



New Employee Checklist – Mental Health Professional

NAME:		START DATE:	
POSITION:		SUPERVISOR:	
FACILITY:		CHECKLIST DUE DATE:	
PRIOR TO FIRST SCHEDULED SHIFT	DATE COMPLETED:	TRAINER'S INITIALS:	
<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"> <input type="checkbox"/> Signed Acceptance Letter or Employment Agreement <input type="checkbox"/> Employee Confidentiality Agreement 			
TO BE COMPLETED BY END OF SECOND SHIFT WORKED	DATE COMPLETED:	TRAINER'S INITIALS:	
<p>These items are due at the end of your second shift worked:</p> <ul style="list-style-type: none"> <input type="checkbox"/> New Employee Information Sheet <input type="checkbox"/> W-4 Form <input type="checkbox"/> I-9 Form <i>(Must provide 2 forms of ID)</i> <input type="checkbox"/> Copy of CPR Card <input type="checkbox"/> Copy of Medical License <input type="checkbox"/> Employee Direct Deposit Authorization Form <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> <input type="checkbox"/> Acknowledgement of Employee Handbook <input type="checkbox"/> Acknowledgement of Employee Dress Code Policy. <input type="checkbox"/> Signed Code of Conduct Agreement 			

TO BE COMPLETED BY _____	DATE COMPLETED:	TRAINER'S INITIALS:
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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.

- Health Insurance Application (if applicable)
 - Please call Corporate Office if you have questions about this form.
 - MEnD pays 80% of employee health insurance cost & provides dental coverage for employees.
 - Guardian provides additional voluntary coverage for Vision, Short & Long Term Disability, as well as additional life insurance.
 - If you would like to add family members there is a cost (please contact the Corporate Office for cost).
 - Insurance will start the first of the month, following 60 days of employment, unless otherwise specified upon hire.

TO BE COMPLETED BY _____	DATE COMPLETED:	TRAINER'S INITIALS:
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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.)

- New Employee Checklist
- Mantoux Card
- Advanced Competencies
- Policy & Protocol Review Statement
- Inmate Handbook review Statement
- Emergency Plan review Statement

FIRST DAY ORIENTATION & POSITION INFORMATION	DATE COMPLETED:	TRAINER'S INITIALS:
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- Get Facility badge
- Get fingerprinted by facility if applicable
- Complete new hire paperwork & return to Corporate Office, to include copy of CPR card
- Review job description, performance expectations, and standards with your supervisor
- Review work schedule and hours with supervisor

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

