



# NEW EMPLOYEE CHECKLIST

NEW EMPLOYEE'S NAME

OFFICE

Note: Phase I of New Employee Orientation (NEO) is now available on-line.

SECTION 1: To be completed with HR Consultant or Supervisor. See Resource Page of NEO Website for direct links to many of the required forms. **THE FOLLOWING HAVE BEEN DISCUSSED WITH AND/OR SHOWN/GIVEN TO THE NEW EMPLOYEE.**

- Employee's Withholding Allowance Certificate
  - Personnel Questionnaire (DSHS 03-003)
  - Affirmative Action Questionnaire (DSHS 03-335)
  - DSHS Retirement Status (DSHS 03-363)
    - Washington State Public Employee's Retirement System Member Handbook (Returning Members)
      - Enrollment form (DRS MS 102) with a photocopy of employee's Social Security card. **The Personnel Representative must sign this.**
      - PERS Plan 2 or Plan 3 Transfer Option Letter (DSHS 03-382) (Returning PERS 2 Members Only)
      - Beneficiary Designation (DRS MS 100)
    - OR
      - Washington State Public Employee's Retirement System Plan 2 or Plan 3 New Member Plan Choice Handbook (New to State Government)
        - Enrollment form (DRS MS 102) with a photocopy of employee's Social Security card. **The Personnel Representative must sign this.**
        - PERS Plan 2 or Plan 3 Choice Option Letter (DSHS 03-381)
        - Member Information form with a photocopy of employee's Social Security card. (DRS MS 133)
        - Beneficiary Designation (DRS MS 100)
  - Medical Enrollment/Change (P-400) and medical/dental information (if eligible)
    - Section 125 Waiver
  - Life Insurance Enrollment/Change (P-402) and life insurance information
  - Long-term Disability Enrollment/Change (P-404) and Long-term disability information
  - Long-term Care Insurance
  - Copy of new employee's Application for Employment (SF 573)
  - Record of current license/certification number and expiration date (if required for position)
  - Certification of Driver's License and Motor Vehicle Insurance form (if required for position)
  - Employment Eligibility Verification (DSHS 03-223 (I-9)). **The Personnel Representative must sign this.**
- If formerly in the military:**  Military Separation Document (DD-214) and DD256A only if DD214 does not indicate discharge type  
 Proof of retirement dollar amount (for seniority purposes)

- Appointment letter and information
- Completed Position Description form, DSHS 03-407, for position and/or WMS Management Position Description form, DSHS 03-378, for position with Essential Functions Identification form (DSHS 03-342)
- Confidentiality
- Employee Suggestion Program
- Equal Employment Opportunity policy statement
- Non-Discrimination Policy form (DSHS 22-171(X))
- Sexual Harassment - What Can We Do pamphlet (DSHS 22-699)
- Employee Advisory Service pamphlet
- Reporting Requirements - child abuse/neglect (RCW 26.44)
- Leave request (SF 6953), Procedures, and Forms for Holidays/Vacation/Sick Leave/Shared Leave/Military Leave
- DSHS Travel Manual and Travel Expense Voucher (A20-A)
- Parking/transportation requirements
- Mission statement(s) for:
  - Department of Social and Health Services (DSHS)     Institution     Division     Office
  - Other (specify):

- Proper use of state equipment
- Voice Mail, phone messaging, E-mail, Internet Policy
- Equipment repair procedures
- Supply procurement
- Computer/data security
- Where to find job bulletin announcements
- Building layout - location of:
 

<input type="checkbox"/> Workstation	<input type="checkbox"/> Elevators	<input type="checkbox"/> Lunchroom	<input type="checkbox"/> Fire/emergency exits
<input type="checkbox"/> Restrooms	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Mailroom	<input type="checkbox"/> Fire extinguishers/alarms
<input type="checkbox"/> Stairs	<input type="checkbox"/> Copy machine or copy center	<input type="checkbox"/> First aid stations	

**Safety and emergency preparedness:**

- Bomb threats/fire drills
- Report of Employee's Personal Incident, DSHS 03-133(X)
- Emergency information form
- Hazard Report, DSHS 03-151

SECTION 2: To be completed by employee. Information for completing this section can be found on-line at [REDACTED]

- The employee has:
- read the specific Administrative Policies (AP) 6.09 through Chapter 18 and has been shown where to find them on-line and/or in their office manuals; and
  - read the locally applicable policies.

Please visit the NEO Website at <http://hrd.dshs.wa.gov/OOED/On-linetraining/NEO/index.htm> to complete this section of the checklist. By checking the boxes below and signing this checklist, you are confirming you have read all information and the referenced links including all required policies.

