



NEW EMPLOYEE ORIENTATION CHECKLIST DEPARTMENT

Employee's Name: _____ Start Date: _____

Job Title: _____ Department/Program: _____ Location: _____

Supervisor: _____

INTRODUCTION

- History of Department/Program
- Review job description
- Parking
- Keys
- Entering and leaving premises
- Opening and closing hours; Weekends
- Office security

OFFICE PROCEDURES

- Starting work time, lunch, quitting time
- Work hours
- Severe weather closing procedure
- Emergency Notification Review
- Time reporting
- Time Clock procedure
- Review call-in procedure
- Vacation Scheduling
- Leave of Absence Reporting
- Administrative Closure

COMPANY POLICIES

- Non-smoking policy
- Employee appearance
- Harassment/offensive behavior
- Cell phone use
- Drugs/Alcohol
- Workplace violence/weapons
- Problem solving
- Injury – First-Aid, accident reporting
- Safety Precautions
- Computer security

Employee Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Department Director Signature: _____ Date: _____

HR Administrator Signature: _____ Date Received: _____