | | |