NEW EMPLOYEE ORIENTATION CHECKLIST
For Civil Service and Union Employees
SUPERVISOR/DEPARTMENT

Instructions: This form is to be completed by the supervisor or department representative together with the new employee. Place a check in the box after each item has been completed. If a particular item does not apply to this position, write N/A to the left of the box. This form should be completed, signed by both the employee and the supervisor, and sent to the Human Resource Office within thirty (30) days after the first day of employment. It will be placed in the employee’s personnel file.

EMPLOYEE NAME:___________________________________________________________

POSITION:______________________________________   DEPT.____________________

CAMPUS ADDRESS:__________________________________________________________

☐ Discuss job description and duties
☐ Discuss parking policy and process to purchase a parking permit
☐ Arrange for HIPPA data privacy issues training
☐ Arrange for Safety Training in coordination with Tom Feiro
☐ Introduction to coworkers
☐ Assignment of a buddy/peer co-worker as a resource person
☐ Explain completion of time cards and payroll periods
☐ Explain vacation and sick leave policy… ☐ regular payroll or ☐ Biweekly payroll
☐ Work hours, break and meal times
☐ Location of rest rooms, break area, and cafeteria
☐ Location of copy machine/PIN number/fax and other important equipment
☐ Review travel policy and how to complete travel and expense forms
☐ Policy on confidentiality of student/employee information
☐ Order business cards and name tag
☐ Assign keys
☐ Assign equipment and materials (tools, computer, manuals, etc.)
☐ How to access needed information on the computer
☐ Review reserving a vehicle: location of garage/keys/gas pumps/UMC gas card
☐ Discuss calendar events and important dates
☐ Contact Computer services to assign e-mail address:__________________________
☐ Assign Telephone number____________________
☐ Put employee on telephone distribution list
☐ Supply with a copy of the campus telephone directory sheet
☐ Explain campus telephone system
☐ Copy of current class schedule of classes
☐ Brief tour of the campus
☐ Other (Specify)__________________________________________________________

I verify that everything checked on this sheet has been completed.

__________________________________________  ________________________
Employee Signature      Date

__________________________________________  ________________________
Supervisor or Dept. Head Signature    Date