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| **INSERT YOUR LOGO HERE** |

**EMPLOYEE ORIENTATION CHECK LIST**

Use these guidelines to conduct a simple yet effective employee orientation, ensuring that all important employment practices are communicated to employees. It is also a good workplace practice to regularly re-orientate employees every year or when changing employment practices in your Employee Handbook or Human Resources Manual.

Keep this Orientation Checklist on an employee's files for later use, for example, to demonstrate to the CCMA or Labour Court that employment practices have been communicated to a particular employee.

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| NAME | ID # |
| JOB TITLE | WORK UNIT |
| START DATE | RATE OF PAY |
| SUPERVISOR'S NAME | TELEPHONE NUMBERS  (W)                                                 (H) |
| REVIEW DATE | TELEPHONE NUMBER |

|  |  |
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| **Department Structure and Functions** | |
| Overview of Department  Department Orientation  Customer Orientation  Organizational Chart  Function of work unit  Work duties of others in the work unit  Review of specific Departmental Procedures  Mission statement and operational objectives  Job duties and responsibilities  Performance standard for the job  Probation period  Issue an Employee Handbook  Whereto get Department help and information  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Notes:** |

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| **Physical Surrounding and Equipment** | |
| Work Area  How to use the Telephone  Location of supplies  Care of equipment  Parking  Keys and key control  Housekeeping and Safety  After hours access  Staff ID card  Fire extinguishers & exits  Smoking rules  Review of specific policies pertinent to department  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Notes:** |

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| **Pay For Time Worked** | |
| Pay Checks  Pay Dates  Check distribution  Problem with pay check, see supervisor  Changes in personal / income tax status (name address)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Notes:** |

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| **Hours of Work** | |
| Work week and hours of work  Meal breaks - when and how long  Work schedule changes  Break periods - when and how long  Punctuality  Attendance  Review of relevant Human Resource Manual procedures  Required overtime, Sunday Work, night work or work on Public Holidays  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Notes:** |

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| **Leaves and Absences** | |
| Holidays  Vacation Leave Request  Vacation Leave Accrual  Use of leave and approval after six months of service  Sick Leave Request  Medical release may be required  Sick Leave Accrual Rate  Sick Leave w/o Pay  Compassionate / Bereavement Leave  Family Responsibility Leave  Department procedures on leave reporting  Leaving during working hours  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Notes:** |

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| **Rights and Responsibilities** | |
| Conduct and Dress Code  Effective Work Relationships  Professional Ethics  Telephone How to answer, Personal calls  Rules outlining the use of equipment/resources for personal use  Employee Assistant Program  Job injury reported to supervisor  Confidential Information  Complaint and Appeal procedures  Discipline process  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Bargaining Council Agreements or Wage Determinations)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Notes:** |

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| **Other employment practices communicated** | |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Notes:** |

Original retained by Supervisor On Employee File

Date for follow up / re-orientation of employment practices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Copy to Employee:

I, the undersigned, hereby confirm that the above-mentioned policies and procedures have been communicated to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE SIGNATURE             DATE

I, the undersigned, hereby confirm that the above-mentioned policies and procedures have been communicated to the above-mentioned employee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR'S SIGNATURE    DATE