

ATTACHMENT A WORK SITE ORIENTATION CHECKLIST

Employee Name: _____ Hire Date: _____

Department/Division: _____

Job Title: _____ Supervisor: _____

Supervisor must review and complete this form with the new employee within the employee's first two weeks of employment. This form shall be returned to the Human Resources Department when completed.

Date	Supervisor's Initials	Employee's Initials	
_____	_____	_____	1. Job Description a. Review/discuss job description b. Review/discuss job performance requirements, i.e., quality, quantity and timeliness of work c. Relationship of work to other sections, divisions, departments, County
_____	_____	_____	2. Work Procedures a. Who delegates or gives instructions b. What to do when leaving for lunch/break c. Instructions from co-workers d. Importance of asking questions when instructions are not clear e. Use of County equipment
_____	_____	_____	3. Conditions of Work a. Attendance (1) Absence reporting – to whom, when, and how (2) Tardiness policy (3) Explain effects of poor attendance and tardiness on performance b. Work Uniform/Dress Code c. Safety (1) Expectations and rules to follow (2) What to do when an accident occurs (3) Medical facilities and locations d. Drug/Alcohol Screening/Testing (1) Conviction must be reported with five work days of the conviction (2) Failure to report may result in termination (3) Discuss policy in general
_____	_____	_____	4. Work facilities a. Tour of work area b. Job posting location c. Bulletin board – purpose/contents d. Restrooms, break rooms

Attachment A - Continued

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| _____ | _____ | _____ | 5. Compensation/Work Day/Work Week |
| | | | a. Starting/quitting time |
| | | | b. Break/lunch period |
| | | | c. Salary per hour |
| | | | d. Pay periods/pay days |
| | | | e. Overtime/Compensatory time |
| _____ | _____ | _____ | 6. General Information |
| | | | a. Performance evaluation |
| | | | b. Paid holidays/vacation/sick/personal leave |
| | | | c. Grievance procedure |
| _____ | _____ | _____ | 7. Mail Service |
| | | | a. Policy on personal mail |
| | | | b. Office pick-up and delivery locations |
| _____ | _____ | _____ | 8. Departmental policies and procedures |
| | | | a. Explain procedures that are unique to departmental operations |
| _____ | _____ | _____ | 9. Occupational Exposure to a Reportable Disease – Discuss and complete report (if applicable) |
| _____ | _____ | _____ | 10. Discuss any relevant policies/procedures not outlined |
| | | | a. Other policies/procedures discussed |

_____	_____
Employee's Signature	Date
_____	_____
Supervisor's Signature	Date
_____	_____
Department Director's Signature	Date