

# HR Department Employee Onboarding Compliance Checklist

Instructions: Complete all sections during the employee onboarding process. This document must be printed, filled out, and filed in the employee's personnel record upon completion.

## Employee & Position Information

Employee Full Name:  Hire / Start Date:

Job Title:  Department:

Reporting Manager:  Onboarding Coordinator:

## Phase 1: Pre-Onboarding & Compliance Documentation

Task / Document Description	Completed? (Type "YES")	Date Completed	Verified By (Initials)
Form I-9 Employment Eligibility Verification (Completed within 3 days of hire)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Form W-4 Federal Employee's Withholding Certificate	<input type="text"/>	<input type="text"/>	<input type="text"/>
State Tax Withholding Form (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Direct Deposit Authorization Form & Voided Check	<input type="text"/>	<input type="text"/>	<input type="text"/>
Background Check Clearance & Verification	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Phase 2: Company Policies & Training Compliance

Task / Document Description	Completed? (Type "YES")	Date Completed	Verified By (Initials)
Employee Handbook Acknowledgement Receipt Signed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Code of Conduct & Ethics Agreement Signed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Disclosure Agreement (NDA) / Intellectual Property Agreement	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mandatory Anti-Harassment Training Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Workplace Safety & OSHA Training Orientation	<input type="text"/>	<input type="text"/>	<input type="text"/>
IT Security Policy & Acceptable Use Agreement Signed	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Phase 3: Benefits & Systems Enrollment

Task / Document Description	Completed? (Type "YES")	Date Completed	Verified By (Initials)
Health, Dental, and Vision Insurance Enrollment/Waiver	<input type="text"/>	<input type="text"/>	<input type="text"/>
Retirement Plan (401k) Information & Enrollment Package Provided	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life & Disability Insurance Enrollment Forms Submitted	<input type="text"/>	<input type="text"/>	<input type="text"/>

Task / Document Description	Completed? (Type "YES")	Date Completed	Verified By (Initials)
Company Directory and HR Portal Account Created	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Compliance Authorization and Sign-Off

By signing below, the Employee and HR Representative acknowledge that all checked items above have been completed, received, or reviewed in accordance with federal, state, and company guidelines.

Employee Signature (Physical Sign):  Date Signed:

HR Representative Signature (Physical Sign):  Date Signed: