Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section/Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial after each item is presented. Some items are provided in hard copy. Information for other items can be located online. You have permission to use your work computer to access orientation information and to complete necessary forms. In the event you have difficulties accessing items on the computer, your supervisor or the Personnel Office can provide you with printed copies. As you go through the orientation with your supervisor or designee, this sheet will give you more information about each item, such as website addresses and general information.

|  |  |  |
| --- | --- | --- |
| **ITEM** | **INITIALS** | **DOCUMENT DISTRIBUTION** |
| 1. Employee Emergency Information Record  |  | Complete in WORKDAY <https://wd5.myworkday.com/wday/authgwy/oregon/login.htmld>?  |
| 2. I-9 Employment Eligibility Verification **\*\**MUST BE COMPLETED WITHIN 3 DAYS FROM START DATE*** |  | Employee and Manager sign, submit to Personnel for Director signature; Once all signatures obtained – HR will upload to Workday |
| 3. W-4 Withholding Allowance Certificate |  | Complete in WORKDAY |
| 4. EEO Self-Identification Form  |  | Complete in WORKDAY |
| 5. Electronic Funds Transfer Direct Deposit or Pay Card Form  |  | Complete in WORKDAY |
| 6. Policies *(with signature sheet)* |  | Review, Initial, and Manager sends to Personnel (Link in Welcome Letter) |
| 7. Employee Timekeeping  |  | Complete in WORKDAY |
| 8. Paycheck Statement Information |  | Located in WORKDAY |
| 9. Sick Leave |  | Manager will discuss with employee |
| 10. Employee Assistance Program |  | Manager will discuss with employee |
| 11. Wellness and Safety |  | Manager will discuss with employee |
| 12. Orientation to Section and Workspace |  | Manager or delegate will orientate new employee to workspace |
| 13. Agency and Unit Expectations |  | Manager will discuss expectations with employee |
| 14. Location of state Human Resource Management policies *(if applicable)* |  | Link will be sent in Welcome email from HR on first day of work |

**Employee’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(My signature indicates the above information was presented to me. I had the opportunity to review the information and have my questions answered. I understand items in the orientation may be subject to change depending on changes to policy, rules, laws and Collective Bargaining Agreements.)*

**HR or Manager’s Signature\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(****Instructions for Supervisor:*** *Forward completed checklist to Personnel.* ***Instructions for HR:*** *The completed checklist goes into the employee’s Workday profile.)*

**Important Phone Numbers**

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payroll:** 971-355-4233 -or- 971-355-4430

 **Fax:** 971-355-4244

**Personnel Office:** 971-355-3983

 **Fax:** 971-355-3988