

DEPARTMENT OF CORRECTION
NEW EMPLOYEE CHECKLIST SIGN-OFF

Employee Name: _____
(Print Name)

Social Security Number: _____ Date of Hire: _____

Job Classification: _____

TO BE COMPLETED AT 1ST DAY OF ORIENTATION

1. _____ Briefly explain Connecticut State Employee's Retirement System and supply appropriate retirement plan description.
2. _____ Explain pay day and paycheck provisions, optional deductions program (e.g., group life insurance, availability of credit union, direct deposit, deferred compensation, car insurance, DECAP, Union Dues/Agency Services Fees, provision for paid holidays, etc.)
 - After six (6) months, evidence of insurability may be required to be eligible for Group Life Insurance.
3. _____ Explain working test period (WTP) requirements. Advise employee that failure to successfully complete the requirements set forth by the Center of Training and Staff Development during the initial WTP will result in termination.
 - Employees hired into trainee positions must successfully complete all requirements outlined in the job specification for appointment.
4. _____ Explain Performance Appraisal process.
5. _____ Explain compensation provisions including salary grades for job classifications and Annual Increment (AI) dates.
6. _____ Explain provisions for In-Service Training including Training Liaison Contact Person.
7. _____ Provide copy and advise employee regarding contents of DOC Employee Handbook.
8. _____ Provide copy and advise employee regarding contents of Administrative Directive 1.1, Mission Statement and Vision and Administrative Directive 1.13, Code of Ethics, (with Guide to Code of Ethics), General Notice 2010-08, Political Activity.
9. _____ Administrative Directive 2.2, Sexual Harassment (with grievance form, Affirmative Action Policy Statement and Commissioner's Zero Tolerance Memo), The Americans Disabilities Act and Administrative Directives 2.19, Employee Health and 8.11, Human Immunodeficiency Virus Infection.
10. _____ Provide copy and advise employee regarding contents of Administrative Directive 2.3, Employee Selection, Transfer and Promotion.
11. _____ Provide copy and advise employee regarding general requirements of Administrative Directive 2.11, Employee Dependability and specifically:
 - Any combination of three (3) absences or instances of tardiness during the first six months of employment or re-employment may result in termination.
 - Any employee who fails to notify the appropriate supervisor of any absences during their working test period may be terminated.
 - Correction Officer Cadets serve 10 weeks as a Cadet and then a six-month working test period as a Correction Officer. (continued next page)
 - Teachers and Pupil Service Specialists have a twelve-month working test period.
 - Chaplains working part-time must work the 914 hours (equivalent to six months full-time).
 - All other classifications serve a six-month working test period

12. _____ Provide copy and advise employee regarding general requirements of Administrative Directive 2.24, Employee Arrests, Restraining Orders and Criminal Summons.
13. _____ Provide copy and advise employee regarding general requirements of Administrative Directive 2.6, Employee Discipline.
14. _____ Provide copy and advise employee regarding general requirements including, use of official position/DOC issued items, staff/inmate relationships, criminal charges of Administrative Directive 2.17, Employee Conduct.
 - Explain availability of Employee Assistance Program (EAP) including telephone number (1-888-327-1060).
 - Advise employee of requirement to notify supervisor of any criminal charges.
 - Advise employee of immediate dismissal for Sleeping on Duty
15. _____ Provide copy and advise employees regarding general requirements of Administrative Directive 2.13, Employee Work Attire, Personal Appearance and Identification.
16. _____ Provide employee with Administrative Directive 2.21, Smoke and Drug Free Workplace, forms for drug free workplace and explain procedures for drug testing policy if applicable. Also provide OLR General Notice 2008-03 and DAS Policy for a Drug-Free Workplace.
17. _____ Administrative Directive 2.22, Workplace Violence Prevention Policy, a copy of the Governor's August 1999 Policy on Violence in the Workplace Prevention, copy of DAS Violence in the Workplace Prevention Policy. Include the New Hire Orientation Training Packet on Workplace Violence.
18. _____ Provide copy of Electronic Monitoring Notification pursuant to Public Act 98-142 of the Connecticut General Statutes and Administrative Directive 4.6. Also provide a copy of Acceptable Use of State Systems Policy.
19. _____ Provide copy and advise employee regarding general requirements of Administrative Directive 2.26, Social Media.
20. _____ Provide copy of Office of Comptroller's pamphlet on software copyright and license agreements.
21. _____ If employee is claiming military/war service obtain copy of DD-214. Advise of one (1) year requirement of submitting discharge papers for retirement credit, and provisions for previous creditable service with other approved states and Connecticut municipal employment.
22. _____ Provide copy of both Federal and State Family Medical Leave Act Policy.
23. _____ Provide copy of memo concerning DOC employees Bail Bonds/Bounty Hunting.
24. _____ Provide employee with copy of Commissioner's memo on Misuse of Firearms.
25. _____ Provide copy of General Letter #204, Dual Employment and explain procedures for initiating dual employment process. Provide Dual Employment Request Form.
26. _____ Explain provisions and requirements for Occupational Injury or Disease including PER WC-207 (Report of Occupational Injury or Disease to Employee) Form.
27. _____ Inform employee that he/she will be provided with a DOC Photo Identification Card.
28. _____ Advise employee of work status (essential or Non-essential) relative to work closings and requirements to check with supervisor on status if new job classification change occurs.

DEPARTMENT OF CORRECTION
NEW EMPLOYEE CHECKLIST SIGN-OFF

Name: _____
(Print Name)

Facility: _____

This is to acknowledge that I, the undersigned, have received a copy of the New Employee Checklist and other information concerning State employee benefits including retirement.

I understand that as an employee of the Connecticut State Department of Correction I am responsible for knowing and following the Administrative Directives, Post Orders, and policies and procedures which govern my conduct relative to employment with the Agency. I also understand that the terms and conditions of my employment are governed by any or all of the following: applicable collective bargaining contract, the State Personnel Act, and other related rules and regulations.

I further understand that should an occasion arise whereby this information is unavailable to me, I will immediately notify my supervisor in order to secure any of the aforementioned information.

Employee's Signature

Date

Witness

Date