

New Hire Onboarding Supervisor Checklist

This checklist is designed to assist supervisors as they orient each new employee to MN DOC. It serves as a tool to ensure each new employee receives the information needed to begin work, including administrative procedures, position duties, and other essential information.

EMPLOYEE INFORMATION

Employee Name:

Employee ID Number:

Work location:

Onboarding Category:

Work Unit:

Start Date:

PREPARATION Before a New Employee's Start Date

Call employee – introduce yourself and discuss the plan for their first day.

- Discuss start date, work hours, and start time
- Inform them where to enter the building, where to park and who will meet them at the door.
- Explain to the employee to whom they report
- Discuss lunch options – should they bring lunch, fridge/storage availability, etc.
- Explain work attire and dress code
- Explain who their onboarding buddy is and their role
- Remind the employee of the forms they need to complete before their first day of employment:
 - W-4 (online in Employee Self Service)
 - Direct Deposit (online in Employee Self Service) – required to have direct deposit
 - Emergency Contacts – important – list 2 contacts: name, address, phone, relationship to employee
- Remind the employee to bring appropriate documentation for the I-9 form on the first day (acceptable documents listed in the offer letter)
- Discuss New Employee Academy, when it is scheduled, and any necessary travel arrangements
- Discuss licensing requirements, endorsements, and/or certifications required (see due date in letter)
 - Not Applicable

For supervisor only

- Notify existing staff when the new employee is starting
- Assign a current employee to be the new employee's onboarding buddy
- Create a work plan for the new employee's first week

Computer Access/Login Information

- You will receive an email from HR when the employee has been assigned an employee ID number.
- You may now complete the MNIT “On/Off Board a Staff Member” ticket. Document the ticket number to use if you need assistance from the MNIT Help Desk. See the [On/Offboard Guide](#) for reference.
- Complete MNIT Onboard Ticket. **MNIT Ticket #**
- Once the account is active, you will receive two emails from MNIT.MALL@mnit-mail.us.onbmc.com: one with the employee’s username and one with the employee’s temporary password.
- If you have trouble, please contact the **MNIT Help Desk at (651) 297-1111**.
- Work with individual unit managers to request access to other systems as needed, i.e., S3, COMS, financial systems, etc.

Workspace/Access

- Assign workspace. If necessary, discuss space requirements with the appropriate supervisor.
Workspace location assigned:
 - Not Applicable
- If desks, chairs, or other office items are needed, request items through the Office Services unit
 - Not Applicable
- Set up workstation with all office supplies, materials, or equipment necessary for the employee to work (e.g., nameplate, computer, stapler, pens, notepads, etc.)
- If requested and approved, plan with the ADA Coordinator for any special accommodation required
 - Not Applicable
- Complete the **State Property Move Form** if moving any fixed assets
 - Not Applicable
- Complete and submit the **ID Badge Request form** on iShare and the PDF form and arrange for the ID badge/photo on the first day
- Have the employee complete the **State Employee’s Personal Property Form** if applicable
 - Not Applicable

Communication

- If a soft phone was requested on MNIT ticket, email Office Services to request to add new employee to location phone list(s)
 - Not Applicable
- If the new employee requires a cell phone and one is not available, complete the **MNIT Mobile Device Purchase Request**
 - Not Applicable
- Complete the **Request to Carry a Mobile Communication Device within Secure Perimeter Form** if applicable
 - Not Applicable
- Notify Office Services if the new employee requires mailbox assignment
 - Not Applicable

Work Schedule/Payroll

- Determine weekly work schedule. Complete the **FLSA Work Period Form** for non-exempt employees and submit it to your HR director
 - Not Applicable
- Review any contractual/FLSA requirements and any worksite guidelines; note the information on page 3 of this document as appropriate under the First Day heading to review with the new employee
 - Not Applicable
- If this is a newly created supervisor position, send an email to the Finance Director to request a new department to be set up three pay periods before the start date
 - Not Applicable
- For **exempt employees only** – email your location’s staff payroll on the employee’s first day so the new employee’s schedule can be set up in SEMA4
 - Not Applicable
- For **new supervisors only**; email payroll supervisor to set up supervisor payroll training and be set up as a payroll approver
 - Not Applicable

Orientation/Academy/Training

- If a new employee is not starting on an academy hire date, coordinate with the Regional HR Director and Employee Development to determine the start date
 - Not Applicable
- Register the new employee for the Academy on the Employee Development iShare page.
- Confirm mandatory training requirements with Employee Development and make arrangements to register the new employee or arrange for applicable training:
 - Manager Core, Supervisor Core – contact Employee Development for blanket PO information
 - Budget manager training – contact your unit’s budget manager to schedule and request EIOR fund approval rights
 - Supervisor payroll training (see last line under Work Schedule/Payroll section)

