NEW EMPLOYEE ENTRY CHECKLIST

Employee Information	
Name: _____	Position: _____
Banner ID: _____	Department: _____
Hire Date: _____	Division: _____
Start Date: _____	Supervisor: _____

New Employee   Transfer Employee

All Employees

Complete and sign the Property Assignment Form and file in department personnel file (university property may include computers, laptops, cell phones, iPads, tools, emergency kits, etc.)		
Review general administrative procedures:	• Keys and building access cards • Office/workstation and telephones • Conference rooms • Mail (incoming and outgoing) • Shipping (FedEx, DHL, and UPS)	• Office supplies • Business cards • Purchase requests • Travel processes • Expense reports
Give a tour of the facility, including:	• Restrooms • Mail rooms • Printers • Fax machines • Office supplies	• Bulletin boards • Kitchen/cafeteria • Coffee/vending machines • Parking lots/zones • Emergency exits and supplies
Give introductions to department staff and key personnel during the tour		
Schedule or confirm attendance at appropriate orientation (new employees only)		
Review hardware and software, including:	• E-mail • Internet • Intranet	• Databases • Microsoft Office System • Data on shared drives
Review job schedule and hours Review initial job assignments and any pertinent training plans Review payroll timing and any relevant emergency departmental policies and procedures		
Advise employee of mandatory designation regarding the Adverse Weather Policy: Mandatory Non-Mandatory		

SHRA, CSS, & DMSS Employees Only

Review Job Description, Core Work Values, and Employee Expectations in PeopleAdmin
Advise employee to complete Stay Interview Questionnaire (link sent after 90 days of employment)

EHRA (Faculty, Non-Faculty, Instructional or Research, and SAAO) Employees Only

Meet with Chair and/or Supervisor to discuss responsibilities
Review position responsibilities and performance expectations/standards

This completed form should be maintained in the employee's departmental personnel file.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____