NEW HIRE CHECKLIST

EMPLOYEE NAME	DATE OF HIRE
Hiring Manager:	
Please review the New Hire Kit with your employee. As	s you review the packet with them, please check off that they
have received all the forms listed in the Forms Distribu	ted column. Please be sure to collect all the forms in the Forms
Collected column and send to Human Resources.	
Please note that you must collect the completed I-S	9 within 72 hours of date of hire or face up to a \$10,000
penalty.	
FORMS COLLECTED (FOR COMPANY)	FORMS DISTRIBUTED (FOR EMPLOYEE)
Offer Letter (NH109) if prepared	Disability Insurance Pamphlet (DE2515)
Application of Employment (NH101 or NH102)	Paid Family Leave (DE2511)
W-4	Sexual Harassment Information Sheet (DFEH185)
I-9 and Supporting Documents	Unlawful Harassment Policy (NH120P)
Notice of Pay Details (NH108) for Non Exempt	Confidentiality Agreement/NDA (NH140)
Employee Declaration (NH506-511)	Code of Safe Practices (NH131)
Employee Handbook Receipt (NH106)	Employee Handbook
Emergency Contact Information (NH104):	Request for Time-Off (L102)
Unlawful Harassment Policy Signoff (NH120)	Summary of Benefits Coverage, If benefits offered
Safety Program Acknowledgement (NH503)	Initial COBRA Notification (C101) If benefits offered
Confidentiality Agreement/NDA signoff (NH140)	Pre-designation Form (NH132) If benefits offered
Mutual Arbitration Agreement (NH501)	Time of Hire Pamphlet
Job Description	CA-Covered Employee Pamphlet
Meal and Rest Period Waiver Front Desk (NH502)	ADP Direct Deposit Form
Bloodborne Pathogen Hepatitis B Vaccination Acknowledgement (NH504)	Health Insurance Marketplace Coverage (OMB No. 1210- 0149)
Property Return Agreement (NH141)	DWC 7 Notice to Employees-Injuries Caused By Work
HR Orientation (NH107)	MPN Implementation Notice
Other:	Other:
PRINT NAME (MANAGER)	PRINT NAME (EMPLOYEE)
MANAGER SIGNATURE	EMPLOYEE SIGNATURE

DATE

DATE