



## New Employee Checklist – Mental Health Professional

<b>NAME:</b>		<b>START DATE:</b>	
<b>POSITION:</b>		<b>SUPERVISOR:</b>	
<b>FACILITY:</b>		<b>CHECKLIST DUE DATE:</b>	
<b>PRIOR TO FIRST SCHEDULED SHIFT</b>	<b>DATE COMPLETED:</b>	<b>TRAINER'S INITIALS:</b>	
<p>At this time you should have already completed and returned to the corporate office the following items. If you have not, please do so immediately.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Signed Acceptance Letter or Employment Agreement</li> <li><input type="checkbox"/> Employee Confidentiality Agreement</li> </ul>			
<b>TO BE COMPLETED BY END OF SECOND SHIFT WORKED</b>	<b>DATE COMPLETED:</b>	<b>TRAINER'S INITIALS:</b>	
<p><b>These items are due at the end of your second shift worked:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> New Employee Information Sheet</li> <li><input type="checkbox"/> W-4 Form</li> <li><input type="checkbox"/> I-9 Form <i>(Must provide 2 forms of ID)</i></li> <li><input type="checkbox"/> Copy of CPR Card</li> <li><input type="checkbox"/> Copy of Medical License</li> <li><input type="checkbox"/> Employee Direct Deposit Authorization Form  <div style="margin-left: 40px;"><i>Please attach a voided check so we can process this form. Your first payroll check from us will be a paper check. All other checks will be direct deposited.</i></div> </li> <li><input type="checkbox"/> Acknowledgement of Employee Handbook</li> <li><input type="checkbox"/> Acknowledgement of Employee Dress Code Policy.</li> <li><input type="checkbox"/> Signed Code of Conduct Agreement</li> </ul>			

<b>TO BE COMPLETED BY</b> _____	<b>DATE COMPLETED:</b>	<b>TRAINER'S INITIALS:</b>
<p><b>These items are due by the date specified above. If you have questions regarding any of these, please contact the Corporate Office at 320.258.7780.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Health Insurance Application (if applicable) <ul style="list-style-type: none"> <li><input type="radio"/> Please call Corporate Office if you have questions about this form.</li> <li><input type="radio"/> MEnD pays 80% of employee health insurance cost &amp; provides dental coverage for employees.</li> <li><input type="radio"/> Guardian provides additional voluntary coverage for Vision, Short &amp; Long Term Disability, as well as additional life insurance.</li> <li><input type="radio"/> If you would like to add family members there is a cost (please contact the Corporate Office for cost).</li> <li><input type="radio"/> Insurance will start the first of the month, following 60 days of employment, unless otherwise specified upon hire.</li> </ul> </li> </ul>		
<b>TO BE COMPLETED BY</b> _____	<b>DATE COMPLETED:</b>	<b>TRAINER'S INITIALS:</b>
<p><b>Return the following completed items to Corporate within 3 months of employment (Note: some items were given upon hire while others were given at New Employee Orientation.)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> New Employee Checklist</li> <li><input type="checkbox"/> Mantoux Card</li> <li><input type="checkbox"/> Advanced Competencies</li> <li><input type="checkbox"/> Policy &amp; Protocol Review Statement</li> <li><input type="checkbox"/> Inmate Handbook review Statement</li> <li><input type="checkbox"/> Emergency Plan review Statement</li> </ul>		
<b>FIRST DAY ORIENTATION &amp; POSITION INFORMATION</b>	<b>DATE COMPLETED:</b>	<b>TRAINER'S INITIALS:</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Get Facility badge</li> <li><input type="checkbox"/> Get fingerprinted by facility if applicable</li> <li><input type="checkbox"/> Complete new hire paperwork &amp; return to Corporate Office, to include copy of CPR card</li> <li><input type="checkbox"/> Review job description, performance expectations, and standards with your supervisor</li> <li><input type="checkbox"/> Review work schedule and hours with supervisor</li> </ul>		