Miscellaneous

- Verify that uniforms and/or insignia have been issued if applicable
 - Not Applicable
- If position requires PPE or respirator qualification, contact Safety Director
 - Not Applicable
- Prepare a list of policies/directives in addition to **New Hire Onboarding - Policy Review List** applicable to the new employee’s position

New Employee's First Day

Basics

- Ensure the employee knows how to contact you if they are sick or have an emergency
- Identify where to store belongings
- Review where to store lunch, location of breakrooms/lunchrooms/kitchens
- Review rest/meal periods
- Identify restroom locations
- Copy room locations and how to access copiers/printers
- Provide a tour of the facility/building/work area (as applicable)
- Introduce the employee to coworkers and other staff
- Review the location of phone listings (and where to locate on iShare)
- Go over how to call 911
- Identify location(s) of First Aid
- Review the mailroom and mail services
- Ensure the employee knows how to get to the Central Office for the Academy

Position Specific Information

- Ensure the employee has logged into the computer (if applicable)
- Review the position description with the employee, sign, date, and submit a copy to HR via iShare
- Explain position responsibilities – work plan, work hours, and break protocols
- Explain the work Unit's area of responsibility and relationship with other Units
- Explain the roles of coworkers in the context of an employee's position and the work unit

Compensation Information

- Explain the pay schedule, direct deposit
- Walk through employee self-service

Administrative Procedures

- Explain the Agency's iShare page, Facility or Unit's iShare page, and how to access learning materials to help navigate iShare
- Explain building access, ID Badge, areas of access, and security
- Ensure the employee has logged into the computer (if applicable); explain login, shared files, OneDrive, and how to contact MNIT help desk
- How to make changes to name, address, and phone number via Employee Self Service
- Electronic communication (phone, fax, email, Teams, etc.)
- How to order supplies
- Explain how to schedule conference rooms (as applicable) and iShare reference information

Within Five (5) Business Days of the new Employee's Start Date

General Introduction to the Unit/Division

- Explain the Agency's mission, goals, and values
- Explain the Unit organizational structure
- Explain Unit expectations (e.g., calling in for missed shift, dress code, telework, policy review)
- Explain how the Unit relates to the rest of DOC operations ("Big Picture" view)

Job Specific Information

- Explain any mandatory and/or recurring meetings
- Explain work in other Units, particularly those that may impact their position
- Explain priorities and expectations for successful performance
- Explain the performance management process and schedule of reviews

Compensation Information

- Explain salary increases and how they occur
- Explain expense reporting and eligible expenses
- Walk through entering timesheet when they can access their timesheet; explain vacation and sick time, and the approval process
- Refer to Payroll Instructions
- Explain paid holiday schedule – 12 paid holidays

Administrative Procedures

- Explain any unfamiliar equipment and supplies
- Explain mailing procedures
- Explain the EIOR Process to individuals who will have purchasing responsibility/authority
- Explain how to order supplies or where to find needed supplies

Safety Procedures

- Walk through the emergency procedure (e.g., fire, tornado). Show the location of emergency exits.
- Explain accident reporting procedures

Training and Orientation

- Follow up with the employee to ensure they are working on the ELM training or other assigned training
- Ensure the employee has read the applicable policies presented on their first day
- Follow-up from Academy learning

Completion

- Start the Supervisory file or obtain it from the previous supervisor

Completed by (Supervisor):

Date Completed:

Signature of Supervisor:

IMPORTANT NOTE: This document is a supervisory tool; please use it as part of the onboarding process for your new hire or transfer. This form is not submitted to Human Resources or your Staffing Representative. Supervisors should keep completed and signed checklists in the employee's Supervisory File.

State Employee's Personal Property

Employee's Name		Title/Classification
Department/Division		Location/Address
Quantity	Item	Complete Description (manufacturer, serial number, color, etc.)

(Continue listing on additional pages if needed.)

Check the appropriate box below, then sign and date the form.

- I have brought the above item(s) to my work as stipulated in the terms and conditions of my employment.
- I have voluntarily brought the above items(s) to my area of employment. I recognize that the State of Minnesota assumes no responsibility for these items or for any damages thereto by other state employees, patients, residents or inmates, except as provided by law.

I will update this list if there are any additions or deletions to it at any time.

