

**TENNESSEE TECHNOLOGICAL UNIVERSITY  
Clerical & Support New Employee Orientation**

**I. I acknowledge receipt of the following:**

1. Welcome letter from the President
2. Conflict of Interest Policy
3. Online Sexual Harassment Training
4. Welcome letter from the Staff Advisory Committee
5. Fair Labor Standards Act memo
6. Title VI of the Civil Rights Act
7. Title IX of the Education Amendments
8. Reporting Fraud, Waste, of Abuse pamphlet
9. Faculty/staff benefit summary
10. Drug-free Workplace Act Statement
11. Sexual & Racial Harassment pamphlet
12. Sex Crime Notice
13. College/University Security Information Act notice
14. Worker's Comp Information
15. TENN Care notice
16. EAP Packet
17. Credit Union brochures
18. U.S. Savings Bond information
19. Policy on Affirmative Action, Equal Employment Opportunity and Discrimination

**II. I have completed the following:**

- |   |   |
|---|---|
| 1. TTU application <input type="checkbox"/>     | 5. Direct Deposit form <input type="checkbox"/> |
| 2. TTU contract <input type="checkbox"/>        | 6. W-4 form <input type="checkbox"/>            |
| 3. I-9 form <input type="checkbox"/>            | 7. Information form <input type="checkbox"/>    |
| 4. Bid disclosure form <input type="checkbox"/> |   |

**III. The following benefits/deductions have been discussed with me:**

	<u>Accept</u>	<u>Reject</u>
1. Medical Insurance		
Basic PPO .....	<input type="checkbox"/>	<input type="checkbox"/>
Point of Service .....	<input type="checkbox"/>	<input type="checkbox"/>
John Deere .....	<input type="checkbox"/>	<input type="checkbox"/>
Comparison brochure, COBRA brochure, COBRA spouse form, HIPPA notice		
Insurance Check Off List, Marriage Cert., Birth Cert. ....	<input type="checkbox"/>	<input type="checkbox"/>
2. Dental Insurance .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Optional Insurance		
Provident Term .....	<input type="checkbox"/>	<input type="checkbox"/>
Provident Universal .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Flexible Benefits Plan .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Optional Accident Insurance .....	<input type="checkbox"/>	<input type="checkbox"/>
6. American Family		
Cancer Insurance .....	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Care Insurance .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Long-Term Disability, ITT Hartford .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Long Term Care .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Leave Beneficiary Form .....	<input type="checkbox"/>	<input type="checkbox"/>
10. Retirement Program		
Tenn State Plan.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Prior Service .....	<input type="checkbox"/>	<input type="checkbox"/>
12. Longevity form .....	<input type="checkbox"/>	<input type="checkbox"/>
13. Christmas Club .....	<input type="checkbox"/>	<input type="checkbox"/>
14. TTU Gift deduction .....	<input type="checkbox"/>	<input type="checkbox"/>
15. Charitable organization .....	<input type="checkbox"/>	<input type="checkbox"/>
16. 401K/457/403B .....	<input type="checkbox"/>	<input type="checkbox"/>
17. Fitness Center memo .....	<input type="checkbox"/>	<input type="checkbox"/>
18. Video -Worker's Compensation		
Employee Assistance Program .....	<input type="checkbox"/>	<input type="checkbox"/>

**I understand that an exit interview with a Human Resource Services Office Representative is required of all terminating benefited employees.**

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