



[safety.security@okstate.edu](mailto:safety.security@okstate.edu)  
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## EMPLOYEE ACTIVATION CHECKLIST

EMPLOYEE INFORMATION	
Employee Name:	<input type="checkbox"/> OSU-CHS / COMCN <input type="checkbox"/> OSU-Tulsa
Department:	Supervisor Name _____ Contact Number _____
Banner/Cwid ID #	Okey email _____

SUPERVISOR AND EMPLOYEES' RESPONSIBILITIES				Auxiliary Department Initials
Tasks to be completed	Employees Initials	Supervisors Initials	Date Completed	HR – IT – Fac – Sec -Comp/Safe
HR New Hire Paperwork (HR)				
Banner ID/CWID (HR)				
Activate OSU Okey email. Okstate.edu – (IT)				
Proximity Card/ Parking Permit (CHS Security)				
Keys (CHS Security/Fac)				
University-owned Cell Phone: (IT)				
Laptop: (IT)				
Pager: (IT)				
ProCard forwarded to Purchasing: (Supervisor)				
Voicemail password: (IT)				
Immunization Records (Comp/Safety)				
TB/Hepatitis/Flu Shots (Comp/Safe)				
Mandatory Compliance Training: Healthstream (Comp/Safe)				
HIPPA Confidentiality: (Comp/Safe)				
Other:				

Supervisor must submit completed checklists to [safety.security@okstate.edu](mailto:safety.security@okstate.edu).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_