



Employee Information			
Employee Name:			
Position Name:		Position Number:	
Work Phone:		Email Address:	
Department:			
Manager/ Supervisor			
Work Phone:		Email Address:	

Orientation	Date Completed
<input type="checkbox"/> Introduction to team	
<input type="checkbox"/> Job assignment and training	
<input type="checkbox"/> Job description and expectations	

Employment Contract	Date Completed
<input type="checkbox"/> Job title	
<input type="checkbox"/> Schedule	
<input type="checkbox"/> Duration of employment	
<input type="checkbox"/> Salary	
<input type="checkbox"/> Benefits package	
<input type="checkbox"/> Duties and responsibilities	
<input type="checkbox"/> Termination conditions	

Legal Requirements	Date Completed
<input type="checkbox"/> W-4 form (W-9 for contractors)	
<input type="checkbox"/> I-9 Employment Verification Form	
<input type="checkbox"/> Direct Deposit Form	
<input type="checkbox"/> E-Verify System	
<input type="checkbox"/> Anti-Harassment documentation	



Company Requirements		Date Completed
<input type="checkbox"/>	Non-compete agreements	
<input type="checkbox"/>	Non-disclosure agreements	
<input type="checkbox"/>	Employee invention forms	
<input type="checkbox"/>	Employee handbook signature page	
<input type="checkbox"/>	Drug/alcohol test consent agreement	
<input type="checkbox"/>	Job analysis forms	
<input type="checkbox"/>	Employee equipment inventory	
<input type="checkbox"/>	Confidentiality and security agreements	
<input type="checkbox"/>	Leave of absence	
<input type="checkbox"/>	Overtime policy	
<input type="checkbox"/>	Performance reviews	
<input type="checkbox"/>	Dress code	
<input type="checkbox"/>	Personal conduct code	
<input type="checkbox"/>	Disciplinary actions policy	
<input type="checkbox"/>	Emergency procedures	
<input type="checkbox"/>	Visitor's policy	
<input type="checkbox"/>	Email and Internet use	
<input type="checkbox"/>	Safety policy	

General Information		Date Completed
<input type="checkbox"/>	Restrooms	
<input type="checkbox"/>	Mailroom	
<input type="checkbox"/>	Copy center	
<input type="checkbox"/>	Parking	
<input type="checkbox"/>	Office Supplies	
<input type="checkbox"/>	Kitchen, coffee, food, beverages	
<input type="checkbox"/>	Cafeteria	
<input type="checkbox"/>	Emergency exits	



Benefits Package		Date Completed
<input type="checkbox"/>	Life and health insurance	
<input type="checkbox"/>	Mobile plan	
<input type="checkbox"/>	Company car plan	
<input type="checkbox"/>	Stock option forms	
<input type="checkbox"/>	Retirement plan	
<input type="checkbox"/>	Disability insurance	
<input type="checkbox"/>	Paid time off	
<input type="checkbox"/>	Sick time	
<input type="checkbox"/>	Vacation time	
<input type="checkbox"/>	Wellness benefits	
<input type="checkbox"/>	Tuition reimbursement	

Required Work Related Items	Model Number	Received by Employee (initials)
<input type="checkbox"/> Bluetooth		
<input type="checkbox"/> Building key (if applicable)		
<input type="checkbox"/> Cell phone/Smart phone		
<input type="checkbox"/> Credit card(s)		
<input type="checkbox"/> Furniture key/Office key (if applicable)		
<input type="checkbox"/> ID badge/Card key		
<input type="checkbox"/> Laptop		
<input type="checkbox"/> Pager		
<input type="checkbox"/> Portable printer		
<input type="checkbox"/> Memory stick/Flash drive		
<input type="checkbox"/> Physical keys (cabinets, equipment, desk, etc.)		
<input type="checkbox"/> Mobile device (phone, PDA, tablet)		



Personal Information		Date Completed
<input type="checkbox"/>	Medical history	
<input type="checkbox"/>	Allergies and food preferences	
<input type="checkbox"/>	Birthday	
<input type="checkbox"/>	Emergency contacts	

Approved By		
Manager Name (printed)	Manager Signature	Date

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