Employee's Signature	Date	Supervisor's Signature	Date
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REMOVAL OF PROPERTY: The employee's supervisor must sign this form verifying that the listed items have been removed from the place of employment upon the employee's transfer, resignation or termination.

I certify that the employee listed above has removed his/her personal property from this office.

Supervisor's Signature	Date
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WHEN TO USE THIS FORM

An employee should complete this form for an personal items brought to his/her place of employment of a pilferable nature for which a conflict over ownership may arise when the employee seeks to remove the items. Items which are brought into the place of employment for long-term use must be recorded on this form. In addition, items of equipment brought in the place of employment for short periods of time on a frequent basis must also be recorded. Personnel who live in the state-provided housing with state furnishings are required to complete this form for all personal items brought into the housing. Department personnel are responsible for maintaining inventories of all state-provided furnishings in these residences and to take inventory of these items after employees have vacated the premises.

Distribute one copy of this form to the Agency Coordinator, one to the Supervisor, and one copy to the Employee.

Intent to Collect Private Data: Photographs/Visual Images - Employees

Photographs are considered private data under the Minnesota Governmental Data Practices Act (MGDPA), Minnesota Statutes Chapter 13. The DOC is providing you with the following notice regarding photographs and visual images collected by DOC representatives.

1. Identification Card/Photos: The purpose of your photograph on your identification Card and/or its retention within an access control system is so employees, contractors, volunteers, interns, and visitors may be visually identified in order to enhance facility safety and security. Your photo is electronically stored and accessible by those who have a business need to access it. While you may refuse to be photographed for your identification card and/or the access control system, facility security requires the use of photo IDs and the access system. The consequences of refusal will result in the termination of your employment and/or association with the DOC.
2. Video Monitoring & Recording Equipment: The primary purpose of video monitoring and recording equipment is to ensure the safety and security of all individuals on the premises. Video imagery of you is accessible to those who have a business need to access it. You may refuse to be photographed by video monitoring and recording equipment by declining to enter Department grounds and/or facilities. The consequences of this refusal will result in the termination of your employment and/or association with the DOC.
3. Other Photographs or Electronic Imaging: Periodically, photographs/visual images of employees are taken while at work or performing work for the DOC. These images may appear on websites, in public information communication, including, but not limited to, videos, newsletters, bulletins, brochures, and booklets. These photographs/visual images are often available to other employees and the public. You may decline to be photographed for purposes of such public communication without consequences to your employment. Should you wish to decline to be photographed for purposes of public information communications, you may withdraw or modify your informed consent in writing to Human Resources Management. Such written statements of restrictions from you will be honored from the date received.

Photographs, video imagery, and other visual images of you may be accessed by other State employees in the course of their duties, security personnel, the State Auditor and/or the Legislative Auditor, the Courts, and law enforcement.

Informed Consent to Release Private Data

I, _____, (print name) have read and understand the above Tennessee Notice. I hereby authorize and release representatives of the DOC to use photographs, video imagery, and images of me consistent with the information above. Such photographs, video imagery, and images of me may be related to my employment or other activities while at work or while on DOC or State premises.

This release has no expiration date, but I understand that I may, at any time, withdraw or modify my consent for purposes of public information for areas covered by #3. To do so, I will submit a written request to Human Resources Management. Such a request will be honored from the date received and prospectively.

Signature: _____

Date: _____

Employee ID (if DOC employee): _____

Hepatitis B Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 What is hepatitis B?

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus.

- In 2009, about 38,000 people became infected with hepatitis B.
- Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B.

Hepatitis B can cause:

Acute (short-term) illness. This can lead to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness, with symptoms, is more common among adults. Children who become infected usually do not have symptoms.

Chronic (long-term) infection. Some people go on to develop chronic hepatitis B infection. Most of them do not have symptoms, but the infection is still very serious, and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are chronically infected can spread hepatitis B virus to others, even if they don't look or feel sick. Up to 1.4 million people in the United States may have chronic hepatitis B infection.

Hepatitis B virus is easily spread through contact with the blood or other body fluids of an infected person. People can also be infected from contact with a contaminated object, where the virus can live for up to 7 days.

- A baby whose mother is infected can be infected at birth;
- Children, adolescents, and adults can become infected by:
 - contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
 - contact with objects that have blood or body fluids on them such as toothbrushes, razors, or monitoring and treatment devices for diabetes;
 - having unprotected sex with an infected person;
 - sharing needles when injecting drugs;
 - being stuck with a used needle.

2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis.

Hepatitis B vaccine may be given by itself or in the same shot with other vaccines.

