WELCOME!

As the newest member of our team, we want to ensure you have a smooth transition into your new position and you have the best possible on-boarding experience.

One of the first steps to getting you on your way, is to print out all the attached forms using the following guidelines.

Print out all form(s) in this packet following these guidelines:

- Do not print forms double-sided
- Print black and white (NO COLOR)
- Ensure your printer has sufficient ink to make a quality print
- Print on standard white paper – do not use glossy or cardstock
- If you do not have access to a printer your local library, office supply store, or FedEx/Kinkos may be able to assist you with printing these forms.

DON’T FORGET YOUR ID FOR VERIFICATION OF YOUR I9!

You must complete the I9 online through the link that was sent to you by your Recruitment Coordinator or your Human Resources contact prior to your first day.

If you did not receive the link to complete your I9 contact a Pre-Boarding Specialist at 877.554.8484 or your Human Resources contact immediately. This must be completed online prior to your first day.

You MUST bring your I9 supporting documents with you on your first day unless you have already presented them in person. Not bringing your ID with you could prevent you from starting work.

FORM(S) ARE TO BE COMPLETED AND SUBMITTED TO HUMAN RESOURCES
## New Caregiver Orientation Checklist

### Providence Overview
- Mission
- Core Values
- History of Providence
- Diversity
- Spiritual Care
- Foundation
- Vision
- Operating Principles
- System Goals
- Ethical & Religious Directives
- Workplace Violence

### Human Resources
- Sexual Harassment
- Non-Retaliation
- Caregiver Benefits

### Safety and Security
- Parking
- Security
- Mgmt of Aggressive Behavior
- Environment of care
- Safety and Disaster Preparedness
- Ergonomics Safe Lifting
- Reporting of Safety Concerns

### Agreement as to the Terms of Employment and Acknowledgement
This is to acknowledge that I understand that all Providence Health and Services Southern California (PHSSC) employee policies are available on the intranet under Policies and Procedures. I agree to read and comply with all of the provisions in these policies. I understand that if I do not have direct access to a computer in my immediate area that I can use a workstation located in my unit or in the Medical Library. I can also, at any time, request a copy of any Human Resources Policy.

New situations delve constantly and it is understood that the employer reserves the right, in its sole and absolute discretion, to change, supplement, or rescind all or any part of the practices, procedures, or benefits described in the Human Resources Policies as it deems that circumstances require.

I further understand and agree that my employment is entered into voluntarily and I am free to resign at any time. Similarly, the Providence Health and Services is free to terminate my employment for any reason at any time, with or without cause. I acknowledge and understand that no representative of the employee (other than the Chief Executive Officer in a written agreement signed by the Chief Executive Officer) has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I further understand and agree that this acknowledgement constitutes a fully integrated agreement as to the term of my employment and the ability of Providence Health and Services to terminate, discipline demote at will. Represented employees employment is covered by the Collective Bargaining Agreement.

I agree to observe and abide by all the conditions for employment and rules contained within the Human Resources Policies.

I have received orientation on the topics listed above as applicable to me at

__________________________________________________________
(Print facility name)

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Employee Name (please print) ___________________________ Employee Signature ___________________________ Date ___________________________

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HR NOTE EMAIL ADDRESS: Once Caregiver has completed and signed this form email to:

HRdocstoHRSC@providence.org
Voluntary Self-Identification of Disability

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy

- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy

- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs

- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON’T HAVE A DISABILITY
- I DON’T WISH TO ANSWER

_________________________  __________________________
Your Name                  Today’s Date
Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

\[1\] Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.
The definition of sexual harassment includes many forms of offensive behavior.

such as a lead, supervisor, manager or agent;
• the employer had no knowledge of the harassment;
• there was a program to prevent harassment; and
• once aware of any harassment, the employer took immediate and appropriate corrective action to stop the harassment.

Filing a Complaint

Employees or job applicants who believe that they have been sexually harassed may file a complaint of discrimination with DFEH within one year of the harassment.

DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a formal accusation. The accusation will lead to either a public hearing before the Fair Employment and Housing Commission or a lawsuit filed by DFEH on behalf of the complaining party.

If the Commission finds that discrimination has occurred, it can order remedies including:
• Fines or damages for emotional distress from each employer or person found to have violated the law
• Hiring or reinstatement
• Back pay or promotion
• Changes in the policies or practices of the involved employer

Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

For more information, see publication DFEH-159 “Guide for Complainants and Respondents.”

