

NEW EMPLOYEE ORIENTATION CHECKLIST

Employee Name _____

COMPLETED BY HUMAN RESOURCES (or designated representative):

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|---|--|
| <input type="checkbox"/> Introductions | <input type="checkbox"/> New Employee Paperwork |
| <input type="checkbox"/> Employee Handbook | <input type="checkbox"/> Tutorial of Intranet |
| <input type="checkbox"/> MoDOT Mission | <input type="checkbox"/> MoDOT Values |
| <input type="checkbox"/> MoDOT Tangible Results | <input type="checkbox"/> Conflict of Interest Policy |
| <input type="checkbox"/> Sexual Harassment “ <i>Sexual Harassment Has No Place in the Workplace</i> ” | <input type="checkbox"/> Workplace Safety |
| <input type="checkbox"/> EEO/Diversity Training | <input type="checkbox"/> Ethics |
| <input type="checkbox"/> Preferred Employee Qualities Handout | <input type="checkbox"/> Safety Philosophy |
| <input type="checkbox"/> Job Opportunity Announcements & How to Apply | <input type="checkbox"/> Start Right Stay Right (booklet) |
| <input type="checkbox"/> Leave Usage (sick, annual, comp. & holidays) | <input type="checkbox"/> Safety Policies, Rules & Regulations Handbook |
| <input type="checkbox"/> TRACKER Information | <input type="checkbox"/> Drug & Alcohol Training |
| <input type="checkbox"/> Insurance Enrollment Forms | <input type="checkbox"/> Certificate of Receipt |
| <input type="checkbox"/> Deferred Compensation Information | <input type="checkbox"/> HB600 |
| <input type="checkbox"/> Employee Advisory Council Information | <input type="checkbox"/> CDL Policy |
| <input type="checkbox"/> Vehicle Usage/Liability | <input type="checkbox"/> Union Information |
| | <input type="checkbox"/> Employee Assistance Program Information |
| | <input type="checkbox"/> Employee Association Information |
| | <input type="checkbox"/> Performance Development Overview |

HR Representative Signature/Date

Employee Signature/Date

COMPLETED BY SUPERVISOR:

- | | |
|--|--|
| <input type="checkbox"/> Tour of Facilities | <input type="checkbox"/> Work Schedule/Hours of Work |
| <input type="checkbox"/> Discuss Work Expectations | <input type="checkbox"/> On The Job Training Plan |
| <input type="checkbox"/> Assign equipment/supplies | <input type="checkbox"/> Parking |
| <input type="checkbox"/> District/Division Organizational Charts | <input type="checkbox"/> MoDOT Manuals (as applicable to the position) |
| <input type="checkbox"/> Time Reporting | <input type="checkbox"/> Leave Usage |

Supervisor Signature/Date

Employee Signature/Date

** Once completed, please forward to your local HR office to be filed in the employee's personnel file.*