



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™

# NEW EMPLOYEE CHECKLIST – PERMIAN BASIN

(AUGUST 2011)

**INSTRUCTIONS:** *This checklist is designed to assist supervisors with the orientation of benefits-eligible staff employees but can also be used to orient faculty, residents and student assistants. Requirements identified with an asterisk (\*) apply for ALL new TTUHSC employees. Items containing the following initials \_\_\_\_\_ were completed during NEO.*

EMPLOYEE'S NAME: \_\_\_\_\_ SSN #: \_\_\_\_\_  
 DEPT/LOCATION: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 HIRE DATE: \_\_\_\_\_ WORK ADDRESS: \_\_\_\_\_  
 SUPERVISOR'S NAME: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_  
 PERSONAL PHONE #: \_\_\_\_\_ R #: \_\_\_\_\_

**PRIOR to 1<sup>ST</sup> DAY of Employment:**

**Prepare for Employee's Arrival:**

- \_\_\_\_\_ Schedule employee to attend New Employee Orientation (NEO) beginning 1<sup>st</sup> day of employment (*visit [www.ttuhsc.edu/hr/training/](http://www.ttuhsc.edu/hr/training/) for schedules*). If unable to attend NEO on first day of employment, schedule employee to attend next available NEO (*have employee bring this checklist*).
- \_\_\_\_\_ Provide employee with reporting instructions (NEO date/location/start time) and to bring **\*required employment documentation** (see p. 3 of I-9 form located at <http://www.ttuhsc.edu/hr/Employment/I9.pdf> for a list of acceptable documents)
- \_\_\_\_\_ Prepare employees work area (furniture, equipment, supplies, etc.)
- \_\_\_\_\_ Other departmental requirements (list):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Beginning the 1<sup>ST</sup> DAY of Employment (or following completion of NEO):**

**Departmental Orientation with Supervisor:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>_____ Mission of TTUHSC/Center/Department</li> <li>_____ Reporting structure</li> <li>_____ Copy of PD for review</li> <li>_____ Job title, rate of pay and basic duties</li> <li>_____ Hours of work, meal/break periods</li> <li>_____ Vacation, sick leave, overtime</li> <li>_____ Attendance</li> <li>_____ Dress code</li> <li>_____ Time sheets/leave reporting/WTE</li> <li>_____ Parking locations/requirements</li> </ul> | <ul style="list-style-type: none"> <li>_____ Keys, ID &amp; departmental security procedures</li> <li>_____ Computer usage/guidelines/access/passwords</li> <li>_____ Telephone procedures/training</li> <li>_____ Tools, supplies &amp; other work equipment (copier, fax, cell phone, pager)</li> <li>_____ Special accommodations (if needed)</li> <li>_____ Workplace safety:               <ul style="list-style-type: none"> <li>- Reporting of on the job injury</li> <li>- Emergency telephone numbers</li> <li>- Location of fire exits, fire extinguishers</li> </ul> </li> <li>_____ Drug/Smoke Free Workplace (OP's <a href="#">70.39/10.19</a>)</li> </ul> |
|--|---|
- \_\_\_\_\_ **\*Confidentiality**
- Review TTUHSC OP's [52.09](#) Confidentiality Statements.
  - Discuss information and expectations pertaining to HIPAA, FERPA and GLBA (as appropriate) and have employee sign applicable confidentiality forms. Maintain forms per departmental procedures.
- \_\_\_\_\_ Provide a tour of department/work area
- \_\_\_\_\_ If possible, assign a co-worker to assist with transition during the next few weeks
- \_\_\_\_\_ Other information covered (list): \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_

SSN OR TTU ID# \_\_\_\_\_

**Within the First 3-DAYS of Employment** (if not completed during NEO):

**Employment Processing:**

\_\_\_\_\_ **\*Visit Human Resources (HR) to complete all required employment paperwork** to include I-9 Documentation (required by federal law) and other employment/benefits processing. *IMPORTANT: Failure to do so may result in employee missing important insurance eligibility and payroll deadlines.*

