



# NEW EMPLOYEE CHECKLIST – PERMIAN BASIN

(May 2016)

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

**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 ( Go to <http://www.ttuhscc.edu/hr/Wed> for Permian Basin 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.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      |
| _____ Hours of work, meal/break periods   | (copier, fax, cell phone, pager)                  |
| _____ Vacation, sick leave, overtime  | _____ Special accommodations (if needed)          |
| _____ Attendance  | _____ Workplace safety:                           |
| _____ Dress code  | - Reporting of on the job injury                  |
| _____ Time sheets/leave reporting/WTE   | - Emergency telephone numbers                     |
| _____ Parking locations/requirements  | - Location of fire exits, fire extinguishers      |
| _____ 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 / Benefit 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 Web Time Entry (WTE) Web Leave Reporting (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 Workforce Education at 432-703-5434

\_\_\_\_\_\***FERPA Training** Questions? Contact [Tamara.Krauser@ttuhsc.edu](mailto:Tamara.Krauser@ttuhsc.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 [Corlis.Norman@ttuhsc.edu](mailto:Corlis.Norman@ttuhsc.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) Questions? Contact Workforce Education at 432-703-5434

\_\_\_\_\_\***An Extra Degree of Service Training** (Required for staff employees) Note: Should be scheduled within 30-days/ completed within 90 Days. Register online at <http://www.ttuhs.edu/hr/Wed> or call Workforce Education & Development at 432-703-5434

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

\_\_\_\_\_**Employee Health** Contact: Veronica Contreras, Nursing Services at 432-703-5433

**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 Mark Roossinck, Workforce Education & Development, 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 432-703-5434**