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