

SUNY University-Wide Human Resources Manual

Orientation - Checklist

Employee Name: _____
Last Name First Name MI

This checklist is a guide to assist SUNY representations in ensuring that employees are aware of significant policies and that their eligibility for, and enrollment in, appropriate benefits programs are considered.

- Accident/Injury/Medical Emergency reporting procedures
- Alcohol and Drugs Policies
- Attendance Report Form (timesheet) [as appropriate to position]
- Benefit Fund Enrollment Card (_____) [CSEA/UUP]
- Computer Usage/Computing Ethics Policy Statement
- Computer Systems Access Form(s), [email, software, systems], as required
- Dental, Vision, Life Insurance [M/C or union sponsored]
- Directory Information
- Employee Assistance Program
- Employee Benefits Directory
- Equal Employment Opportunity Policies
- Evaluation Form and Guidelines [as appropriate to appointment category]
- Graduate/Teaching Assistant Health Insurance Booklet [if applicable]
- Health Insurance Information and Enrollment Forms [if eligible]
- Holiday Waiver Form [classified service employees only]
- Indemnification
- Internal Control including property control
- I-D Card Information
- Long Term Disability [SUNY professional staff only]
- Oath(s) of Office
- Parking Policies and Information
- Professional Development [Tuition Assistance, Waivers, etc.]
- Public Officers' Law [Ethics, Financial Disclosure, Gifts, Honoraria, Political Activities, as appropriate]
- Recreational Facilities Availability and Usage Information
- Retirement Information and Enrollment Forms
- Retirement Election Form (SUNY full-time professional staff, and SUNY part-time professional staff if and when they are granted term appointments)
- Smoking Policies
- Suggestion Program(s)
- Survivors Benefit Information [initial benefit, benefit from retirement program, and benefit at retirement]
- Tax Deferred Annuities/Supplemental Retirement Annuities program information
- Telecommunications Information [Telephone, Voice Mail, etc.]
- Travel
- Voter Registration
- Workplace Violence

Checked information appropriate for my appointment title, category, and type has been discussed with and/or provided to me. I understand that I must strive to know and follow all work rules and regulations.

Signature of Employee on Date