

Henry County Health Department
New Employee Worksheet

Employee Name:			
Section:		Position:	
Start Date:			
Pre-Hire Requirements Office Manager *For HR Use only			
	HR Initials		Date Completed
Application Completion			
Confirm start date with manager			
Letter of Acceptance			
BCI/FBI Investigation Check			
BCI/FBI results			
Proof of Auto Insurance (6.12)			
Write Purchase Order for BCI/FBI			
EK request to Supervisor			
IN and OUT board (set-up)			
Prepare Calendar for Orientation/Training			
Send email informing managers/supervisors/staff of new hire name, department, and orientation date			
Prepare New Hire folders			
Safety Handbook			
Telephone set up with Cathy			
Personalized Position Description from Clemens- Nelson			
Determine keys for new hire			
Email Clerical New hire info			
Assign and label mailbox			
Set-up email: User ID – vordaz (first initial & last name) Password – Welcome_1 (generic)			
Review orientation calendar and send follow-up email to anyone who has not scheduled orientation time			
Complete form for Photo ID			
Mail New Hire Packet			
Schedule required immunization			

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ORIENTATION CHECKLIST			
Office Manager			
	Trainer Initials	Employee Initials	Date Completed
Review Mission & Vision			
Standards of Conduct			
Organizational Chart			
Expectations of Leaders			
Expectations of Staff			
Conflict of Interest			
Civil Rights Laws			
Obtain Photo ID (Dan)			
Security and replacement of ID			
Drug- Free Workplace			
Policy Review (County)			
Computer/Internet Policy (6.11A)			
Whistle Blower Policy (3.20)			
Release of Public Records (16.5.1)			
Ohio Ethics Law			
Discuss HCHD services			
Introduce Website, In/Out Board			
Instructions to complete WENS			
HCHD operation hours			
Parking			
Blue Jean Day (Friday)			
Fun Committee			
Forum /CPR			
Pay Schedules			
Holiday Schedule			
Telephone short cuts			
Opening/Closing of HCHD Bldg.			
MAC			
Sexual Harassment			
Workforce Development Plan			
Personnel Manual - electronic			
Sign and return forms			
Schedule C , Annual Driver Forms, and copy of DL (to Cathy)			
Vacation Requests before Hired			
Spreadsheet/Timesheet Review			

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	Trainer Initials	Employee Initials	Date Completed
Supervisor/Director			
Review Position Description			
Review Probationary Period and evaluation periods policy 3.11 and 3.12			
Review sick leave policy 5.01			
Review vacation policy 5.03			
Call off procedure – dept. specific			
Introduction to work area			
Electronic Time Sheet Software			
Work Hours/Schedule/Vacation Request Due			
LOA without Pay – inform HC of any planned vacation 5.08			
Department Dress Code			
Use of Computer			
• Passwords			
• Internet usage			
• In-Out Board			
Discuss Department specific software, passwords, plan for orientation to use			
Copy of Phone listing and use of phone functions			
Opening/Closing of HD doors -video and policy HDO-02 with return demonstration			
Department Vehicles			
Prox. Card if applicable			
Verify Professional License/certifications			
Verify CPR - add to database			
Public Health 101			
Workforce development plan and HD University			
Ordering Office supplies video			
Personal Health Services Director			
Nursing Services			
Hepatitis B			
TB test - 2 step			/
CLAS			
OSHA Training			
• Blood Borne Pathogen			
• Exposure Control Plan			
• Hazardous Communication video			
Incident Reports			
HIPAA			
Employee Medical Record			

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	Trainer Initials	Employee Initials	Date Completed
Fiscal Officer			
Review new hire packet paperwork			
Colonial Life			
Health and Life Insurance			
H. S. A.			
Deferred Comp.			
Mileage reimbursement			
Assign Employee number and create Timesheet			
Set up Access			
Set up HDIS			
Excel set up			
Insight set up			
Paperwork to Auditor			
Purchase Order Process			
Contractor Only			
Review signed contract			
Independent Contractor Acknowledgement Completed			
W9 Completed			
Invoice procedure			
Quality and Accreditation Coordinator			
Performance Management			
<ul style="list-style-type: none"> • Client Experience Survey • Employee Survey 			
Quality Improvement			
Orientation to Accreditation			
Workforce development plan and HD University - initial QI Training			
Policy Stat			
<ul style="list-style-type: none"> • Add new hire as user in the system 			
Health Commissioner			
Introduction of HCHD			
Board of Health			
Vision/Mission			
Pillars of Excellence			
Strategic Plan			
Expectation of Leaders/Staff			
Client/Employee Survey			

