## **Yolo County**

## **Employee Orientation Checklist**

### Introduction and Welcome – YES Team Onboarding Web Page

**DUE DATE:** New employees are required to review the <u>YES Team Onboarding web pages</u> listed below within the **first two weeks** of starting employment with the County of Yolo.

If possible, it is recommended that new employees familiarize themselves with these pages prior to their first day of employment.

| Web Page to be reviewed:          | N/A | Complete |
|-----------------------------------|-----|----------|
| Hello! I'm New                    |     |          |
| New Employee Orientation          |     |          |
| Getting Started                   |     |          |
| Working at Yolo                   |     |          |
| Getting to Know Yolo County       |     |          |
| Stay Connected                    |     |          |
| Be a Difference Maker             |     |          |
| Training                          |     |          |
| Measure Your Success              |     |          |
| Onboarding Plan                   |     |          |
| Employee Engagement Opportunities |     |          |
| Core Competencies                 |     |          |
| HR Programs and Services          |     |          |
| Forms and Documents               |     |          |
| Staff Directory                   |     |          |
| Facility Directory & Maps         |     |          |
| TBD                               |     |          |

#### **New Employee Paperwork**

**DUE DATE:** Employees are required to turn in the forms listed below to Human Resources on their **first day** of starting employment with the County of Yolo. Therefore, please take some time to complete new hire paperwork **prior** to starting employment.

| Form to be completed:                                 | N/A | Complete |
|---|-----|----------|
| First Paycheck and Direct Deposit Informational Sheet |     |          |
| Direct Deposit Request Form                           |     |          |
| Request to Pick Up Paycheck                           |     |          |
| Personal Data Form                                    |     |          |
| W-4 Federal Income Tax Withholdings                   |     |          |
| DE-4 State of CA Tax Withholdings                     |     |          |
| Release of Driver Record Information                  |     |          |

| CalPERS Member Reciprocal Self-Certification  |              |                      |  |  |
|---|--------------|----------------------|--|--|
| Benefit Action Form   |              |                      |  |  |
|   |              |                      |  |  |
| Health, vision and dental insurance premiums are available below:<br>2017 Health Insurance Premiums ~ Sacramento Region (Yolo, Sacramento, Placer |              |                      |  |  |
| and El Dorado Counties)   |              |                      |  |  |
| 2017 Health Insurance Premiums ~ Bay Area Region  |              |                      |  |  |
| 2017 Health Insurance Premiums ~ Other Northern California Counties   |              |                      |  |  |
| Delta Dental Plan Comparison  |              |                      |  |  |
| Vision Plans-Rates Comparison   |              |                      |  |  |
| For more information about your benefit package, please click <u>here</u> .   |              |                      |  |  |
| In-Lieu of Health Benefits  |              |                      |  |  |
| For all the Right Reasons   |              |                      |  |  |
| Life Insurance Beneficiary Form   |              |                      |  |  |
| Beneficiary Designation Form  |              |                      |  |  |
| Your Visit to the Human Resources Office  |              |                      |  |  |
| <b>DUE DATE:</b> Employees are encouraged to visit the Human Resources O  | ffice on the | eir <b>first dav</b> |  |  |
| of starting employment with the County of Yolo.   |              |                      |  |  |
| Items to be completed:  | N/A          | Complete             |  |  |
| Submit New Employee Paperwork   |              |                      |  |  |
| Receive New Employee Packet   |              |                      |  |  |
| Take Photo for Disaster Service Worker Identification Card  |              |                      |  |  |
| Receive Photo Identification Card   |              |                      |  |  |
| Swearing In Oath  |              |                      |  |  |
| Mandatory Training  |              |                      |  |  |
| <b>DUE DATE:</b> Employees are required to complete the mandatory training  | ng listed be | low within           |  |  |
| the <b>first two weeks</b> of starting employment with the County of Yolo.  |              |                      |  |  |
| Training to be completed:   | N/A          | Complete             |  |  |
| Sexual Harassment Prevention  |              |                      |  |  |
| НІРАА   |              |                      |  |  |
| Ethics  |              |                      |  |  |
| NIMS (Disaster Management)  |              |                      |  |  |
| Disaster Worker Service Orientation   |              |                      |  |  |
| Injury and Illness Prevention   |              |                      |  |  |
| Mandatory Reads   |              |                      |  |  |
| <b>DUE DATE:</b> Employees are required to read the items listed below within the <b>first two weeks</b>  |              |                      |  |  |
| of starting employment with the County of Yolo.   |              |                      |  |  |
| Items to be read:   | N/A          | Complete             |  |  |
|   | N/A          | complete             |  |  |

# Employee Name (Print):\_\_\_\_\_ Department:\_\_\_\_\_

| Policy: Family & Medical Leave Act of 1993                      |  |
|---|--|
| Policy: Drug & Alcohol Policy and Testing Procedure             |  |
| Policy & Procedure: Equal Employment Opportunity and Harassment |  |
| Policy & Procedure: Equal Employment Opportunity                |  |
| Policy: Workplace Security and Safety Policy                    |  |
| Policy: Code of Ethics – Standards of Ethical Conduct           |  |
| Policy: Workplace Civility                                      |  |
| Policy: Breastfeeding Policy                                    |  |
| AVENUES – Report Fraud, Harassment, or Discrimination           |  |
| Yolo County Emergency Action Plan / Evacuation Plan             |  |

By signing, I acknowledge receipt of the New Employee Checklist and my responsibility to perform the necessary actions that are needed for completion of this checklist. Actions performed by the employee include but are limited to the following:

- Reviewing all informational material identified on this checklist
- Inputting personal information on new employee forms
- Submitting new employee paperwork to the Human Resources Office on your first day of employment with the County of Yolo
- Completing the mandatory training identified on this checklist
- Asking questions to clarify and/or ensure proper completion of any or all items included on this checklist

X\_\_\_\_\_ Employee Signature

Date

X\_\_\_\_\_ Human Resources Representative Signature

Date