**Within the First 10-DAYS of Employment** (if not completed during NEO):

\_\_\_\_\_ **\*Complete Level 1, Level 2 and job specific Safety Training:** <http://www.ttuhsu.edu/Admin/safety/training.aspx>

\_\_\_\_\_ **\*Complete applicable WTE/WLR tutorial(s):** <http://www.ttuhsu.edu/hr/connectech/>

\_\_\_\_\_ **Request eRaider account:** <https://eraider.ttuhsu.edu/signin.asp>

\_\_\_\_\_ **Request other computer system access/user IDs as needed.** Note: Direct requests for Banner Student Access, (student records) Contact David Carter, TTUHSC Registrar, [david.carter@ttuhsc.edu](mailto:david.carter@ttuhsc.edu) or 806-743-2300.

**Within the First 30-DAYS of Employment:**

**Conduct Feedback Session** (TTUHSC OP 70.12 - Performance Management):

\_\_\_\_\_ Review and discuss PD (edit/update the PD if necessary)

\_\_\_\_\_ Signatures (both supervisor and employee sign)

\_\_\_\_\_ Copy of PD given to new employee; Copy of PD filed in employee's performance file. Note: Supervisor should then continue with the Performance Management process outlined in TTUHSC OP [70.12](#).

**Complete Other Required Training** (if not completed during NEO):

\_\_\_\_\_ **\*EEO/Sexual Harassment Prevention Training** at:  
<https://legacy.ttuhsu.edu/hr/training/EEOTraining/default.asp>

\_\_\_\_\_ **\*\*Institutional Compliance Orientation** at:  
<http://www.ttuhsu.edu/it/acme/default.aspx?CourseKey=1c668ad6-33a2-4b98-8221-751877665c92>  
Contact Leslie Miles, 806-743-1288 or [leslie.miles@ttuhsc.edu](mailto:leslie.miles@ttuhsc.edu).

\_\_\_\_\_ **\*Privacy & Security Training (HIPAA)** at:  
<http://www.ttuhsu.edu/it/acme/default.aspx?CourseKey=8385d7ab-07a7-4b8d-b8fc-f8af732a621d>  
Contact Leslie Miles, 806-743-1288 or [leslie.miles@ttuhsc.edu](mailto:leslie.miles@ttuhsc.edu)  
or Kristen Levario, 432-335-5263 or [kristen.levario@ttuhsc.edu](mailto:kristen.levario@ttuhsc.edu)

\_\_\_\_\_ **Billing Compliance**  
Contact Melissa McCall, 432-335-5318 or [melissa.mccall@ttuhsc.edu](mailto:melissa.mccall@ttuhsc.edu) This is for Providers who bill for patient care.

\_\_\_\_\_ **Workplace Violence (Recommended for all Employees)** at: <http://www.ttuhsu.edu/Admin/safety/training.htm>

\_\_\_\_\_ **SERVICEplus Training** (Should be scheduled within 30-days/ completed within 90 days - \*Required for staff only):  
Register online at [www.ttuhsu.edu/hr/training/](http://www.ttuhsu.edu/hr/training/) or call Training and Staff Development

\_\_\_\_\_ **Job/Department Specific Training** (list): \_\_\_\_\_

\_\_\_\_\_ **Employee Health** Contact: *Suzi Propp, Nursing Services, 335-1675*

**Other:**

\_\_\_\_\_ Ensure that employee has completed and turned in all required employment paperwork to Human Resources.

\_\_\_\_\_ Additional Notes: \_\_\_\_\_

**ACKNOWLEDGEMENT:** *By signing below, I acknowledge that all items contained in this checklist were completed unless otherwise noted.*

Employee's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Once completed, forward a copy of this checklist to Steven Gates,  
Training and Staff Development – Permian Basin for placement in the employee's personnel file.  
The original is to be placed in the employee's performance file maintained by the supervisor.**

*If you have questions or comments, please contact your local Human Resources or Training and Staff Development Office.*