

New Employee Orientation Checklist

PLEASE COMPLETE THIS FORM DURING YOUR ORIENTATION AND RETURN IT TO YOUR SUPERVISOR OR DESIGNATED HIRING MANAGER WHO MUST FORWARD IT TO THE NCAOC HUMAN RESOURCES DIVISION ALONG WITH ALL OTHER EMPLOYMENT FORMS. BY SIGNING THIS FORM YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND, AND AGREE TO ABIDE BY, THE INFORMATION PRESENTED TO YOU.

General
<input type="checkbox"/> Overview of the North Carolina Judicial System

Employment Information
<input type="checkbox"/> Compensation and Benefits Options
<input type="checkbox"/> Employee Responsibilities: <ul style="list-style-type: none">- Employment at will- Secondary employment- Work schedule- Confidentiality- Use of State property
<input type="checkbox"/> Internet and Electronic Mail Acceptable Use
<input type="checkbox"/> Employment Practices: <ul style="list-style-type: none">- Political activity- Equal employment opportunity- Unlawful workplace harassment- Problem resolution- Employee assistance program
<input type="checkbox"/> Leave Programs
<input type="checkbox"/> Performance Management
<input type="checkbox"/> Health and Safety, Workers' Compensation
<input type="checkbox"/> Employee Development and Training

Forms
<input type="checkbox"/> Forms checklist completed. The forms checklist is on the Personnel Data Sheet for Employees (AOC-A-136) which you will receive from your hiring authority or supervisor.

HR-Payroll System (formerly BEACON) / NCID
<input type="checkbox"/> Employee Self-Service (ESS) Training
<input type="checkbox"/> Manager Self-Service Training (if applicable)
<input type="checkbox"/> NCID Activation: I understand that I will be informed when an NCID account has been established for me and that I will then have 10 calendar days to activate the account by logging on to NCID and establishing a password.
<input type="checkbox"/> HR-Payroll System Authentication: I understand that, once I have established a password in NCID, I must log on to BEACON at https://mybeacon.nc.gov with my NCID and password to authenticate my BEACON access.
<input type="checkbox"/> HR-Payroll System Benefits Selection: I acknowledge that I must make health plan and NC Flex benefit plan elections in the HR-Payroll System (eEnroll) no later than 30 days after the start of my employment.

SIGN your name as it appears on your Social Security Card	➤
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PRINT your name as it appears on your Social Security Card	➤
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Enter the date that you complete this form	➤
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