

Employee Commencement Checklist

Date: _____ Service Area: _____ Employee Name: _____

Commencement Date: _____

The following items of commencement have been completed for the above named employee.

	Employee	Designate		Employee	Designate
Review Signed Offer of Employment and Applicable Schedules			Payroll and Benefits Information		
<input type="checkbox"/> Offer of Employment	_____	_____	<input type="checkbox"/> Income Tax Forms	_____	_____
<input type="checkbox"/> Non-Solicitation Agreement	_____	_____	<input type="checkbox"/> Pay Schedule	_____	_____
<input type="checkbox"/> Conflict of Interest	_____	_____	<input type="checkbox"/> Direct Deposit Form	_____	_____
<input type="checkbox"/> Vehicle Insurance Form	_____	_____	<input type="checkbox"/> Payroll Info for Employee / Email Paystub Consent	_____	_____
<input type="checkbox"/> Criminal Record Search	_____	_____	<input type="checkbox"/> Payroll Info for Admin	_____	_____
Approved-Director Signature	_____	_____			
<input type="checkbox"/> Child Intervention Check *	_____	_____	Health & Safety Information		
Approved-Director Signature	_____	_____	<input type="checkbox"/> Universal Precautions	_____	_____
Review and Collection of Pre-Existing Training and Documentation			ASC Employee Information		
<input type="checkbox"/> First Aid – Copy	_____	_____	<input type="checkbox"/> Picture ID Photo	_____	_____
<input type="checkbox"/> CPR – Copy	_____	_____	<input type="checkbox"/> Request for Verification of Employment or Training	_____	_____
<input type="checkbox"/> Copy of Certificates / Diploma / Degree	_____	_____	<input type="checkbox"/> Employee File Coversheet	_____	_____
Agreements to be Signed And Copy Provided to Employee			<input type="checkbox"/> Provision and overview of Employee Handbook	_____	_____
<input type="checkbox"/> Intranet Log-in	_____	_____	<input type="checkbox"/> Employee Referral	_____	_____
<input type="checkbox"/> Oath of Confidentiality	_____	_____			(ASC employee name)
<input type="checkbox"/> Code of Ethics	_____	_____			
<input type="checkbox"/> Telecommunications & Technology Devices Shared Equipment Agreement	_____	_____			
<input type="checkbox"/> Health and Safety Commitment	_____	_____			

*** NOTE: Must be completed by Family Support Services only**

Binder(s):	Human Resources					Page:	1 of 1
Section(s):	Terms & Conditions of Employment	A	Jan 26/11	R/R	May 15/15	R/R	Jul 7/17
Program Area(s):		R/R	Jun 13/18	R/R	July 4/18		