

[COMPANY NAME] ONBOARDING CHECKLIST

Instructions: Use this Checklist while completing the new hire onboarding process.

New Hire Name

Date

PRE-HIRE ITEMS	STATUS	OWNER
Offer letter sent and accepted	<input type="checkbox"/>	
Computer and supplies ordered	<input type="checkbox"/>	
Email setup	<input type="checkbox"/>	
Account logins created	<input type="checkbox"/>	
Job description created	<input type="checkbox"/>	
SOPs created	<input type="checkbox"/>	
<i>Insert item</i>	<input type="checkbox"/>	

FIRST DAY	STATUS	OWNER
Snacks/swag bag/lunch	<input type="checkbox"/>	
New hire paperwork	<input type="checkbox"/>	
Handbook review	<input type="checkbox"/>	
Office tour and introductions	<input type="checkbox"/>	
Phone list and contact info	<input type="checkbox"/>	
Breaks and scheduling lunches	<input type="checkbox"/>	
Phone etiquette	<input type="checkbox"/>	
Review job description	<input type="checkbox"/>	
Company culture and values	<input type="checkbox"/>	
Account logins and systems overview	<input type="checkbox"/>	
Review internal computer files and share drive	<input type="checkbox"/>	
<i>Insert item</i>	<input type="checkbox"/>	

TRAINING (FIRST 90 DAYS)	STATUS	OWNER
<i>Insert item</i>	<input type="checkbox"/>	
<i>Insert item</i>	<input type="checkbox"/>	
<i>Insert item</i>	<input type="checkbox"/>	
<i>Insert item</i>	<input type="checkbox"/>	
<i>Insert item</i>	<input type="checkbox"/>	

Notice to Employee as to Change in Relationship

(Termination Notice Pursuant to Provisions of Section 1089 of the Calif. Unemployment Ins. Code)

Employee's Full Name: _____ Social Security #: _____

Supervisor: _____ Client/Employer Name: _____

Employee's Termination Date: ____/____/____ Employee's Last Day Worked: ____/____/____

Your employment status has changed for the reason checked below:

Employee is leaving the company voluntarily and has given a minimum two week written notice.

Employee is leaving the company voluntarily and cannot/did not give a two week notice.

Employee is being separated from the company due to a layoff of staff.

Employee is being terminated by the company for not passing evaluation or trial period.

Employee is being terminated by the company for violating company policy.

Employee is being terminated by the company for excessive absenteeism.

Employee is being terminated by the company because of: _____

Employer / Employee Comments:

Company Equipment Return Check-off List (as applicable)

Badge	Uniform	Tool(s)	Keys
Electronic Equipment	Pager	Cell Phone	Other: _____

I Hereby Certify That:

- I received my final check on the above date.
- I've performed my job safely and that I am injury free. I have no physical symptoms that I did not have at the time of hire.
- I have been paid all of my hours and earned wages to date; and was always given any and all meal & rest breaks as prescribed by law.
- I also understand that, after ten (10) calendar days, the company will dispose of any personal articles left behind and that the company will not take any responsibility for these articles within that ten (10) day period. I assume all risk of damage or loss to personal articles left behind.
- I do not have in my possession, nor have I failed to return, any property belonging to the Company. If I discover any such property in my possession in the future, I will return it.
- I will preserve, as confidential, all trade secrets, confidential information, knowledge, data, disks and copies of disks, or other information relating to processes, know-how, designs, customer lists, or other subject matter pertaining to any business of the Company, or any of its clients, customers, consultants, licensees, or affiliates.
- I understand and acknowledge that my failure to sign or initial any place on this document will not impact me from receiving my final wages or any other benefit I'm otherwise entitled to under the law.

Signature of Employee

Date

Signature/Title of Company Representative

Date