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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 |  |  |  |

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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_