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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  |