

Family & Youth Services Bureau
New Hire Employee Checklist

IV Personnel
A #5

Employee Name: _____ Date met: _____ DOH: _____

FYSB FORMS:

_____ Copy of application completed & resume received
_____ Copies of degree, certificates & licenses rcvd
_____ References Letters received (3 required)
_____ College transcripts (official required for Clinical Services & the Learning Place)
_____ Employee emergency contact form completed
_____ Confidentiality form _____ Drug free policy _____ Acknowledgement of Handbook
_____ HIPPA TRAINING DONE (information given to employee on _____)

Employment verification & Tax forms:

_____ Indiana new hire form _____ Date E-Verify done
_____ Employment Eligibility Verification (form I-9) ****(Copy DL & SS card OR Passport needed)**
_____ W-4 form _____ State withholding form (WH-4)

Payroll forms & Insurance Forms:

_____ Payroll Information sheet _____ Agency Contributions form
_____ Direct Deposit (w/voided check)
_____ United Healthcare enrollment form _____ Standard Insurance Enrollment form

Give to employee:

_____ Status Form _____ Handbook _____ Pay Schedule _____ Holiday Schedule
_____ Medical coverage _____ AFLAC _____ Miles for Smiles

Background, Fingerprinting & Health forms:

_____ Date fingerprinting instructions given (schedule within one week)
Scheduled date: _____ Date result received: _____
_____ Local Police Check Signed: _____ Sent: _____ Rcvd: _____
_____ CPS History Check Signed: _____ Sent: _____ Rcvd: _____
_____ Consent to request Motor Vehicle record (Porter County Dispatch or _____ Other County)
Signed: _____ Sent: _____ Rcvd: _____
_____ Sex Offender Check done – Date checked: _____

Shift Note

Date _____

Shift _____

Resident _____

I felt safe - Yes/No

If no, why not?

Staff interacted with me – Yes/No

I felt included – Yes/No

We followed a schedule – Yes/No

I was listened to – Yes/No

I acted as a leader – Yes/No

I was given choices – Yes/No

My basic needs were met (food, clean laundry, adequate time and supplies to complete hygiene tasks) – Yes/No

I earned allowance for completing daily living activities – Yes/No

I was able to have a call or visit during the scheduled time – Yes/No

Was the visit or call positive or negative?

Staff observations/Interventions (to be completed by staff each shift) -

Staff initials - _____