

## NEW EMPLOYEE CHECKLIST – ABILENE

**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 OR TT ID#: \_\_\_\_\_  
 DEPT/LOCATION: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 HIRE DATE: \_\_\_\_\_ WORK ADDRESS: \_\_\_\_\_  
 SUPERVISOR'S NAME: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

### PRIOR to 1st DAY of Employment:

#### Prepare for Employee's Arrival:

- \_\_\_\_ Schedule employee to attend New Employee Orientation (NEO) beginning 1<sup>st</sup> day of employment with the HR Abilene office. 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.uscis.gov/sites/default/files/files/form/i-9.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:

- |  |   |
|--|---|
| ____ Mission of TTUHSC/Center/Department   | ____ Keys, ID & departmental security procedures                                |
| ____ Reporting structure   | ____ Computer usage/guidelines/access/passwords                                 |
| ____ Copy of PD for review   | ____ Telephone procedures/training  |
| ____ Job title, rate of pay and basic duties   | ____ Tools, supplies & other work equipment<br>(copier, fax, cell phone, pager) |
| ____ Hours of work, meal/break periods   | ____ Special accommodations (if needed)   |
| ____ Vacation, sick leave, overtime  | ____ Workplace safety:  |
| ____ Attendance  | - Reporting of on the job injury  |
| ____ Dress code  | - Emergency telephone numbers   |
| ____ Time sheets/leave reporting/WTE   | - Location of fire exits, fire extinguishers                                    |
| ____ Parking locations/requirements  |   |
| ____ Drug/Smoke Free Workplace (OP's <a href="#">70.39/10.19</a> )                       |   |
| ____ 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 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.ttuhs.edu/Admin/safety/training.aspx>  
\_\_\_\_\_ **\*Complete applicable WTE/WLR tutorial(s):** <http://www.ttuhs.edu/hr/HRsystemTools/>  
\_\_\_\_\_ **Request eRaider account:** <https://eraider.ttuhs.edu/signin.asp>  
\_\_\_\_\_ **Request other computer system access/user IDs as needed.** Note: Direct requests for Banner Student Access, (student records) Contact TTUHSC Registrar at 806-743-2300.

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

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

\_\_\_\_\_ Review and discuss Position Description (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.  
<http://www.ttuhs.edu/hsc/op/op70/op7012.pdf>

Complete Other Required Training (if not completed during NEO): Go to the Employee Tab on Web Portal at <https://webraider.ttuhs.edu> to access required courses. Log in using your eRaider name and password.

\_\_\_\_\_ **\* Equal Employment Opportunity, Prevention of Sexual Harassment and Title IX Mandatory Training**  
Questions? Contact Human Resources at 325-696-0458  
\_\_\_\_\_ **\*FERPA Training** Questions? Contact Tamara.Krauser@ttuhs.edu  
\_\_\_\_\_ **\*Institutional Compliance Orientation** Questions? Contact Compliance at 806-743-3949  
\_\_\_\_\_ **\*Privacy & Security Training (HIPAA)** Questions? Contact Compliance at 806-743-3949  
\_\_\_\_\_ **\*Security Mentor Training** Questions? Contact Information Technology at 806-743-1234  
\_\_\_\_\_ **\*Conflict of Interest and Commitment Training & Disclosure** Questions? Contact Compliance at 806-743-3949  
\_\_\_\_\_ **Billing Compliance** (This is for Providers who bill for patient care.) Contact Corlis Norman at 806-743-1634 or email Corlis.Norman@ttuhs.edu  
\_\_\_\_\_ **Workplace Violence** (Recommended for all Employees) at <http://www.depts.ttu.edu/ttpd/shotsfired.php>  
\_\_\_\_\_ **OP 76.08 Violence and Workplace Threats** <http://www.ttuhs.edu/hsc/op/op76/op7608.pdf>  
\_\_\_\_\_ **Important Community Resource Numbers**  
\_\_\_\_\_ **\*Staff Performance Management Training** (required for all staff members) Register online at <http://www.ttuhs.edu/hr/WED>  
\_\_\_\_\_ **\*An Extra Degree of Service Training** (Required for staff employees) *Note: Should be scheduled within 30-days and completed within 90 Days.* Register online at <http://www.ttuhs.edu/hr/Wed/>  
\_\_\_\_\_ **Job/Department Specific Training** (list): \_\_\_\_\_

**ACKNOWLEDGEMENT: 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 \_\_\_\_\_

**Forward completed copy of this checklist to Joy Alsbroom, Human Resources, for placement in the employee's personnel file. The original is to be placed in the employee's performance file maintained by the supervisor. Questions? Call 325-696-0458**