

STATE OF MICHIGAN
MICHIGAN DEPARTMENT OF TRANSPORTATION - HUMAN RESOURCES
ONBOARDING CHECKLIST

NAME:	HIRE DATE:
WORK LOCATION:	SUPERVISOR:
POSITION TITLE:	EMPLOYEE ID NUMBER:

Forms and Information

Forms with an asterisk (*) will pertain to benefit eligible employees only

Introduction to MDOT

[Welcome Letter from Director](#)
[MDOT Mission, Vision, Value Statement](#)
[Organizational Structure](#)
[MDOT Intranet](#)

Your Job

[Performance Evaluations](#)
[Position Description](#)
[Probationary Period](#)
[MDOT Education Support Program *](#)
[Alternate Work Schedule](#)
[MDOT Employee Equipment & Materials Checklist](#)
[Notice to Employee in Test Designated Position](#)

New Employee Benefits [Checklist *](#)

[Health Care](#)
[Vision Care](#)
[Dental Care](#)
[Employee Life](#)
[Dependent Life](#)
[LTD](#)
[401K/457 Plan](#)
[Health/Dependent FSAs](#)
[QTFB/Pre-Tax](#)
[Benefits for Life](#)

Electing Benefits Summary [2025](#)

[Health Insurance Marketplace Information](#)
[Michigan Education Savings Account](#)
[Michigan Education Trust](#)
[Specialty Computer and Safety Glasses](#)
[Accidental Death & Dismemberment](#)
[COBRA Notice](#)

Workplace Environment

[New Employee Safety Checklist](#)
[Emergency Information](#)
[Accident Prevention Plan](#)
[Injury & Illness Incident Reporting](#)
[Motor Vehicle Incident Reporting](#)

Training

[Discriminatory Harassment/Safety for Employees](#)
[Drug and Alcohol Testing \(OSE\)](#)
(For Test Designated Positions Only)
[Workplace Violence Training](#)
[Workplace Safety - Regulation 2.05 \(MCSC\)](#)
If Applicable:
[Labor Relations Training for Supervisors/Managers](#)
[VTS Driver Quick Reference Guide](#)
[EEO Manager/Supervisor Training](#)

Policies and Procedures

Civil Service Rules and Regulations

[Annual, Personal, and School & Community Participation Leave *](#)
[Longevity Compensation *](#)
[Military Credit](#)
[Paid Holidays *](#)
[Regulation 5.10 *](#)
[HIPAA](#)

[IT Resources Acceptable Use Policy & Acknowledgment Form 2324](#)

[MDOT- The Americans with Disabilities Act & Section 504 of the Rehabilitation Act of 1973](#)

Policies/Procedures

[Administrative Leave](#)
[Alcohol and Drug Free Workplace Policy](#)
[Annual Leave *](#)
[Audio & Visual Content Use](#)
[Discriminatory Harassment Policy](#)
[Ethical Standards and Conduct](#)
[External Communication Review Policy](#)
[IT Security Incident Response](#)
[Jury Duty Document](#)
[MDOT Personal Protective Equipment \(PPE\)](#)
[Sick & Funeral Leave *](#)
[Smoking Policy](#)
[Social Security Privacy Policy](#)
[Use of Artificial Intelligence in Government Work](#)
[Use of MDOT IT Resources](#)
[Vehicle & Equipment Engine Idling](#)
[Wireless Communication Utilization](#)
[Wireless Device in State Vehicles](#)
[Workplace Violence Policy](#)

Misc. [Employee Self-Service](#)

[Travel Expenses](#)
[Areas of Responsibility Sheet](#)
[FMLA](#)
[Region Work Rules \(if applicable\)](#)
[Parking](#)
[Drug Free Notice \(posted in MDOT facilities\)](#)

Maintenance Employees (based on area)

[Conditions of Employment](#)
[Maintenance Work Rules and Signature Sheet](#)

Pay Schedules and Timekeeping

[SIGMA Time Entry](#)
[SIGMA Time Entry Instructions](#)
[Calendar: Dates and Pay Periods \[2025\]\(#\)](#)

HR Forms from Orientation (Collect from Employee)

Please send in order listed below

New Hire Checklist & Acknowledgment	Disclosure of Interest
Employee Personal Data (CS-1785)	Ethical Standard and Conduct Notification
Employment Eligibility Verification (I-9)	Final Compensation Beneficiary Designation
Copy of Driver's License & SSN card	Life Insurance/Accidental Duty Death Beneficiary Designation
Federal Tax withholding W-4	Motor Vehicle Driver Agreement
Michigan Tax withholding MI W-4	New Employee Safety Orientation Checklist
City Tax Forms (if applicable)	Oath of Office
Direct Deposit Authorization (EFT)	State of MI Deferred Comp/457 & 401K Beneficiary Designation
Emergency Contact Form (MDOT 0982)	Title VI Form
Acknowledgment of Drug Testing Training (OSE)	IT Resource Acceptable Use Policy and Acknowledgment Form 2324
	Department Work Rules

HR Forms from Orientation

(Collect from an Employee transferring to MDOT from another Agency)

New Hire Checklist & Acknowledgment	Motor Vehicle Driver Agreement
Copy of Driver's License & SSN card	Oath of Office
City Tax Form (if applicable)	Title VI Form
Emergency Contact Information	IT Resource Acceptable Use Policy and Acknowledgment Form 2324
Acknowledgment of Drug Testing Training (OSE)	Department Work Rules
Ethical Standard and Conduct Notification	Disclosure of Interest
Final Compensation Beneficiary Designation Life	New Employee Safety Orientation Checklist
Insurance/Accidental Duty Death Beneficiary	Employment Eligibility Verification (I-9)

Additional Form for Test Designated Positions Only

Notice to Employee in Test Designated Position

Employee Acknowledgment: MDOT employees are responsible for reviewing and understanding the content of department Guidance Documents and Policies and are accountable for compliance with their provisions. Work time may be used for this purpose and any assistance needed to access or understand this information will be provided upon request.

By my signature below, I acknowledge that I have received the guidance documents and policies noted above and have the opportunity to read and to seek clarification of their content. I understand that I am accountable for the provisions of these documents. I also understand that non-compliance with these documents will subject me to possible corrective action, up to and including dismissal.

I certify that I have received the above information. It is my responsibility to read and comply with all MDOT/Civil Service Commission DTMB policies, rules, and regulations.

EMPLOYEE SIGNATURE	DATE
ORIENTATION COMPLETED BY	DATE