INTRODUCTIONS /TOURS	DATE COMPLETED:	TRAINER'S INITIALS:
<input type="checkbox"/> <b>Introductions</b> <ul style="list-style-type: none"> <li><input type="radio"/> MEnD Employees</li> <li><input type="radio"/> Jail Administration</li> <li><input type="radio"/> Programming Staff</li> <li><input type="radio"/> Kitchen Staff</li> <li><input type="radio"/> Other Key Personnel</li> </ul>	<input type="checkbox"/> <b>Tour of facility</b> <ul style="list-style-type: none"> <li><input type="radio"/> Parking</li> <li><input type="radio"/> Emergency Exits</li> <li><input type="radio"/> Restrooms</li> <li><input type="radio"/> Vending machines</li> <li><input type="radio"/> Break Room</li> <li><input type="radio"/> AED</li> <li><input type="radio"/> Emergency Bags</li> </ul>	
ADMINISTRATIVE	DATE COMPLETED:	TRAINER'S INITIALS:
<input type="checkbox"/> Review general administrative procedures. <ul style="list-style-type: none"> <li><input type="radio"/> Office/work station</li> <li><input type="radio"/> Keys</li> <li><input type="radio"/> Mail</li> <li><input type="radio"/> ID/Building access cards</li> <li><input type="radio"/> Review Timesheet completion process</li> <li><input type="radio"/> Understands how to complete and submit PTO &amp; Shift Change requests</li> <li><input type="radio"/> Reimbursement (parking)</li> <li><input type="radio"/> Office supplies</li> <li><input type="radio"/> Telephones</li> </ul>		
COMPUTERS	DATE COMPLETED:	TRAINER'S INITIALS:
<input type="checkbox"/> Can start computer and login properly <input type="checkbox"/> Jail Management System <input type="checkbox"/> Email <ul style="list-style-type: none"> <li><input type="radio"/> Your email address will be first letter of your first name, followed by your last name @mendcare.com (Ex: John Doe is <a href="mailto:jdoe@mendcare.com">jdoe@mendcare.com</a>).</li> <li><input type="radio"/> Your initial password will be <u>Mend1234</u></li> </ul> <input type="checkbox"/> Calendars <input type="checkbox"/> Employee Self Portal (Paystubs) <input type="checkbox"/> Time Solutions <ul style="list-style-type: none"> <li><input type="radio"/> Your username will be first letter of your first name, followed by your last name (Ex: John Doe is <b>jdoe</b>).</li> <li><input type="radio"/> Your initial password will be <u>Change123!</u></li> </ul> <input type="checkbox"/> E-mail –County (if applicable) <input type="checkbox"/> Inmate Charting System or EMR		

<b>OFFICE BASICS, RADIOS/CODES</b>	<b>DATE COMPLETED:</b>	<b>TRAINER'S INITIALS:</b>
<input type="checkbox"/> Able to run clinic office machines (i.e. fax, copier) <input type="checkbox"/> Understands phone system (i.e. dialing long distance, retrieving messages, etc.) <input type="checkbox"/> Knows where the duress buttons are <input type="checkbox"/> Knows how to call inmates to the clinic <input type="checkbox"/> Knows how to room inmates (i.e. holding cell, exam room, etc.) <input type="checkbox"/> Understands radio system and use <input type="checkbox"/> Knows specific jail codes and required medical responses (i.e. Code Red, Code Blue, etc.) <input type="checkbox"/> Knows how to get to each unit and respond to codes		
<b>COMMUNICATION/SKILLS</b>	<b>Date Completed:</b>	<b>Trainer's Initials:</b>
<input type="checkbox"/> Displays adequate communication skills with other MEnD employees <input type="checkbox"/> Displays adequate communication skills with jail staff <input type="checkbox"/> Goes through proper management channels for questions and problems <input type="checkbox"/> Able to make quick medical decisions if needed <input type="checkbox"/> Able to work independently		

**ORIENTATION HOURS:** must complete 40 hours of orientation before working independently.

<b>DATE</b>	<b>HOURS COMPLETED</b>	<b>ASSIGNED TRAINER</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL ORIENTATION HOURS:</b> _____		
<b>COMMENTS:</b> _____		
_____		
_____		
_____		
<b>NEW EMPLOYEE SIGNATURE:</b> _____	<b>DATE:</b> _____	
<b>SUPERVISOR SIGNATURE:</b> _____	<b>DATE:</b> _____	