

NEW EMPLOYEE CHECKLIST

Name: _____

Position: _____

Employment Date: _____



This checklist should be implemented not later than the end of the first week of employment.

ALL EMPLOYEES	ALL EMPLOYEES (cn t.)
<input type="checkbox"/> I-9 Form	<input type="checkbox"/> Personal Phone Calls/Long Distance Calls
<input type="checkbox"/> Hours, Workweek, Weekends	<input type="checkbox"/> Co-Worker Relations
<input type="checkbox"/> Overtime	<input type="checkbox"/> Client Relations
<input type="checkbox"/> Job/Performance Evaluation	<input type="checkbox"/> Telephone System
<input type="checkbox"/> Pay Periods, First Payday	<input type="checkbox"/> Policy & Procedures Manual
<input type="checkbox"/> Pay Increases	FULL TIME EMPLOYEES
<input type="checkbox"/> W-4 Forms	<input type="checkbox"/> Medical Plan (Eligibility)
<input type="checkbox"/> Vacations/Holidays	<input type="checkbox"/> Dental Plan/Short Term Disability
<input type="checkbox"/> Confidentiality Statement	<input type="checkbox"/> Disability Insurance (LTD)
<input type="checkbox"/> Training	<input type="checkbox"/> Flexible Benefits Plan (Cafeteria Plan)
<input type="checkbox"/> Lunch Room	<input type="checkbox"/> Sick/Personal Time/Floating Holiday
<input type="checkbox"/> Personnel and Positions - Acct. Dept.	<input type="checkbox"/> Life Insurance
<input type="checkbox"/> Attendance/Punctuality	<input type="checkbox"/> 401(k) Plan
<input type="checkbox"/> Conduct/Discipline Procedures	<input type="checkbox"/> DOC Optics
<input type="checkbox"/> Dress Code	TIMEKEEPERS
<input type="checkbox"/> Organizational Structure	<input type="checkbox"/> Time Sheets
<input type="checkbox"/> Introduction of Staff	<input type="checkbox"/> Billing Codes, Rates
<input type="checkbox"/> Tour of Facility	<input type="checkbox"/> Client Nos./ Matter Nos.
<input type="checkbox"/> Keys	ATTORNEYS
<input type="checkbox"/> Building Pass	<input type="checkbox"/> Biography <input type="checkbox"/> State Bar Update
<input type="checkbox"/> Parking Information	<input type="checkbox"/> LPL Form <input type="checkbox"/> P Number
<input type="checkbox"/>	<input type="checkbox"/> Martindale-Hubbell

Notes: _____

We acknowledge that we have discussed all of the above.

EMPLOYEE DATE

ADMINISTRATOR DATE