

# Enki Health & Research Systems, Inc.

## REGULAR EMPLOYEE

### NEW HIRE PACKAGE CHECKLIST – PART B

(return this form to Corporate)

LOCATION \_\_\_\_\_  
(Facility)

Name: \_\_\_\_\_ Employee # \_\_\_\_\_

The following are not forms that must be sent to the Corporate Office. Please check off that employee has received them, has had any necessary instructions/explanations and have employee sign for receipt. **This completed form must be sent to Corporate.**

- \_\_\_\_\_ Employee Orientation Manual
- \_\_\_\_\_ Disability Insurance Pamphlet - DE 2515
- \_\_\_\_\_ Paid Family Leave Insurance Program Pamphlet – DE 2511
- \_\_\_\_\_ Enterprise eTIME Instructions (time sheets)
- \_\_\_\_\_ Time Off Request Instructions through Enterprise eTIME
- \_\_\_\_\_ Request for Leave of Absence Instructions through Enterprise eTIME
- \_\_\_\_\_ Welcome to Employee Access (Self Service Website) Instructions
- \_\_\_\_\_ Employee Benefits brochure
- \_\_\_\_\_ Insurance Enrollment Instructions through Self Service Website
- \_\_\_\_\_ Company Benefits Description Sheets – Per 093
- \_\_\_\_\_ Information regarding Credit Union
- \_\_\_\_\_ Wells Fargo Membership Banking Information
- \_\_\_\_\_ Instructions for Direct Deposit and Full Service Direct Deposit Enrollment Form  
– Per 099
- \_\_\_\_\_ IS/CMS Program Information/Manuals
- \_\_\_\_\_ General Office Safety Rules – Per 095
- \_\_\_\_\_ Information Regarding Facility Hazard Report Form and General Information  
Regarding Safety Program including location of manuals. – Per 096
- \_\_\_\_\_ Injury and Illness Program Discipline Policies – Per 097
- \_\_\_\_\_ Information sheet regarding Unlawful Harassment – Per 067

**REGULAR EMPLOYEE – NEW HIRE PACKAGE CHECKLIST – PART B (continued)**

- \_\_\_\_\_ Information sheet regarding Sexual Harassment Complaint Procedure –Per 069
- \_\_\_\_\_ UNUM Supplemental Insurance Brochure
- \_\_\_\_\_ ADP Flexible Spending Accounts pamphlets
- \_\_\_\_\_ Pre-Paid Legal Plan and Identity Theft Shield Brochures and Enrollment form
- \_\_\_\_\_ The Facts About Sexual Harassment Pamphlet DFEH-185
- \_\_\_\_\_ Picture taken for I.D.
- \_\_\_\_\_ Pre-Designation of Personal Physician – Per. 128
- \_\_\_\_\_ MPN Implementation Notice – Per. 131
- \_\_\_\_\_ Facts about Workers’ Compensation Pamphlet

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee (Print Name)

\_\_\_\_\_  
Date

I have received the above checked items.

\_\_\_\_\_  
Employee’s Signature