**(To be completed by Supervisor and Human Resources and filed in employee’s personnel file.)**

It is the responsibility of the supervisor to ensure that the onboarding steps outlined below are reviewed and taken when an employee is beginning employment in Maine State government, including ensuring the employee meets with Human Resources to complete the necessary new hire paperwork. Sign and date the form to confirm your review of the checklist with the employee.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name:** | | | **Name of Supervisor:** | |
| **Department/Bureau/Location:** | | | **Title & Position Number:** | |
| **Date of Hire:** | | **Position Type:** | **Salary Spec: Grade: Step:** | |
| **Employment** | | | **Retirement** | |
| Returned | Reviewed | | Returned | Reviewed |
| \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_    \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ | General Employee Information (PER 53)  I-9 & Personal Identification Verification  W4 – Federal  W4 – State  SSA-1945  Vendor Form  Direct Deposit  Date of first paycheck \_\_\_\_\_\_\_\_  Verification Certification  Ergonomic Workstation Evaluation Request  Computer/VDT Operator Form  5% Option (Unclassified positions) | | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ | Retirement Application  Pre-Retirement Beneficiary  Life Insurance Application & Rates  Life Insurance Beneficiary  MainePERS New Member Guide |
| **Medical Insurance** | | | **Optional Benefits** | |
| Returned | Reviewed | | Reviewed | |
| \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ | Health Insurance Application & Rates  Anthem Summary of Benefits  Dental Insurance Application & Rates  Anthem Vision Application & Rates  Date insurance effective \_\_\_\_\_\_\_\_\_  Health Care Premium  Emergency Room/Walk-In Clinic Bulletin  LiveHealth Online  Lab & Imaging Services  Centers of Excellence  Grand Rounds  Blood Pressure Cuff Coverage | | MaineSaves 457 Retirement Savings Plan  Navia Flexible Spending Accounts  Your Living Resources Program  Wellness Center/Gym Membership | |
| **Agency Policy Review** | | | | |
| Review | | | Signed | Reviewed |
| Union Representation Packet  Pay Calendar  Leave Accruals  Holiday Schedule  Family Medical Leave Act  Workers’ Compensation  Drug Free Policy  Suicide Prevention Policy | | | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ | Confidentiality Form  IT Policy  Policy Statement Against Harassment  Domestic Violence Policy  Access Card Policy  Additional Policies per Departmental  Requirement |
| **Agency Specific Requirements** | | | | |
| Issue all uniforms and specialty tools  Pants:\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirts:\_\_\_\_\_\_\_\_\_\_\_\_\_ Sweatshirts/Jackets: \_\_\_\_\_\_\_\_\_\_ Hats/Gloves: \_\_\_\_\_\_\_\_\_\_\_\_\_  Issue keys/access card  Notify Departmental/external stakeholders of new hire  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Date | | | | |