



NEW REGULAR FULL-TIME STAFF ORIENTATION RECORD

Section 1 - Paperwork

- ✓ Employment Application
- ✓ W-4 – State and Federal Tax Forms
- ✓ Form I-9
- ✓ New Employee Data Form

Section 2 - University Policies

- ✓ Orientation Period
- ✓ Staff Handbook
- ✓ Union Contract (if applicable)
- ✓ Identification Card
- ✓ Parking
- ✓ Policy Statements
 - ⟨ FMLA
 - ⟨ Sexual Harassment
 - ⟨ Conflict of Interest
- ✓ Privacy Policy (HIPAA)
- ✓ Affirmative Action - Disclosure Invitation

Section 3 - Benefits

A. Flexible Benefits Program

- ✓ Medical Insurance
- ✓ Dental Insurance
- ✓ Flexible Spending Accounts
 - ⟨ Health Care
 - ⟨ Dependent Care
- ✓ Short-term Disability Insurance
- ✓ Long-term Disability Insurance
- ✓ Life Insurance
- ✓ Optional Life Insurance
 - ⟨ Supplemental Life
 - ⟨ Spousal Life
 - ⟨ Dependent Child(ren) Life
 - ⟨ Personal Accident

Section 3 - Benefits (cont'd)

- B. Tuition Remission**
 - ✓ Eligibility
 - ✓ University-offered Courses
 - ✓ Consortium Schools
 - ✓ Tuition Exchange Program
- C. TIAA-CREF 403(b) Retirement Annuities**
 - ✓ Eligibility Requirements
 - ✓ Defined Contribution Retirement Annuity
 - ✓ Tax-Deferred Annuity
- D. Flexible Work Schedules**
- E. Workers' Compensation Insurance**
- F. Adoption Assistance**
- G. Voluntary Long-term Care Insurance**
- H. Employee Assistance Program**
- I. Sports Center- Wellness Program**
- J. Discounted Home and/or Auto Insurance**
- K. Credit Union**
- L. Payroll-deduct Savings Bond Purchase**
- M. University Discounts**

I acknowledge receipt of the information listed above, including the Staff Handbook and Life Insurance plan documents. I am aware that upon election of voluntary benefits, I will be provided the applicable plan documents at the time of my enrollment. I understand that it is my responsibility to comply with all University policies as they relate to my employment at the University of Hartford.

Employee Name (Print)

Employee Signature

Date

HRD Representative Signature

Date