

<Place Your Company Name/Logo Here>

NEW EMPLOYEE ORIENTATION CHECKLIST

NAME OF EMPLOYEE: _____

Please initial the space next to each item as it is discussed by your supervisor. During this process, feel free to ask questions or seek clarification on anything you do not understand.

I have received, filled out and (where applicable) returned the following to my employer:

- | | |
|--|--|
| _____ Form W-4 | _____ Health/Benefits Form |
| _____ Form DE34 <i>(Completed by the Employer)</i> | _____ Emergency Information Form |
| _____ Form I-9 | _____ Confidentiality Agreement |
| _____ Employee Handbook <i>(Return Receipt)</i> | _____ Mutual Arbitration Agreement
<i>(If Applicable)</i> |
| _____ Property Return Agreement | |
| _____ Permission to Make Deposit <i>(If the Employee Desires to Have Direct Deposit)</i> | |

I have received for following documents for my information:

- | | |
|--|--|
| _____ Employee Handbook | _____ Health and Benefits Information |
| _____ Initial Safety Information | _____ 401K/Pension Information
<i>(If Applicable)</i> |
| _____ Paid Family Leave Pamphlet
(DE2511) | _____ Process to Report a Sexual
Harassment Complaint |
| _____ Sexual Harassment Pamphlet
(DFEH 185) | _____ Process to Report a Job Related
Problem |
| _____ State Disability Insurance
Pamphlet (DE2515) | _____ Workers' Compensation
Information |
| _____ General Notice of COBRA
Continuation Rights | _____ Notice to Employee-Form 2810.5 |
| _____ Right of Victims of Domestic Violence, Sexual Assault and Stalking | |

I have received the following items:

- | | |
|---|------------------------------------|
| _____ Pass or Code for Entry to
Company Premises | _____ Other <i>(Explain)</i> _____ |
| _____ Employee Identification Card | _____ |

Please read and sign

I have been informed about each of the topics I have initialed and have had all my questions answered to my satisfaction at this time. I understand that any additional questions about topics covered during this orientation should be directed to my supervisor. I agree to report immediately to my direct Supervisor, Department Manager, Human Resource Manager or the President any harassment of myself or another employee. Further, I agree to hold in confidence any information received from a customer or client.

Due to the nature of the Company's business, its customers, and other needs, the employment relationship is, and is intended to be, at will. Notwithstanding any disciplinary procedures or Company rules or regulations, either you or the Company may terminate the employment relationship at any time, for any reason, with or without cause or prior notice. Further, the Company can demote, transfer, suspend or otherwise discipline an employee at will in its sole and absolute discretion.

Employee's Signature: _____ Date: _____

Signature of Person
Conducting Orientation: _____ Date: _____