

Department of Rehabilitation (DORS) – Human Resources
New Employee Orientation Checklist

Name (please print): _____

Please initial in space provided when each section is completed, **(NO CHECK MARKS)**

- _____ ANTI-HARASSMENT POLICY
- _____ POLICY ON LIFE-THREATENING AND COMMUNICABLE DISEASES
- _____ FAMILY AND MEDICAL LEAVE POLICY
- _____ WORKERS COMPENSATION
- _____ EMPLOYEE ASSISTANCE PROGRAM
- _____ FAMILY VIOLENCE LEAVE POLICY
- _____ TELECOMMUNICATIONS EQUIPMENT POLICY
- _____ STATE OF CONNECTICUT CREDIT CARD USE POLICY
- _____ POLICY FOR MOTOR VEHICLES USED FOR STATE BUSINESS
- _____ MANDATORY TRAINING FOR NEW EMPLOYEES (per State statute within 6 months of hire)
- _____ WORKPLACE VIOLENCE PREVENTION,
SEXUAL HARASSMENT PREVENTION
DIVERSITY
- _____ COLLECTIVE BARGAINING
- _____ BARGAINING UNITS
- _____ WORKING TEST PERIOD
- _____ PERFORMANCE APPRAISALS
- _____ HOURS OF WORK
- _____ SICK LEAVE:
- _____ DONATION OF TIME FOR CLASSIFIED EMPLOYEES
- _____ SICK LEAVE BANK
- _____ MANAGERIAL SICK LEAVE BANK
- _____ JURY DUTY
- _____ MILITARY LEAVE

- _____ VACATION LEAVE

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PERSONAL LEAVE

HOLIDAYS:

ANNUAL INCREASES

SALARY/PAYDAY

AUTOMATIC DEDUCTIONS

TIMESHEETS CORE CT

HEALTH INSURANCE AND BASIC GROUP TERM LIFE INSURANCE BENEFITS

- Eligible Dependents
- Open Enrollment Period
- Start of Health Insurance Coverage

HEALTH ENHANCEMENT PROGRAM (HEP)

PLEASE NOTE: If you do not enroll in the Health Enhancement Program, your premiums will be \$100 per month higher and you will have an annual \$350 per individual (\$1400 per family) in-network medical deductible.

SUPPLEMENTAL TERM LIFE INSURANCE

RETIREMENT

SUPPLEMENTAL BENEFITS FOR EMPLOYEES

TUITION

HUMAN RESOURCES INFORMATION MATERIAL

- Employee Records
- Change in personal status
- Breaks and Lunch
- Career Opportunities and Promotions
- Professionalism
- Appropriate Work Attire
- Off Duty Conduct
- Reporting an arrest or conviction
- ID Badge and ADT Card
- Mandated Reporting
- In Service Training

Print Name Clearly: _____

Date: _____

Sign Name: _____

Date: _____