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| **Personnel Policies & Procedures**  **New Employee Checklist** |

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position: \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Conducted by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following checklist items are required, and must be completed for all new employees.**

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| --- | --- | --- | --- | --- |
| **NEW EMPLOYEE FORMS (check off items as they are completed)** | | | | |
| **Application** | | | **Background Check Completed (see safe environment below)** | |
|  | **E-Apps updated** | | **Employment References** | |
|  | **Transcripts to CSO** | | **Contract or Employment Agreement** | |
|  | | **Transcripts to school** | **Pre-employment Affidavit notarized (HB3)** | |
| **Cleared by CSO** | | |  | |
| **EMPLOYMENT ELIGIBILITY FORMS** | | | | |
| **W-4 Completed** | | | **I-9 Employment Eligibility Verification** | |
|  | **Allowances Completed** | |  | **E-Verified** |
|  | **Signature & Date** | |  | **Copies of Required Documents** |
| **BENEFITS** | | | | |
| **Exponent HR login/training**  **Medical/Dental** | | | **Company Provided Benefits** | |
|  | **Waiting Period** | |  | **Life/AD&D** |
|  | **Enrollment Process** | |  | **Short Term Disability** |
| **FMLA/Leave of Abs. Without Pay** | | | **Holiday Schedule/School Calendar** | |
| **Supplemental Insurance Plans** | | | **Retirement** | |
|  | **Vision** | |  | **Enrollment Process** |
|  | **Life/AD&D** | |  | **Benefits Effective Date** |
| **Flexible Spending** | | | **Pay Day Schedule** | |
| **Paid Time Off (PTO)** | | | **Direct Deposit** | |
|  | **Use/Accrual** | | **View and review pay stub online** | |
| **POLICIES** | | | | |
| **Job Description/Job Duties** | | | **Work Schedule** | |
| **Annual Evaluation** | | | **Mileage Reimbursement** | |
| **Curriculum, Lesson Plans** | | | **Expense Reimbursement** | |
| **SAFETY** | | | | |
| **Safety Handbook** | | | **State Worker’s Comp. Letter** | |
| **Employees Guide to Worker’s Comp.** | | | **Drug Testing Policy** | |
| **Accident Reporting Procedure** | | | **Location of First Aid Supplies/MSDS** | |
| **Crisis Management Plan** | | |  | |
| **School POLICIES** | | | | |
| **School Faculty/Staff handout** | | | **Disciplinary Protocol/Grievances** | |
|  | **Signature & Date** | | **Overtime Policy** | |
| **Diocesan Handbook** | | | **Code of Conduct/Confidentiality** | |
|  | | **Signature & Date** | **Resignation/Job Abandonment** | |
| **DIOCESE OF DALLAS SAFE ENVIRONMENT** | | | | |
| **Computer Systems & Internet Use Policy** | | | **Sexual Misconduct/Safe Environment Policy** | |
|  | **Signature & Date** | |  | **Signature & Date** |
| **Safe Environment Training/Video** | | | **Diocese Social Media Policy** | |
|  | | | **Signature & Date** | |
| **ORIENTATION/TRAINING** | | | | |
| **New Employee Orientation** | | | **New Hiring Training Schedule** | |
| **Staff & Work Team Introduction** | | | **Tour of School** | |
| **Office Directory** | | | **Used Copier & Laminator** | |
|  | | | **Parking** | |
|  | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **COMPUTERS** | | | | |
| **E-mail Connection and Use** | | | **RenWeb Login &Training** | |
| **Internet** | | | **Share Drives** | |
| **Website** | | |  | |
| **ACKNOWLEDGMENT SIGNATURE** | | | | |
| I (name printed below), hereby acknowledge that I have received training in the above areas. I agree that if I have any questions or concerns I will contact my Principal for clarification. **I understand that I must complete my benefits enrollment within 10 days of my new hire enrollment period opening.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  New Employee Name (Printed)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  New Employee Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Adminstrator Date | | | | |