

NEW HIRE PROCESSING CHECKLIST

This form, along with the "New Hire Packet" must be filled out and returned to Administration prior to the new staff member's first day of employment. Payroll will provide a timecard and temporary badge. You will be scheduled for an orientation session by your supervisor prior to actually working in the department for which you have been hired. This orientation will acquaint you with the Hospital's mission, philosophy, policies and procedures, and allow you to meet other staff members.

The Immigration Reform and Control Act of 1986 states that you should hire only citizens of the U.S. and aliens admitted for permanent residence or authorized by INS to work in the U.S. Therefore, your new hire must provide required documents within three days of his/her date of hire. If he/she fails to do so, his/her offer of employment will be withdrawn.

To the Personnel File
of: _____

Last Name First
Name: _____

Date of Hire: _____
Department: _____

The following forms have been reviewed and/or signed by the new staff member:

- | | |
|---|---|
| <input type="checkbox"/> Hire Processing Checklist | <input type="checkbox"/> Child Abuse Reporting |
| <input type="checkbox"/> Employment Eligibility Verification with documentation | <input type="checkbox"/> Hepatitis B Vaccine Consent |
| <input type="checkbox"/> Form | <input type="checkbox"/> Hepatitis B Vaccine Declination |
| <input type="checkbox"/> Reference Inquiry Form | <input type="checkbox"/> Safety Packet Acknowledgment |
| <input type="checkbox"/> Health Questionnaire | <input type="checkbox"/> Commuter Survey |
| <input type="checkbox"/> PPD/X-ray Slip | <input type="checkbox"/> Handbook Acknowledgment Card (inside handbook) |
| <input type="checkbox"/> Rubella Slip | <input type="checkbox"/> Drug Abuse Acknowledgment |
| <input type="checkbox"/> Physical Examination Form ED | <input type="checkbox"/> Drug Test Authorization |
| <input type="checkbox"/> Auto License Card | <input type="checkbox"/> Authorization for Disclosure |
| <input type="checkbox"/> Dependent Adult Abuse Reporting | <input type="checkbox"/> Language Competency Form |

Information to be kept by new staff member:

- Mission Statement
- Personnel Handbook
- English Language Policy
- General and Patient Safety Program Packets – Department Specific Patient Safety Issues
- Bloodborne Pathogens
- Hepatitis Policy
- Parking Policy
- Work Injury Booklet
- Ride Sharing Program
- Dress Code Policy
- Sexual Harassment Pamphlet
- Alcohol & Drug Abuse Policy/Notice

I have received all the documentation stated above and understand that I must become familiar with the entire packet for my benefit and protection.

Supervisor's

Signature: _____ Date: _____

New Personnel Member's Signature: _____

Date: _____