



# City of Madison

## Permanent Employee Orientation Checklist

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Employee Name

1. **Associations Presentation**

2. **City of Madison Mission, Vision, and Values**

3. **City Policies, Support, and Perks:**

- ☐ Employee Assistance Program (EAP) Information
- ☐ Drug-Free Workplace Policy (APM 2-23)
- ☐ Prohibited Harassment and Discrimination Policy (APM 3-5)
- ☐ Rules of Conduct (APM 2-33)
- ☐ Workplace Violence Prevention and Response Policy (APM 2-25)
- ☐ Prohibition of Weapons (APM 2-46)
- ☐ "Family Partner" Designation Policy (APM 2-14) and Designation Form
- ☐ Inclusive Workplace Policy (APM 2-52)
- ☐ Code of Ethics
- ☐ Worker's Compensation Information
- ☐ Records Management Information
- ☐ Employee Perks and Discounts Information
- ☐ Professional Opportunities Information
- ☐ Affinity Group Meeting Information (MAC, GET, DRG)
- ☐ Orientation Resource Links Summary
- ☐ Well Wisconsin Brochure
- ☐ Pet Insurance Information

4. **Initial Employment Forms:**

- Employer portion of I-9 must be completed **within 3 business days** of hire
  - ☐ W-4 Employee's Withholding Allowance Certificate (Federal Withholding)
  - ☐ Wisconsin Withholding Allowance Certificate (State Withholding)
  - ☐ I-9 Employee Eligibility Verification Form/Instructions
  - ☐ Employee Self Identification Form
  - ☐ Employee Emergency Contact Information
  - ☐ Self-Declaration of Disability Cover Letter and Form
  - ☐ Direct Deposit Authorization Agreement
  - ☐ Payroll Calendar
  - ☐ Employee Self Service (ESS) Information

## 5. **Benefits and Retirement:**

### **Benefits Forms**

- Health, dental, vision, life and wage are required as enrollments **or** waivers
- Flex Spending is required only if enrolling
  - ☐ Health Insurance Form
  - ☐ Dental Insurance Form
  - ☐ Vision Insurance Form
  - ☐ Life Insurance Form + Information
  - ☐ Wage Insurance (Short/Long-Term Disability Insurance) Form + Information
  - ☐ Flexible Spending Form
  - ☐ Wisconsin Retirement System (WRS) Beneficiary Designation Form

### **Benefits and Retirement Information:**

- ☐ ETF Decision Guide Program Option 14 (ET-2158) + ratesheet + privacy practices notice
- ☐ Quartz UW Health Information
- ☐ GHC Information (Dane Choice, Neighbors)
- ☐ Dean Health Plan Information
- ☐ Delta Dental Booklet + summary
- ☐ Delta Vision Booklet + summary
- ☐ HIPAA Notice
- ☐ Flexible Spending Information
- ☐ ETF Benefit Handbook (ET-2119) + Variable Trust Fund (VTF) Optional Enrollment Form
- ☐ Deferred Compensation Information
- ☐ Fidelity Information
- ☐ MissionSquare Information

## 6. **Employee Attestation:**

By my signature, I certify the following:

1. All items on this checklist were received, reviewed, and discussed with me during the orientation session presented by the City of Madison Human Resources Department.
2. I understand that I will be subject to a waiting period and/or medical underwriting if my benefits forms are not received by Human Resources **within 30 calendar days** of my hire date.

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Employee Signature

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Date of Signature