Routine hepatitis B vaccination was recommended for some U.S. adults and children beginning in 1982, and for all children in 1991. Since 1990, new hepatitis B infections among children and adolescents have dropped by more than 95%—and by 75% in other age groups.

Vaccination gives long-term protection from hepatitis B infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?

Children and adolescents

- Babies normally get 3 doses of hepatitis B vaccine:

1st Dose:	Birth
2nd Dose:	1-2 months of age
3rd Dose:	6-18 months of age

Some babies might get 4 doses, for example, if a combination vaccine containing hepatitis B is used. (This is a single shot containing several vaccines.) The extra dose is not harmful.

- Anyone through 18 years of age who didn't get the vaccine when they were younger should also be vaccinated.

Adults

- All unvaccinated adults at risk for hepatitis B infection should be vaccinated. This includes:
 - sex partners of people infected with hepatitis B,
 - men who have sex with men,
 - people who inject street drugs,
 - people with more than one sex partner,
 - people with chronic liver or kidney disease,
 - people under 60 years of age with diabetes,
 - people with jobs that expose them to human blood or other body fluids,



- household contacts of people infected with hepatitis B,
 - residents and staff in institutions for the developmentally disabled,
 - kidney dialysis patients,
 - people who travel to countries where hepatitis B is common,
 - people with HIV infection.
- Other people may be encouraged by their doctor to get hepatitis B vaccine; for example, adults 60 and older with diabetes. Anyone else who wants to be protected from hepatitis B infection may get the vaccine.
 - Pregnant women who are at risk for one of the reasons stated above should be vaccinated. Other pregnant women who want protection may be vaccinated.

Adults getting hepatitis B vaccine should get 3 doses—with the second dose given 4 weeks after the first and the third dose 5 months after the second. Your doctor can tell you about other dosing schedules that might be used in certain circumstances.

4 Who should not get hepatitis B vaccine?

- Anyone with a life-threatening allergy to yeast, or to any other component of the vaccine, should not get hepatitis B vaccine. Tell your doctor if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.
- Anyone who is moderately or severely ill when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your doctor can give you more information about these precautions.

Note: You might be asked to wait 28 days before donating blood after getting hepatitis B vaccine. This is because the screening test could mistake vaccine in the bloodstream (which is not infectious) for hepatitis B infection.

5 What are the risks from hepatitis B vaccine?

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The vaccine contains non-infectious material, and cannot cause hepatitis B infection.

Some mild problems have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people in the United States have been vaccinated with hepatitis B vaccine.

6 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim) Hepatitis B Vaccine

2/2/2012

42 U.S.C. § 300aa-26

Office Use Only



PRE-EXPOSURE HEPATITIS VACCINATION STATUS REPORT
Minnesota Department of Corrections

EMPLOYEE NAME: _____ **EMPLOYEE ID:** _____

JOB CLASSIFICATION: _____ **WORK SITE:** _____

OSHA Standard 1910.1030 requires employers to offer the Hepatitis B vaccination to employees whose jobs involve exposure to blood and other potentially infectious materials.

CURRENT STATUS

Check the box if it applies to you:

- I have previously completed the vaccination series: approximate date or year: _____
- My immunity has been confirmed through antibody testing: approximate date or year: _____
- My physician states the vaccine is currently contraindicated for medical reasons.

DECLINATION/REFUSAL OF HEPATITIS B VACCINATION:

Complete this section if you do NOT want to receive the vaccination series.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

CONSENT FOR HEPATITIS B VACCINATION

Complete this section if you want to receive the vaccination:

- I have received and read the Department of Corrections Pre-Exposure Hepatitis B Vaccine Information Sheet. I have had the opportunity to ask questions and understand the benefits and risks of hepatitis B vaccination. I understand that I must have three doses of the vaccine to confer immunity. However, as with all medical treatments, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.
- I consent to be immunized against hepatitis B by a licensed health care professional under the supervision of a physician.

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

HEALTHCARE EMPLOYEES ONLY

The CDC recommends that health care workers who have contact with patients or blood and are at ongoing risk for injuries with sharp instruments or needlesticks be tested for the antibody to hepatitis B surface antigen (anti-HBs) within 1 to 2 months after completion of the 3-dose vaccination series. The department will make this test available to health care employees at no cost.

- I consent to be tested for antibodies to hepatitis B surface antigen
- I have been previously tested for antibodies to hepatitis B surface antigen and know that I am immune.
Approximate date or year: _____

HEALTH CARE EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

UPDATING PERSONAL INFORMATION IN SELF-SERVICE

Fields with a double ** are required to be completed. The remaining fields can be completed at your discretion. The download is an automatic process, so as long as your information is correct in Self-Service, it will download correctly.

