



On-Boarding Checklist

Name: Enter name of worker here

Start Date: Date

Manager: Manager
Title/Position: Job Title

Employment Type: Choose...
If temp., exp. duration: #months or end date

Check if N/A	Date Completed	Completed by	Task
<input type="checkbox"/>	Date	Name	Worker completed application / resume
<input type="checkbox"/>	Date	Name	Background check completed: Results
<input type="checkbox"/>	Date	Name	Drug screen completed: Results
<input type="checkbox"/>	Date	Name	Phone interview completed: List all present during interview
<input type="checkbox"/>	Date	Name	Worker's references checked: Results
<input type="checkbox"/>	Date	Name	In-person interview completed: List all present during interview
<input type="checkbox"/>	Date	Name	Notify agency of intent to hire (for temp/contract workers): Agency name, person spoke with, comment
<input type="checkbox"/>	Date	Name	Employment offer extended/received
<input type="checkbox"/>	Date	Name	Determine start date / schedule on-boarding training (update actual start date above)
<input type="checkbox"/>	Date	Name	Remind worker about documents needed on first day

EQUIPMENT REQUESTS & ASSIGNMENTS: *complete Equipment & Access Form*

FIRST DAY ACTIVITIES:

Check if N/A	Date Completed	Completed by	Task
<input type="checkbox"/>	Date	Name	Verification/completion of I-9 performed
<input type="checkbox"/>	Date	Name	W-4 / W-9 completed
<input type="checkbox"/>	Date	Name	CDL verified
<input type="checkbox"/>	Date	Name	On-boarding HR training completed
<input type="checkbox"/>	Date	Name	HIPAA training completed: Score(s) on quiz
<input type="checkbox"/>	Date	Name	Signed Security Agreement (or BAA) received (file in personnel file)
<input type="checkbox"/>	Date	Name	Payroll information reviewed with worker
<input type="checkbox"/>	Date	Name	Insurance & benefits reviewed with worker
<input type="checkbox"/>	Date	Name	Verification of worker's contact information

SUBSEQUENT ACTIVITIES:

Check if N/A	Date Completed	Completed by	Task
<input type="checkbox"/>	Date	Name	Payroll automation (direct deposit) form received (completed)
<input type="checkbox"/>	Date	Name	Setup user in time-keeping system (Nova)
<input type="checkbox"/>	Date	Name	Setup user in phone lists
<input type="checkbox"/>	Date	Done by	Notify insurance carrier to start coverage
<input type="checkbox"/>	Date	Done by	Notify 401K and ST/LT benefits providers to start coverage

Print, sign and file completed checklist in personnel file

HR Manager (signature)

Date

Supervisor (signature)

Date