

Tennessee Department of Labor Workforce Development  
Orientation Packet Checklist ("✓" indicates item has been discussed/viewed)

Required information	✓	General Information	✓
TN Department of Labor & Workforce Development's Overview		Human Resources Contact List	
Hybrid Retirement Plan		Parking Decal, Employee and Photo Building IDs	
W4 Withholding Tax - FORM TO SIGN		Discounts at Tennessee State Parks	
Direct Deposit Authorization Form ATTACH ONE (1) VOIDED CHECK- FORM TO SIGN		Healthy Tennessee Video	
Internal Security Handbook Employee reads handbook before acknowledging		Edison Review	
Dress Policy		Employment Security Credit Union	
Office Safety, Emergency Procedures and Security			
State Service Form - FORM TO COMPLETE			
Payroll Deduction Authorization (equipment) - FORM TO SIGN			
Acceptable Use Policy Network Access Rights and Obligations		<b>EMPLOYEE BENEFITS FULL-TIME EMPLOYEES ONLY</b>	
Title VI Video		Insurance Packet - <b>Human Resources will send packet of information, and will go over with the employees</b>	
Code of Conduct Power Point Presentation		Contact: <b>Elizabeth.Guy@tn.gov</b> if you have NOT been contacted regarding benefits.	
Code of Conduct - EE MUST READ - Form to sign			
ADAAA			
Acknowledgment Form			
<i>I acknowledge that all the information above has been discussed with me. I have read the employee information and understand that it is my responsibility to be aware of the contents of each form.</i>			
<b>Employee's Printed Name</b>		<b>DATE</b>	
<b>Employee's Signature</b>		<b>DATE</b>	
<b>Human Resources Orientator/Supervisor/Manager</b>		<b>DATE</b>	

# Service Information



## Human Resources

TN Dept of Labor & Workforce Development

Please complete this form and list any State employment you have worked, full-time or part-time. Include employment in State education system. However, if you have worked or have retired in a county or city government or educational system under the Tennessee Consolidated Retirement System, you **must** note this on this form.

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Other names(s) under which credit may be established:

Department Name	Dates of Employment	Classification	Full or Part-time
<i>Example : Dept of Labor &amp; Workforce Dev. ---5/16/98 to 1/31/99---Accountant 2----Full</i>			

We use this form to establish service date for leave, longevity, service awards, etc.

**If you have no other State service, please indicate the date of your employment with this Department.**

Return this form to Human Resources.



Name: \_\_\_\_\_ Department: \_\_\_\_\_  
(PLEASE PRINT)

STATE OF TENNESSEE  
CONFLICT OF INTEREST AND  
ETHICS POLICY RECEIPT STATEMENT

*(To be completed by employees covered by Executive Order No. 20, excluding Commissioners:*

*Please read, sign and return to Governor's Legal Office by April 15, of each year*

I hereby certify that I know of no circumstance related to my duties respecting Tennessee state government that might result in or create the appearance of any of the conditions described in sections (a) through (f) in paragraph 2 of Executive Order No. 20, dated August 31, 2012.

These conditions include the following:

- i. Using public office for private gain;
- ii. Giving preferential treatment to any person;
- iii. Impeding government efficiency or economy;
- iv. Losing complete independence or impartiality;
- v. Making a government decision outside of official channels; or
- vi. Affecting adversely the confidence of the public in the integrity of the government.

I also hereby certify that I have received and read a copy of Executive Order No. 20, concerning ethics, conflicts of interest, and acceptance of gifts on the part of executive branch employees. I agree to abide by the terms of Executive Order No. 20 as a condition of my employ with the State of Tennessee. I will direct any and all questions regarding Executive Order No. 20 any other work-related ethical issues to my department compliance director.

Signature

Department

Date

**NOTE:** *If the statement above is not accurate and you know of circumstances related to your duties respecting state government that might result in or create the appearance of any of the conditions described in sections (a) through (f) in paragraph 2 of Executive Order No. 20, do not sign this Statement, but instead attach a list of such circumstances. For each circumstance listed, please include a brief narrative describing all relevant facts and the nature of the potential conflict of interest.*