

# CAROLINA FAMILY HEALTH CENTERS, INC.



## New Employee Orientation Program

New Employee Orientation Program for \_\_\_\_\_

### DEPARTMENT

### **HUMAN RESOURCE**

Provide and review the following information.

Benefit Summary	_____ Date Completed
Medical Benefits	_____ Date Offered
Dental Benefits	_____ Date Offered
Voluntary Life Insurance	_____ Date Offered
Company Paid Life/LTD Insurance	_____ Date Completed
401K (Enrollment or Waiver)	_____ Date Completed
Miscellaneous Benefits	_____ Date Offered
Employee Handbook	_____ Date Completed
Staff Telephone Directory	_____ Date Completed
ID Badge	_____ Date Completed
Parking Pass	_____ Date Completed
Job Description	_____ Date Completed
CFHC Inc. Orientation PowerPoint and completed Workbook	_____ Date Completed
Sexual Harassment Video/Quiz	_____ Date Completed
Customer Service Video/Quiz	_____ Date Completed
CFHC, Inc. – How to answer the phones.	_____ Date Completed
Time Off: Vacation, Sick Leave, Holidays, Inclement Weather	_____ Date Completed
Attendance / Operating Hours	_____ Date Completed
Payroll / Timeclock / Overtime-Flextime	_____ Date Completed
Travel Policy	_____ Date Completed
Dress Code	_____ Date Completed
Incident Reporting	_____ Date Completed
Emergency Preparedness Plan	_____ Date Completed
Vaccinations	_____ Date Completed

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### HR CONT.

Direct Deposit	_____	Date Completed
W4	_____	Date Completed
NC4	_____	Date Completed
I9 (With ID)	_____	Date Completed
E-Verify	_____	Date Completed
Confidentiality Agreement	_____	Date Completed
Drug-Free Workplace	_____	Date Completed
Employee Data Form	_____	Date Completed

Completed By: \_\_\_\_\_

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### HEALTH INFORMATION TECHNOLOGY

EMR Set up and training	_____	Date Completed
Patient Portal	_____	Date Completed

Completed By: \_\_\_\_\_

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### INFORMATION TECHNOLOGY

Set up Voicemail and Training	_____	Date Completed
Set up Outlook Express	_____	Date Completed
How to check email off-site	_____	Date Completed
Set up Email Account and Training	_____	Date Completed
Review Telephone and Computer Policies	_____	Date Completed

Completed By: \_\_\_\_\_

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### COMPLETION VERIFICATION (This form to be signed and submitted to the Human Resource Department)

By signing below, I acknowledge that I have been trained in the above information. I also acknowledge that I may at any time request additional training in any of these areas.

_____ <i>Employee Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>
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_____ <i>Human Resource Assistant/Manager Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>
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