

New Employee Orientation

CONTENTS / CHECKLIST

Form # 1.1000

Employee Name: _____

Date of Hire: _____

Job Title: _____

Unit / Office Location: _____

Agency Information / Welcome

- 1.1001 _____ Cover Page With Administrative Label
- 1.1002 _____ Agency Mission Statement, Vision and Values
- 1.1003 _____ Agency Overview - The Department in Brief
- 1.1004 _____ Welcome Letter From Director of Human Resources

State Employment Forms

- 2.1000 _____ CO-931 Designation of Retirement System Form
- 2.1001 _____ I-9 Employment Eligibility Verification Form
- 2.1002 _____ CO-1300 Enrollment Form for Retiree Health Fund
- 2.1003 _____ CT-W4 Connecticut State Tax Withholding Certificate
- 2.1004 _____ W-4 Employee's Federal Withholding Certificate
- 2.1005 _____ Notice of Change - Emergency Contact Information
- 2.2000 _____ Retirement Credit Purchasing Forms Link
<http://www.osc.ct.gov/agencies/forms/retire/index.html#Purchasing>
- 2.2001 _____ CO-1040 Direct Deposit Authorization
- 2.2002 _____ CO-9911 Retirement Credit Purchase Request
- 2.2003 _____ ePay Introduction letter
- 2.2004 _____ Core-CT Login Epay Instructions

Employee Benefits

- 3.1000 _____ Health Care Options Planner
 - 3.1001 _____ Personal HEP Checklist (Health Enhancement Plan)
 - 3.1002 _____ Personal Chronic Condition Checklist (Health Enhancement Plan)
 - 3.1003 _____ Supplemental Benefits
 - 3.1004 _____ Progressive Benefit Solutions - Dependent Care Program
 - 3.1005 _____ Connecticut State Employees Credit Union - Welcome page
 - 3.1006 _____ CSECU - Directory / Locations
 - 3.1007 _____ ING Deferred compensation
 - 3.1008 _____ Progressive Benefit Solutions - Medical Flexible Spending Account - MEDFLEX
 - 3.1009 _____ Progressive Benefit Solutions - Qualified Transportation Account Program
 - 3.1010 _____ CHET - Connecticut Higher Education Trust
 - 3.1011 _____ Employee Assistance Program Brochure - Page 1
 - 3.1012 _____ Employee Assistance Program Brochure - Page 2
- BENEFITS FORMS**
- 3.2000 _____ CO-1314 Health Enhancement Program Enrollment Form

- 3.2001 _____ CO-1315 ER-COPAY Waiver
- 3.2002 _____ CO-1318 Guardianship Verification
- 3.2003 _____ CO-1319 Change in Marital Status

Policies and Helpful Information

- 4.1000 _____ Tier III - State Employees Retirement Plan Booklet
- 4.2000 _____ Acceptable Use of State Systems Policy
- 4.2002 _____ Employee Responsibilities
- 4.2003 _____ State Email Policy update
- 4.2004 _____ Drug Free Workplace Policy
- 4.2005 _____ Political Activities Under Federal & State Law
- 4.2006 _____ Guidelines for Employee Attendance and Tardiness
- 4.2007 _____ Frequently use Time & Attendance Codes
- 4.2008 _____ Time Off Request Form-W643A
- 4.3000 _____ Proper Work Attire
- 4.3001 _____ Worker Health and Safety
- 4.3002 _____ Staph Infection
- 4.3003 _____ Selling in the Workplace
- 4.3004 _____ Chemical Sensitivity Policy
- 4.3005 _____ Smoke Free Workplace
- 4.3006 _____ Smoking In State Vehicles Policy
- 4.3007 _____ Code of Ethics
- 4.3008 _____ Guide to the Code of Ethics for State Employees
- 4.3009 _____ Nursing Mother's Room Policy
- 4.4000 _____ 2013 Holidays Calendar
- 5.0001 _____ Violence In The Workplace Prevention Policy-1999 Executive Order 16
- 5.0002 _____ Workplace Violence Procedures
- 5.0003 _____ The Full Guide - Workplace Violence Procedures
- 5.0004 _____ Life Safety Workplace Accommodation
- 6.0000 _____ Workers Compensation Program
- 6.0001 _____ CT-HR-12 Application for Examination or Employment

Directories

- 10.2000 _____ DSS Offices
- _____ **Telephone / Fax / E-mail directories**
- 10.2001 _____ DSS webpage phone book
- 10.2002 _____ Outlook address book
- 10.2003 _____ HR directory

I understand that as a State of Connecticut employee with the Department of Social Services, It is my responsibility to familiarize myself with and abide by all State and Federal Laws, Employment Policies and State Personnel Regulations. I affirm with my signature below that I have received and / or been advised of the information noted above and will uphold my responsibility as a State of CT and DSS employee.

Employee Signature: _____

Date: _____