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	Trainer Initials	Employee Initials	Date Completed
PHEP Coordinator			
All Hazards Response Plan Review			
Incident Command System Orientation			
Ohio TRAIN set up and Orientation			
Safety Handbook book/video			
Epidemiology Communicable Disease Review			
Safety Tour			
Active Shooter Video			
PODS video			

MEET AND GREET TRAINING			
Programs	Trainer Initials	Employee Initials	Date Completed
Clerical			
Community Health Services			
Dental			
Reproductive Health & Wellness			
Home Health/Hospice			
Help Me Grow			
Environmental			

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ORIENTATION CHECKLIST

Interns/Students/Volunteer

Office Manager

Name:			
Start Date:			
	Trainer Initials	Trainee Initials	Date Completed
BCI/FBI check required prior to start date			
Introduction of HCHD and who we are, including Organization chart			
Vision/Mission			
Standards of Conduct			
Annual Report and Pillars of Excellence			
Intern Safety Booklet			
HIPAA/BBP			
Hepatitis B			
TB test - 2 step			/
Conflict of Interest			
Computer Use – workstation, passwords			
Drug free workplace			
Ohio Ethics Law			
ID Badge - Keys			
Emergency Contact Form			
Position Description			
Blue Jean Friday			
HCHD Hours/Parking			
Introduction to workroom (Dar)			
Department Dress Code			
Fun Committee			
IN/Out Board/Phone			
Proof of Auto Insurance			
Schedule C , Annual Driver Forms, and copy of DL (to Cathy)			
Public Records			
Self Help to Public Records Prohibited			
Photo Release			

Intern/Student/Volunteer Signature _____

Trainer Signature _____

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ORIENTATION CHECKLIST

Contract Employees

Office Manager

Chaplain Orientation suggestions from Anne

Henry County Health Department Orientation
Cultural Diversity
Sexual Harassment
HIPAA
Blood Borne Pathogens
Pillars of Excellence (Performance Management System) – maybe an abbreviated version

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ORIENTATION CHECKLIST

Hospice Volunteer

Volunteer Coordinator

Name:			
Start Date:			
	Trainer Initials	Trainee Initials	Date Completed
Volunteer Vacation			
Position Description			
Reference Check Form			
Volunteer Agreement Letter			
Hospice Training Certificate			
			/

Intern/Student/Volunteer Signature _____

Trainer Signature _____

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ORIENTATION CHECKLIST

Board of Health Member

Name:			
Start Date:			
	Trainer Initials	Trainee Initials	Date Completed
EMPLOYMENT FORMS			
Emergency Contact Form			
Employment Eligibility Verification (I-9)			
Ohio New Hire Reporting			
Ohio Department of Public Safety			
Post-Offer Driving Questionnaire			
Statement of Sufficient Personal Auto Liability Coverage			
W-4			
Ohio - IT 4			
School District			
Standards of Conduct			
DOCUMENTATION NEEDED			
Copy of driver's license			
Copy of auto insurance			
Bank Direct Deposit Form			
GENERAL POLICIES TO REVIEW			
Auditor of State Fraud-Reporting System Information			
Civil Rights Law			
Confidentiality			
Disclosure of Potential Conflicts of Interest			
Drug Free Workplace Policy			
Employer ADA Policy			
Employer EEO/Anti-Discrimination Policy			
Employer Sexual Harassment Policy			
Ohio Ethics Law			
Public Records Policy			
ITEMS TO BE ISSUED			
ID Badge			

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Name:			
Start Date:			
	Trainer Initials	Trainee Initials	Date Completed
Vision/Mission			
Pillars of Excellence (Performance Management System)			
Expectations of Leaders/Staff			
Annual Report			
Introduction of HCHD and who we are, including Organization chart			
Position Description			
Board By-laws			
Board Basics			