

Entity Name



New Employee 1st Day/Week Orientation

[This document is intended to be a **Sample** to get you started; customize to reflect your entity's culture and wording. Always submit new forms and documents to legal for review. Delete this line prior to implementing. "Sample" watermark can be removed by clicking Format, Background, and printed watermark]

EMPLOYEE		
Name:	Start date:	
Position:	Manager:	
BENEFITS & ADMINISTRATION POLICIES		
<input type="checkbox"/> Obtain I-9 Forms		
<input type="checkbox"/> Employee fills out paperwork (replace with specific examples: Sign up for insurance...)		
<input type="checkbox"/> Benefit review		
<input type="checkbox"/> Policy & Procedure Manual (provide)	<input type="checkbox"/> Conduct Policy <input type="checkbox"/> Anti-harassment & EEOC <input type="checkbox"/> FMLA <input type="checkbox"/> Drug & Alcohol Policy	<input type="checkbox"/> Confidentiality <input type="checkbox"/> Holidays <input type="checkbox"/> Vacation and sick leave <input type="checkbox"/> Probationary period = ___ days
DEPARTMENT PROCEDURES		
<input type="checkbox"/> Departmental Procedures (provide)	<input type="checkbox"/> Personal conduct standards <input type="checkbox"/> Anti-harassment & EEOC <input type="checkbox"/> Office or work area rules <input type="checkbox"/> Attendance & time card <input type="checkbox"/> Keys & Security <input type="checkbox"/> Picture ID badges <input type="checkbox"/> