New Employee Induction Form

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| Name: | | SSN# |
| Starting Date: | Clock #: | |
| Job Title: | | Department: |
| Supervisor: | | |

Company Benefits and Rules

1. Work Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm until \_\_\_\_\_\_\_\_\_\_\_\_\_am/pm
2. Lunch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Break(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Time Records: Punch only your own time card and, in case of a mistake, take your card IMMEDIATELY to the office. After seven minutes, employees are docked 15 minutes for being late and repeated lateness is cause for discipline. If you are unable to come to work, call \_\_\_\_\_\_\_\_\_\_\_\_\_ before the start of your shift.
4. Holidays: New Year’s Day, Good Friday, Memorial Day, 4th of July, Labor Day, Thanksgiving, Christmas Day
5. Vacations: You will earn \_\_\_\_\_\_\_\_\_ of vacation for each \_\_\_\_\_ of employment up to a maximum of \_\_\_\_\_\_ days. You will earn \_\_\_\_\_\_ weeks after \_\_\_\_\_\_ years of service and \_\_\_\_\_ weeks after \_\_\_\_\_\_ years.
6. Insurance:
   * The company provides health insurance for all employees after \_\_\_\_\_\_\_\_\_\_\_\_\_ of service. If you wish coverage for eligible dependents, this can be arranged through payroll deduction.
   * After \_\_\_\_\_ months, the company provides $\_\_\_\_\_\_\_ of life insurance

If you have any questions at any time regarding your pay, benefits or job assignment, please discuss it with your supervisor.

I have read and understand the information above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Witness:

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Signature Date

