



ALLEGANY COUNTY, MARYLAND

Department of Human Resources
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EMPLOYEE ORIENTATION CHECKLIST

- _____ W – 4
- _____ State (MD, WV)
- _____ I – 9 (Including Identification)
- _____ Direct Deposit
- _____ Substance Abuse Policy
- _____ Health Insurance
- _____ Life Insurance
- _____ MD New Hire
- _____ Personal Information Update Form
- _____ Explanation of Other Benefits Available
(ex. Dental, Vision, Deferred Comp)
- _____ Review of Handbook including Vacation, Sick leave, Personal Days, & Holidays
- _____ Handbook, BC/BS book, Pension Book
- _____ Answer Employee Questions
- _____ Election Form
- _____ MD Pension Forms 1 and 4
- _____ Premium Conversion Plan Summary Plan Description
- _____ Drivers Questionnaire

The topics listed above have been explained to my satisfaction.

Employee _____ Position Control # _____ Hired Date: _____

Date _____ Human Resources _____
Signature

We require a copy of Driver's License & Original Social Security Card