

New Employee Orientation Checklist – Regular Employees

First Name _____ Last Name _____
8 Digit UID Number _____ Department _____ Date _____

Please place a check mark next to the item once the material has been presented.

<input type="checkbox"/> I-9 Information <input type="checkbox"/> University Leadership <input type="checkbox"/> Mission/Vision/Values <input type="checkbox"/> University History <input type="checkbox"/> Policies & Procedures <input type="checkbox"/> IT Acceptable Use <input type="checkbox"/> Copyrighted Materials <input type="checkbox"/> FERPA <input type="checkbox"/> Drug-Free Workplace <input type="checkbox"/> Annual/Sick Leave <input type="checkbox"/> Longevity <input type="checkbox"/> University Holidays <input type="checkbox"/> Performance Evaluations <input type="checkbox"/> Limited Tobacco Use <input type="checkbox"/> Firearms <input type="checkbox"/> Grievances	<input type="checkbox"/> Parking <input type="checkbox"/> Police Services & LiveSafe App <input type="checkbox"/> MyMemphis Portal & Checklist <input type="checkbox"/> Time Sheets/Leave Reports <input type="checkbox"/> Employee Data <input type="checkbox"/> Payroll/W4 <input type="checkbox"/> ID Cards <input type="checkbox"/> Email <input type="checkbox"/> Learning Curve <input type="checkbox"/> LinkedIn Learning <input type="checkbox"/> TigerPerks <input type="checkbox"/> Social Media/UofM App/ <input type="checkbox"/> Campus Highlights <input type="checkbox"/> Post-Orientation Tasks
<input type="checkbox"/> Retirement <input type="checkbox"/> Tax Deferred Annuity and Deferred Compensation Programs <input type="checkbox"/> General Insurance Info <input type="checkbox"/> Eligibility <input type="checkbox"/> HIPAA <input type="checkbox"/> Annual Enrollment Transfer Period <input type="checkbox"/> COBRA <input type="checkbox"/> Basic Health/Life Insurance <input type="checkbox"/> Premiums <input type="checkbox"/> Insurance Plans <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Vision	<input type="checkbox"/> Optional Life Insurance <input type="checkbox"/> Special Accident/Dismemberment <input type="checkbox"/> Term Life <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Educational Assistance Programs <input type="checkbox"/> Staff Scholarship <input type="checkbox"/> Fee Waiver <input type="checkbox"/> Spouse/Dependent Discount <input type="checkbox"/> Employee Assistance Program <input type="checkbox"/> Longevity <input type="checkbox"/> Flexible Spending Accounts <input type="checkbox"/> FMLA <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Sick Leave Banks <input type="checkbox"/> Leave Programs

☐ 1. I have attended the New Employee Orientation and the above information has been reviewed by me.

OR ☐ 1. I am/was not able to attend New Employee Orientation and met with a Benefits Representative on: _____

AND ☐ 2. I will keep the Human Resources department updated with any changes to my personal information or dependents.

Signature _____ Date _____