



THIS FORM MUST BE SUBMITTED 1 WEEK PRIOR TO START DATE.

New Hire Set-up Form

EMPLOYEE INFORMATION (Completed by Supervisor)

Start Date:

Start Time*:

** Please consult Asst Business Manager about time frame*

First Name:

Last Name:

Unit:

Job Title:

Employee Type:

- Full Time
- Part Time

- Intern/Student
- Volunteer
- Student (Paid)
- Temporary

Employer:

- LSUHSC
- Acadiana CARES
- OPH
- SELAHEC
- CDC

***Personal Email (Required):**

Obtained letter from Project Officer (For Surveillance Staff Only)

Location:

New Orleans Benson Tower Office

Region Number

Site Name (if applicable)

IT REQUIREMENTS

Database Account(s):

Does the employee have an active la.gov email account? Yes No
If the answer is yes, please provide here:

Additional Applications:

- Microsoft Office Suite
- Adobe Acrobat Pro.
- Other:

Email Address

- P: Drive User Folder
- U: Drive User Folder
- I: Drive Access(Surv. / Eval)

Equipment:

Introduction Paragraph: (this paragraph will be used to announce the new hire to the office).

Key Staff Members Required during Orientation:

Supervisor Printed Name

Sig:

Date

Program Mgr Printed Name

Sig:

Date

Evaluation Mgr Signature

Date

(for students)

Administrative Checklist

Office Manager

- Hiring Memo/Paperwork sent to appropriate office (CARES, LSUHSC, OPH)
- Email Announcing New Staff Member Sent
- Mail Slot Created
- Time sheet Created h h @

Completed HIPAA training and filed signed Certificate

Completed Confidentiality Orientation, reviewed confidentiality policy, filed signed Agreement

I-9 Form Verification Processed (Within 3 days after Hire Date)

IT Manager

IT Set-up Checklist

- Create domain user account
- Create DHH email account
- Train on Movable Equipment / Temporary Loan Policies

Termination Checklist

- Create Backup Ghost image
- Folder ownership transferred to: _____
- Disable authorized:
x _____ / ____ / ____
- Delete authorized:
x _____ / ____ / ____

- Scheduled Orientation Times for Key Staff Members:

Date _____ Time _____ With _____

Date _____ Time _____ With _____

Date _____ Time _____ With _____

Date _____ Time _____ With _____

General

- Employee Emergency Contact Sheet Completed

Ethics Compliance Training Completed

SHHP Emergency Preparation Guide Issued

- Electronic Mail Policy Completed

Key / Property Assignment Control Form Completed

Case-Specific Parking Access / Authorization Completed

Telephone / Office Equipment Training Completed

Office Walk-through Tour Scheduled -

Optional Demographics Survey Link Sent

Verified by : _____ Signature _____