Phone Numbers - in Employee Self Service, click on My Personal Information and then Phone Numbers.

All phone numbers must be formatted as 000/000-0000.

Business Phone** – this should be your **desk** phone at work or the best number to reach you at work other than your work cell phone.

This number is public information. Do not enter your work-issued cell phone number.

Home Phone** – this should be used for your home landline or cell phone if you do not have a landline. You **must** enter a number in this field.

Mobile Phone – this should be your personal cell phone.

Work Phone** – this should be your **WORK-ISSUED CELL** phone **ONLY**.

Text – this is a new option. Enter the cell number at which you wish to receive text messages if you want to use that feature.

DOC will not pay any charges you incur from receiving text messages, i.e., a test message, etc.

Email Addresses - in Employee Self Service, click on My Personal Information and then Email Addresses.

Business** – this should be your work email address.

Home – this should be your home email address. You are not required to provide this email address.

Emergency Contacts – in Employee Self Service, click on My Personal Information and then Emergency Contacts.

All phone numbers must be formatted as 000/000-0000.

Names should be entered as last name, first name.

If you are injured, a name without a phone number will greatly delay notification of your emergency contact.

Policy Review List

Policy list for new employees to review during the onboarding period.

- 100.010 – Mission, Values, Vision, and Goals of the Department of Corrections
- 100.020 – Organizational Structure of Department
- 100.100 – Policies, Operating Procedures, and Post Orders
- 101.160 – Digital Accessibility
- 103.013 – Identification Cards-Employees/ Contractors/Volunteers/Interns
- 103.0141 – Employees Who Are the Subject of Protective Orders (OFP, HRO, DANCO), Criminal Investigation(s), Arrest(s), and/or Conviction(s)
- 103.030 – Designation of the Work Week
- 103.205 – Employee Assistance Program
- 103.210 – Electronic Communications
- 103.215 – Alcohol and Other Drug Use
- 103.220 – Personal Code of Conduct of Employees
- 103.228 – Respectful Workplace
- 103.235 – Telework
- 103.300 – Sexual Harassment Prohibited
- 103.302 – Harassment and Discrimination Prohibited
- 103.310 – Reasonable Accommodation
- 103.400 – Employee Development Management
- 103.420 – Pre-Service and Orientation Training
- 104.350 – Fixed Asset/Property Management
- 104.355 – Employee-Owned Personal Property
- 105.0105 – Access Control Identification Card and Mechanical Keys – Central Office
- 105.0105 – Access Control Identification Card and Mechanical Keys – Central Office

**New Employee Sign Off Form
To Be Signed at Facility/Work Location Orientation**

The following information may be obtained electronically on the Department of Corrections (DOC) intranet page called iShare. Select Business Units, Human Resources, and the topic.

I have received the “New Hires and New Insurance Eligible Employee” DOC document, which provides electronic web links for the following:

- The Family Medical Leave Act (FMLA) - including the State Wide Policy, Frequently Asked Questions, and the FMLA poster.

- Workers’ Compensation - including the Certified Managed Care Plan.

- Insurance Benefits and Services – including deadlines, required coverage, optional coverage, and one-time opportunities.

I understand that if I am insurance eligible, there are certain enrollment deadlines, and I must complete the sign-up process for insurance coverage (including making decisions on health, dental, and dependent coverage, and optional insurance coverage):

- within 30 days (from the start of my new insurance eligible position - current employees)
- or
- within 30 days (from my hire date or rehire date with the state of Minnesota).

I understand that if I do not meet the enrollment deadline, it will affect the insurance coverage available to me.

By signing this document, I acknowledge that it is my responsibility to make sure I receive the benefits package, if eligible, and enroll for my insurance coverage. I understand that I am responsible for reviewing the FMLA and workers’ compensation documents listed above and may contact the Human Resource Management Office at any time if assistance is needed.

Employee Name

Employee ID

Employee Signature

Date

cc: Employee file

Policies and Procedures

Employee Name: _____

I understand that I will be held accountable for all material contained in the Department of Corrections policies and procedures. I am aware that this policy is available on the Department's Employee intranet at <https://policy.doc.mn.gov/DOCPolicy/>. I further understand that violations of rules and regulations outlined in the policy and procedures are subject to disciplinary action. If I have any questions or request interpretation regarding any information in the policy and procedures, I will consult my supervisor or the Human Resource Management Office for clarification.

Employee Signature

Date