

NEW EMPLOYEE ORIENTATION CHECKLIST

Employee: _____ Supervisor: _____
Department: _____ Position: _____
Start Date: _____

THE FOLLOWING ITEMS SHOULD BE COVERED WITH THE EMPLOYEE WITHIN THE FIRST WEEK OF EMPLOYMENT:

1. Introduction to Co-workers/Tour of Facilities _____
2. Worker's Compensation Policy _____
3. Copy & Review of Personnel Policy Manual including: _____
 - a. Overtime and Comp time Policy _____
 - b. Sick and Vacation Pay _____
 - c. Grievance Policy _____
 - d. Health Insurance _____
 - e. Probationary Period _____
 - f. Travel (standard IRS rate) _____
4. Job Responsibilities _____
5. Work Hours/Lunch/Breaks _____
6. Facility Keys _____
7. Pay Period/Payroll _____
8. Review of all County & Office Safety Policies including: _____
 - a. Drug Free Work Place Policy _____
 - b. Fire Drill & Evacuation Procedures _____
 - c. Vehicle Accidents (if applicable) _____
 - d. Chemical Hazards _____
 - e. Employee Safety Training _____
 - f. Workplace Safety Policy _____
 - g. Alcohol & Drug Testing (if applicable) _____
 - h. Safety Equipment/Vehicle Operations _____
10. Parking _____
11. Picture I.D. _____

- Sick Leave Eligibility* _____
- Vacation Leave Eligibility* _____
- Probationary Period Completed* _____

SUPERVISOR'S SIGNATURE

EMPLOYEE SIGNATURE

DATE

**Distribution: Original goes to Personnel file with Payroll Clerk
Make Copies for Employee & Department Head**