

ORIENTATION CHECKLIST (Hourly/Seasonal Employees)

Employee Name _____

Department _____

Forms/Information

1. _____ Welcome Letter (Mayor)
2. _____ Federal Withholding Allowance Certificate (W-4A)
3. _____ Wisconsin Withholding Certificate
4. _____ Employee Eligibility Verification Form (I-9)/Instructions
5. _____ Employee Self-Identification Form
6. _____ Emergency Contact Information
7. _____ Declaration of Disability Memo, Form, Envelope
8. _____ Direct Deposit Information/Authorization Agreement
9. _____ Credit Union Brochure
10. _____ Employee Assistance Program Brochure
11. _____ Benefits & Employment Information
12. _____ Affordable Care Act
13. _____ Workers' Compensation Information Sheet
14. _____ Pay Calendar
15. _____ Drug-Free Workplace Notice
16. _____ Rules of Conduct APM #2-33
17. _____ Harassment Memorandum APM #3-5
18. _____ Workplace Violence Prevention and Response Policy APM #2-25
19. _____ Prohibition of Weapons APM #2-46
20. _____ Code of Ethics Simplified
21. _____ Mission, Service Philosophy and Vision Statements (City of Madison)
22. _____ Bus Pass Benefit Information

Other Departmental Information

ORIENTATION CHECKLIST STATEMENT: (Please sign and date the following statement):

I certify that all the items on this list were received, reviewed, and discussed with me during the orientation session given by my employing department/division with the City of Madison. I further acknowledge I was afforded the opportunity to ask questions about these items.

Employee Signature Date Oriented By Date