



# City of Madison Employee Orientation Checklist

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Employee Name

❖ [Madison Credit Union Information](#)

❖ [Introduction and Checklist](#)

❖ [Overview and Mission Statement](#)

❖ **Initial Employment Forms:**

1. \_\_\_\_\_ [W-4 Employee's Withholding Allowance Certificate](#)
2. \_\_\_\_\_ [Wisconsin Withholding Allowance Certificate](#)
3. \_\_\_\_\_ [I-9 Employee Eligibility Verification Form/Instructions](#)
4. \_\_\_\_\_ [Employee Self Identification Form](#)
5. \_\_\_\_\_ [Employee Emergency Contact Information](#)
6. \_\_\_\_\_ [Self-Declaration of Disability Cover Letter and Form](#)
7. \_\_\_\_\_ [Direct Deposit Authorization Agreement](#)
8. \_\_\_\_\_ [Payroll Calendar](#)

❖ **Insurance and Optional Benefits**

Instructions:

- 1) Return your completed health insurance, dental insurance, vision insurance, life insurance, and disability insurance forms to City Human Resources, Madison Municipal Building Suite 261, within 30 days of your hire date, even if waiving coverage.
- 2) Return the completed flexible spending enrollment form to Human Resources within 30 days only if enrolling in coverage.

9. \_\_\_\_\_ [Group Health Insurance Application/Change Form \(ET-2301\)](#)
10. \_\_\_\_\_ Health Insurance Rate Sheet ([CGs 11, 12, 13, 14, 41, 42](#)) or ([All other CGs](#))
11. \_\_\_\_\_ [It's Your Choice Decision Guide \(ET-2158\)](#)
12. \_\_\_\_\_ [Quartz-UW Health Information](#)
13. \_\_\_\_\_ [Group Health Cooperative-South Central Wisconsin Information](#)
14. \_\_\_\_\_ [Dean Health Plan Information](#)
15. \_\_\_\_\_ [Delta Dental Information Sheet](#)
16. \_\_\_\_\_ [Delta Dental Enrollment/Waiver/Change Form](#)
17. \_\_\_\_\_ [Delta Vision Information Sheet](#)
18. \_\_\_\_\_ [Delta Vision Enrollment/Waiver/Change Form](#)
19. \_\_\_\_\_ [Disability Insurance \(Wage Insurance/ICI\) Enrollment Form](#)
20. \_\_\_\_\_ [Disability Insurance \(Wage Insurance/ICI\) Information Sheet](#)
21. \_\_\_\_\_ [Life Insurance Enrollment Form](#)
22. \_\_\_\_\_ [Life Insurance Information Sheet](#)

- 23. \_\_\_\_\_ [Flexible Spending Memo](#)
- 24. \_\_\_\_\_ [Flexible Spending Enrollment Form](#)
- 25. \_\_\_\_\_ [HIPAA Privacy Practices Notice](#)
- 26. \_\_\_\_\_ [Wisconsin Retirement System \(ETF\) Benefit Handbook \(ET-2119\)](#)
- 27. \_\_\_\_\_ [Participation in the Variable Trust Fund Information/Application \(ET-2356\)](#)
- 28. \_\_\_\_\_ [ETF Beneficiary Form \(ET-2320 or ET-2321\)](#)
- 29. \_\_\_\_\_ [Lincoln/Alliance Benefit Group 457 Deferred Compensation Information](#)
- 30. \_\_\_\_\_ [ICMA-RC 457 Deferred Compensation Information](#)

❖ **Mayoral Administrative Procedure Memoranda (APMs) and Informational Documents**

- 31. \_\_\_\_\_ [Employee Assistance Program Information](#)
- 32. \_\_\_\_\_ [Drug-Free Workplace Notice/ Drug-Free Workplace Policy \(APM 2-23\)](#)
- 33. \_\_\_\_\_ [Prohibited Harassment and/or Discrimination Policy \(APM 3-5\)](#)
- 34. \_\_\_\_\_ [Rules of Conduct \(APM 2-33\)](#)
- 35. \_\_\_\_\_ [Workplace Violence Prevention and Response Policy \(APM 2-25\)](#)
- 36. \_\_\_\_\_ [Prohibition of Weapons \(APM 2-46\)](#)
- 37. \_\_\_\_\_ [Procedures for Designation of “Family Partner” Policy \(APM 2-14\)](#)
- 38. \_\_\_\_\_ [Family Partner Designation Form](#)
- 39. \_\_\_\_\_ [Ethics Code Simplified](#)
- 40. \_\_\_\_\_ [Workers’ Compensation Information](#)
- 41. \_\_\_\_\_ [Employee Bus Pass and other discounts information](#)
- 42. \_\_\_\_\_ [Multicultural Affairs Committee Information Sheet](#)
- 43. \_\_\_\_\_ [Women’s Initiatives Committee Information Sheet](#)
- 44. \_\_\_\_\_ [Information Technology Records Management Information Sheet](#)

**Checklist Statement (please sign and date):**

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 if I do not enroll in a benefit within the designated time frame for that benefit, I will be subject to a waiting period and/or medical underwriting

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date of Signature

**For Employer Use:**

\_\_\_\_\_  
Oriented By

\_\_\_\_\_  
Orientation Date