



NEW HIRE ORIENTATION CHECKLIST

Name of Employee: _____ Location: _____

Date of Hire: _____ Benefits Eligibility Date: _____ Second Orientation: _____

Employment Information (All Employees)

- Application Resume
- References (Telephone, Forms, Letters)
- Background Check/Live Scan
- Virtus Training Certificate
- Offer letter/Employment Agreement
- Job Description
- Wage Disclosure Notice (Non-Exempt Employees Only)
- Employment Eligibility Verification (Form I-9)
- W4 Form EDD State of California Withholding
- Emergency Information Sheet
- Identification Picture/Badge (if applicable)

Policies and Procedures (All Employees)

- Mission Statement | Philosophy
- HR Mission | Core Values | Pastoral Values
- Online Administrative Handbook Notice
- Unemployment/Disability Exemption Notice
- Dress Code/Personal Appearance Policy
- Acceptable Use and Responsibility Policy for Electronic Communications (AUP)
- Personal Communication Device Policy
- Conflict of Interest Policy
- Discrimination and Harassment Policy
- Fair Treatment / Complaint Investigation
- Rights of Victims Domestic Violence, Sexual Assault & Stalking
- Respecting the Boundaries brochure
- Working Together brochure

- Substance Abuse Non-Smoking Policy
- Code of Safe Practices
- Counseling & Discipline Policy
- Meal & Break Periods Policy

Payroll Information (All Employees)

- Pay Period Schedule Time Sheet
- Parishioners Federal Credit Union Brochure
- Direct Deposit Authorization Forms
- General Checking and/or saving(s) account(s)
- Parishioners federal Credit Union account(s)
- Earned Income Tax Credit Outreach Campaign

Worker's Compensation

- Worker's Compensation Brochure
- Pre-Designation of Personal Physician
- Pre-Designation of Chiropractor and/or Acupuncturist

Employee Discount Program:

- Gym Promotion Transit Subsidy Great Work Perks
- Hotel Engine

Schools Only:

- Proof of Freedom from TB
- Child Abuse Acknowledgement Form
- Official copy of Transcripts
- School Work Calendar Work schedule
- Copy of original Credential or CBEST (if no credential)
- Catechist Certification Adults interacting with minor's
- CPR Faculty Handbook

NOTE: The Archdiocese of Los Angeles is exempt from and does not participate in State and Federal Unemployment Insurance and State Disability Insurance programs.

Benefits and Insurance Information *

(Eligibility based on the number of hours worked per week)

- ACC Lay Employee Benefits Summary Sheet
 - Archdiocese of Los Angeles Benefits Guide
- * Employees working less than 20 hours per week are not eligible for benefits other than those required by law.

Health Care Plans (30 hours per week or more):

- Anthem Blue Cross PPO Anthem Blue Cross EPO
- Kaiser Permanente EPO Benefit Premiums Sheet
- Section 125 Cafeteria Plan Continuation Coverage
- Employee Assistance Program (United Optum)
- Benefits Enrollment/Change Form

Voluntary Insurance Plans (20 hours per week or more):

- Hartford Group Life Insurance Form (ADLA Provided)
- Voluntary Life/AD&D Insurance
- Cost Calculation(s) – Voluntary Life/AD&D Insurance (pg.8)
- Voluntary Disability Insurance
- Cost Calculation(s) – Voluntary Disability Insurance (pgs.9-10)
- The Hartford Disability Flyer
- The Hartford Disability Waiver Form

Employee Retirement (20 hours per week or more)

- Pension Plan Booklet Beneficiary Designation Form
- Tax Deferred Annuity Program

FINGERPRINTING, NEW HIRE ORIENTATION, & BENEFITS ENROLLMENT ACKNOWLEDGMENT

I have received the fingerprinting schedule(s) and understand that I am required to be fingerprinted before my start date. I understand that failure to get fingerprinted before my start date will result in a delay of my start date. _____ Employee Initials

I acknowledge that all of the items on this checklist, applicable to my position, were reviewed with me. I understand that I must either elect or waive enrollment in the above insurance plan(s) by completing the Benefits Enrollment/Change Form within 31 days of my hire date. I understand that if I do not choose any of the above insurance benefits within 31 days of my hire date, I will be unable to elect benefits for the remainder of the plan year, unless I provide satisfactory evidence of insurability at my own expense and/or proof of a qualifying life event. The insurance company will then determine whether or not I will be covered by the group benefits.

Employee Signature: _____ Date: _____