NEW EMPLOYEE ORIENTATION CHECKLIST  
For Faculty, Professional & Administrative 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:____________________________________________ DEPT._______________

POSITION:_________________________________ CAMPUS ADDRESS:______________________

☐ Discuss job position, duties, expected results/outcomes of job
☐ 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, colleagues, and other resource people
☐ Discuss office hours
☐ Discuss advising responsibilities
☐ Discuss procedure in the event of illness or other absence
☐ 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 University policies and 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:__________________________
☐ Contact Computer services to put employee on e-mail distribution list
☐ Contact Toby to assign Telephone number____________________
☐ Contact Toby put employee on telephone distribution list
☐ Explain campus telephone system
☐ Copy of current class schedule of classes
☐ Brief tour of the campus
☐ Other (Specify)________________________________________
☐ Other (Specify)________________________________________

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

__________________________________________  _________________  
Employee Signature      Date

__________________________________________  _________________  
Supervisor or Dept. Head Signature    Date