

STAFF ONBOARDING CHECKLIST

Staff member:

Supervisor:

Date of hire:

Location:

Department:

To be completed by the newly hired staff member’s supervisor and submitted to [.....] after completion. This checklist applies to all staff, employed and contracted.

Category	Action	Complete within ____ of Start Date	Date Completed
Training	Review mission and philosophy	Day 1	
	Review PACE model of care	Day 1	
	Receive IT onboarding	Day 1	
	Confirm access to training platform	7 days	
	Online Training 1	7 days	
	Online Training 2	7 days	
	Complete sexual harassment training	30 days	
	Complete fraud, waste, and abuse training	30 days	
	Provide in-person orientation	90 days	
	Provide role-specific training (processes, relevant software)	90 days	
	Sent employee handbook	-	

Category	Action	Complete within ____ of Start Date	Date Completed
Department Procedures	Procedure for wearing ID badge	-	
	Meeting schedule for specific department	-	
	Work schedule, overtime procedure, breaks, lunch	-	
	Policy on storing personal items	-	
Security, Safety	Plan for emergencies and location of equipment	-	
	Storage of personal belongings	-	
Other	Confirm handbook sent to team member	-	

Hired Member Acknowledgement

I have received the information listed in the Onboarding Checklist and have had the opportunity to get answers to any questions I have had.

Team member name (print):

Signature and Date:

Supervisor name (print):

Signature and Date: