



## 2022 CALIFORNIA HUMAN RESOURCES CHECKLIST

Onboarding		
<input type="checkbox"/>	New Hire First Day	
<input type="checkbox"/>	Facility/Practice Tour	Y / N
<input type="checkbox"/>	Team Introductions	Y / N
<input type="checkbox"/>	Safety Review	Y / N
<input type="checkbox"/>	New Hire Training	
<input type="checkbox"/>	Mentor Assignment	Y / N
<input type="checkbox"/>	Training Schedule	Y / N
<input type="checkbox"/>	30, 60, 90 Day Goals	Y / N
Employee Records & Files		
<input type="checkbox"/>	Job offer	Y / N
<input type="checkbox"/>	Background/Credit screening (must meet California requirements)	Y / N    Circle all applicable
<input type="checkbox"/>	New Hire Paperwork:	
<input type="checkbox"/>	Form I-9	Y / N
<input type="checkbox"/>	CA Required Notices	Y / N
<input type="checkbox"/>	Employee Contact Information	Y / N
<input type="checkbox"/>	Emergency Contact Information	Y / N
<input type="checkbox"/>	Employee Handbook Acknowledgement	Y / N
<input type="checkbox"/>	Photo Release (if applicable)	Y / N
<input type="checkbox"/>	Wage Theft Notice	Y / N
<input type="checkbox"/>	Direct Deposit (if offered)	Y / N
<input type="checkbox"/>	Employee Files: Employment Records	Y / N
<input type="checkbox"/>	Employee Files: Confidential records	Y / N
<input type="checkbox"/>	Performance Reviews	Y / N    How often:
<input type="checkbox"/>	Do you have an electronic filing system? If so, what system do you use?	Y / N    System used:

### Payroll Processing

<input type="checkbox"/>	Payroll Files (at least 3 years)	Y / N
<input type="checkbox"/>	Payroll Processing Forms:	
<input type="checkbox"/>	Quarterly: 941 (IRS) & DE9/DE9C (EDD)	Y / N
<input type="checkbox"/>	Annual: 940 & W2/W3 (IRS)	Y / N
<input type="checkbox"/>	Each New Hire: DE34 (EDD)	Y / N
<input type="checkbox"/>	Payroll Tax Payments: EDD & IRS	Frequency:
<input type="checkbox"/>	Employee Benefit Deductions & Reconciliation	Y / N

### Compliance & Internal Policies

<input type="checkbox"/>	Labor posters and Required Postings (year of poster, updated annually and completed?)	Y / N Year:
<input type="checkbox"/>	Employee Handbook	Y / N Year last updated:
<input type="checkbox"/>	Insurance: Workers Compensation, Liability, Malpractice, EPLI	
<input type="checkbox"/>	Workers Compensation	Y / N
<input type="checkbox"/>	General Liability	Y / N
<input type="checkbox"/>	Malpractice	Y / N
<input type="checkbox"/>	Employer's Practice Liability Insurance (EPLI)	Y / N
<input type="checkbox"/>	Employee Benefits & Eligibility (Health, Dental, Supplemental, Retirement, staff perks)	Y / N Circle all applicable
<input type="checkbox"/>	Benefits Broker	Y / N Broker Name:
<input type="checkbox"/>	Pending Labor Board Matters	Y / N
<input type="checkbox"/>	Is COVID vaccination or weekly testing required?	Y / N
<input type="checkbox"/>	If COVID vaccination or weekly testing is required, are vaccination & exemption records current? Booster records?	Y / N

Safety & Training		
<input type="checkbox"/>	IIPP (Illness and Injury Prevention Plan)	Y / N
<input type="checkbox"/>	OSHA Logs- 5 years	Y / N
<input type="checkbox"/>	Drug Testing/Drug Testing post-accident?	Y / N
<input type="checkbox"/>	Safety Meetings (how often and documentation to support) - 2 years	Y / N How often:
<input type="checkbox"/>	Types of Safety Training:	Circle all applicable
<input type="checkbox"/>	Bloodborne Pathogens (new hire & annual)	Y / N
<input type="checkbox"/>	HIPAA (new hire & annual)	Y / N
<input type="checkbox"/>	Fire Safety and Prevention (new hire & annual)	Y / N
<input type="checkbox"/>	Fire Drill/Emergency Action Plan Drill	Y / N How often:
<input type="checkbox"/>	Sexual Harassment and Discrimination (every 2 years)	Y / N
<input type="checkbox"/>	Workplace Violence (new hire & annual)	Y / N
<input type="checkbox"/>	Ergonomics/Safe Lifting Practices/Repetitive Motion (new hire & annual)	Y / N
<input type="checkbox"/>	Infection Control and Personal Protective Equipment (PPE) (new hire & annual)	Y / N
<input type="checkbox"/>	Safety Data Sheets (SDS) (annual)	Y / N
<input type="checkbox"/>	Types of training: Other (Note all other applicable trainings)	
<input type="checkbox"/>	Other:	Y / N
<input type="checkbox"/>	Other:	Y / N



Do you have  
**HR Questions?**

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