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> How It Works</li> <li><input type="checkbox"/> Secretary's Welcome</li> <li><input type="checkbox"/> Introduction</li> <li><input type="checkbox"/> Mission Statement page of NEO Website</li> <li><input type="checkbox"/> State Civil Service overview page of NEO Website</li> <li><input type="checkbox"/> Benefits page of NEO Website                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Insurance</li> <li><input type="checkbox"/> Optional Benefits</li> <li><input type="checkbox"/> Deferred Compensation</li> <li><input type="checkbox"/> Dependent Care</li> <li><input type="checkbox"/> Employee advisory</li> <li><input type="checkbox"/> Travel</li> <li><input type="checkbox"/> Unemployment Compensation</li> <li><input type="checkbox"/> Outstanding Employee</li> </ul> </li> <li><input type="checkbox"/> Annual Leave page of NEO Website                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Annual Leave</li> </ul> </li> <li><input type="checkbox"/> Leave Options page of NEO Website                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Leave</li> <li><input type="checkbox"/> Family Medical Leave Act</li> </ul> </li> <li><input type="checkbox"/> Payroll Information page of NEO Website                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Pay Periods</li> <li><input type="checkbox"/> Direct deposit, Electronic Funds Transfer of Salary (SF 6952)</li> <li><input type="checkbox"/> Mandatory paycheck deductions</li> <li><input type="checkbox"/> Voluntary paycheck deductions</li> <li><input type="checkbox"/> Combined Fund Drive</li> <li><input type="checkbox"/> Salary Increases</li> <li><input type="checkbox"/> Union due/fees</li> </ul> </li> <li><input type="checkbox"/> Holidays page of NEO Website</li> <li><input type="checkbox"/> Roles and Responsibilities page of NEO Website                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Job classifications</li> <li><input type="checkbox"/> Appointment status</li> <li><input type="checkbox"/> Service status</li> <li><input type="checkbox"/> Classification Questionnaire</li> <li><input type="checkbox"/> Position description</li> </ul> </li> <li><input type="checkbox"/> General Personnel Information page of NEO Website                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Background checks</li> <li><input type="checkbox"/> Bargaining units</li> <li><input type="checkbox"/> Brainstorm</li> <li><input type="checkbox"/> Confidentiality</li> <li><input type="checkbox"/> Internal communications</li> <li><input type="checkbox"/> Union contract(s) provided</li> <li><input type="checkbox"/> Organizations</li> <li><input type="checkbox"/> Publications Catalog</li> <li><input type="checkbox"/> Records retention</li> <li><input type="checkbox"/> Resignations</li> <li><input type="checkbox"/> Safety</li> </ul> </li> <li><input type="checkbox"/> Training and Career Development pages of NEO Website                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Career development/training opportunities/registration processes</li> <li><input type="checkbox"/> Human Resource Development</li> <li><input type="checkbox"/> Training requirements:                                     <ul style="list-style-type: none"> <li><input type="checkbox"/> HIV/AIDS awareness</li> <li><input type="checkbox"/> Sexual harassment awareness</li> <li><input type="checkbox"/> Diversity</li> </ul> </li> <li><input type="checkbox"/> DSHS New Employee Orientation on: _____</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> HIPPA Privacy Training</li> <li><input type="checkbox"/> Laws, Rules, and Policies page of NEO Website                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Client Abuse (AP 8.02)</li> <li><input type="checkbox"/> Affirmative Action, Non-Discrimination/Equal Opportunity (AP 7.04 and 18.25)</li> <li><input type="checkbox"/> Alcoholism and Drug Dependency Recognition and Treatment (AP 18.75)</li> <li><input type="checkbox"/> Commercial Driver's License Drug and Alcohol Testing (AP 18.75)</li> <li><input type="checkbox"/> Computer/Data Security (AP 15.10)</li> <li><input type="checkbox"/> Code of Ethics – Standards of Ethical Conduct (AP 18.64)</li> <li><input type="checkbox"/> Corrective actions</li> <li><input type="checkbox"/> Disciplinary actions</li> <li><input type="checkbox"/> Discrimination complains</li> <li><input type="checkbox"/> Domestic Violence (AP 18.67)</li> <li><input type="checkbox"/> Email (AP 15.15)</li> <li><input type="checkbox"/> Employee-Client Relationships (AP 18.60)</li> <li><input type="checkbox"/> Employee Criminal Activity (AP 18.62)</li> <li><input type="checkbox"/> Employee Grievances procedure (AP 18.61)</li> <li><input type="checkbox"/> HIV/Acquired Immune Deficiency Syndrome (AIDS) (AP 6.09)</li> <li><input type="checkbox"/> Internet Policy (AP 15.15)</li> <li><input type="checkbox"/> Outside Employment (AP 18.18)</li> <li><input type="checkbox"/> Political Activities (AP 18.68)</li> <li><input type="checkbox"/> Reasonable Accommodations of Persons With Disability (AP 18.26)</li> <li><input type="checkbox"/> SCAN Usage (AP 14.06)</li> <li><input type="checkbox"/> Sexual Harassment and Inappropriate Behavior of a Sexual Nature (AP 18.66)</li> <li><input type="checkbox"/> Smoking in Departmental Facilities (AP 18.65)</li> <li><input type="checkbox"/> Voice Mail Standards (AP 14.18)</li> <li><input type="checkbox"/> Weapons (AP 18.76)</li> <li><input type="checkbox"/> "Whistleblower" Law</li> </ul> </li> <li><input type="checkbox"/> Performance Evaluations page of NEO Website                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Employee Performance Evaluation</li> <li><input type="checkbox"/> Division/Office/Local Policies                                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Check here if more are listed on a Checklist Addendum.</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Comp and Exchange Time page of NEO Website</li> </ul> |
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Employee must be registered for Phase II of DSHS New Employee Orientation before checklist is signed.  
(See HOW IT WORKS PAGE OF NEO WEBSITE.)

HRDS COORDINATOR'S NAME	TELEPHONE NUMBER
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I have read and/or received a copy of the information checked on this checklist and the checklist supplement(s), if any.	EMPLOYEE'S SIGNATURE	DATE
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I concur with the employee's statement above.	SUPERVISOR'S SIGNATURE	DATE
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The new employee named above was appointed on \_\_\_\_\_ and has received a copy of this checklist.

<input type="checkbox"/> Check here if there are additional pages.	PERSONNEL REPRESENTATIVE'S SIGNATURE	DATE
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