Sexual Harassment

The Facts About Sexual Harassment

The Fair Employment and Housing Act (FEHA) defines sexual harassment as harassment based on sex or of a sexual nature; gender harassment; and harassment based on pregnancy, childbirth, or related medical conditions. The definition of sexual harassment includes many forms of offensive behavior, including harassment of a person of the same gender as the harasser. The following is a partial list of types of sexual harassment:

• Unwanted sexual advances
• Offering employment benefits in exchange for sexual favors
• Actual or threatened retaliation
• Leering; making sexual gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters
• Making or using derogatory comments, epithets, slurs, or jokes
• Sexual comments including graphic comments about an individual’s body; sexually degrading words used to describe an individual; or suggestive or obscene letters, notes, or invitations
• Physical touching or assault, as well as impeding or blocking movements
The mission of the Department of Fair Employment and Housing is to protect the people of California from unlawful discrimination in employment, housing and public accommodations, and from the perpetration of acts of hate violence.

**Employers’ Obligations**

All employers must take the following actions against harassment:

- Take all reasonable steps to prevent discrimination and harassment from occurring. If harassment does occur, take effective action to stop any further harassment and to correct any effects of the harassment.

- Develop and implement a sexual harassment prevention policy with a procedure for employees to make complaints and for the employer to investigate complaints. Policies should include provisions to:
  - Fully inform the complainant of his/her rights and any obligations to secure those rights.
  - Fully and effectively investigate. The investigation must be thorough, objective, and complete. Anyone with information regarding the matter should be interviewed. A determination must be made and the results communicated to the complainant, to the alleged harasser and, as appropriate, to all others directly concerned.
  - Take prompt and effective corrective action if the harassment allegations are proven. The employer must take appropriate action to stop the harassment and ensure it will not continue. The employer must also communicate to the complainant that action has been taken to stop the harassment from recurring. Finally, appropriate steps must be taken to remedy the complainant’s damages, if any.
  - Post the Department of Fair Employment and Housing (DFEH) employment poster (DFEH-162) in the workplace (available through the DFEH publications line [916] 478-7201 or Web site).

- Distribute an information sheet on sexual harassment to all employees. An employer may either distribute this pamphlet (DFEH 185) or develop an equivalent document that meets the requirements of Government Code section 12950(b). This pamphlet may be duplicated in any quantity. **However, this pamphlet is not to be used in place of a sexual harassment prevention policy, which all employers are required to have.**

- All employees should be made aware of the seriousness of violations of the sexual harassment policy and must be cautioned against using peer pressure to discourage harassment victims from complaining.

- Employers who do business in California and employ 50 or more part-time or full-time employees **must** provide at least two hours of sexual harassment training every two years to each supervisory employee and to all new supervisory employees within six months of their assumption of a supervisory position.

- A program to eliminate sexual harassment from the workplace is not only required by law, but is the most practical way for an employer to avoid or limit liability if harassment should occur despite preventive efforts.

**Employer Liability**

All employers, regardless of the number of employees, are covered by the harassment section of the FEHA. Employers are generally liable for harassment by their supervisors or agents. Harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassing an employee or coworker or for aiding and abetting harassment.

Additionally, the law requires employers to take “all reasonable steps to prevent harassment from occurring.” If an employer has failed to take such preventive measures, that employer can be held liable for the harassment. A victim may be entitled to damages, even though no employment opportunity has been denied and there is no actual loss of pay or benefits.

In addition, if an employer knows or should have known that a non-employee (e.g. client or customer) has sexually harassed an employee, applicant, or person providing services for the employer and fails to take immediate and appropriate corrective action, the employer may be held liable for the actions of the non-employee.

An employer might avoid liability if:

- the harasser is not in a position of authority,
Post Hire Things I need to do **within 2 weeks** of starting my new job!

Once you have received your Lawson Log in information from your manager.
Log into **Lawson/ProvConnect Employee Self Service (ESS)** and review and:

- [ ] Input my Emergency Contact information
- [ ] W4 deductions
- [ ] Direct Deposit Information
- [ ] My address and phone number (review for accuracy)
- [ ] Print out and/or review the Payroll Calendar

**Input my Emergency Contact Information:**

1. Log into Lawson Employee Self Service (ESS)
2. Select Emergency Contacts
   - Select “Add” Complete information
   - Select “Update”
W4 Exemptions (Tax Withholding):

1. Log into Lawson Employee Self Service (ESS)

2. Click “FIT EE” to change your Exemptions

3. Update your exemptions, marital status or additional amount

4. Continue or back

***** YOU DO NOT NEED TO PRINT THESE PAGES *****
Direct Deposit – (Entering Bank Information):

1. Log into Lawson Employee Self Service (ESS)

2. Click “Add” to enter your new bank information

3. Follow Add Account Instructions:
   - Enter your new bank information
   - Click “update” when completed

***** YOU DO NOT NEED TO PRINT THESE PAGES *****