**On-Boarding Checklist Form**

*(for internal use only)*

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| **New Employee Details** | | | | |
| **Employee Name:** |  | | | |
| **Position Title:** |  | **Employee ID:** | |  |
| **Work Commencement Date:** |  | **Department:** | |  |
| **Action Item** | | | **Completed On** | **Completion Signature** |
| **Pre-Joining** | | | | |
| * **Creation of Employee File** | | |  | By HR: |
| * **Signing the Employment Contract** | | |  | By HR: |
| * **Assigning and preparing an office/desk for the employee with all stationaries** | | |  | By HR: |
| * **Preparing all IT requirements (e.g. email, laptop/PC, etc.)** | | |  | By HR: |
| * **Preparing accommodation, transportation, and travel arrangements, for expats** | | |  | By HR: |
| **After-Joining:** | | | | |
| * **Signing the Non-Disclosure Agreement** | | |  | By Employee: |
| * **Providing the employee with a tour in the company to meet all employees and familiarize with available facilities** | | |  | By Employee: |
| * **Providing the employee with an induction session on company structure, policies, and procedures** | | |  | By Employee: |
| * **Obtaining copy of employee’s documents (e.g. national ID, passport, qualifications, previous employment, etc.)** | | |  | By HR: |
| * **Submission of a copy of the Employee Handbook to the employee** | | |  | By Employee: |
| * **Submission of a copy of the relevant job description to the employee** | | |  | By Employee: |
| * **Signing the Work Commencement Confirmation form** | | |  | By HR: |
| * **Adding the employee to the Attendance System** | | |  | By HR: |
| * **Adding the employee to the HRMS/Payroll system** | | |  | By HR: |
| * **Enrolling the employee in the labor office and social security insurance** | | |  | By HR: |
| * **Issuing work/residency permit for the employee, for expats** | | |  | By Employee: |
| * **Obtaining a company/building access card, if applicable** | | |  | By Employee: |
| * **Obtaining Medical Insurance Card for the employee and dependents** | | |  | By Employee: |
| * **Sending the employee a copy of the Medical Insurance Policy/Network** | | |  | By Employee: |
| * **Providing the employee with Business Cards, if entitled** | | |  | By Employee: |
| * **Opening bank account with company’s official bank, if required** | | |  | By Employee: |
| * **Providing the employee with required IT systems and access** | | |  | By Employee: |
| * **Obtaining a fit-to-work medical report from the employee** | | |  | By HR: |
| * **Obtaining a No Criminal Record certificate from the employee** | | |  | By HR: |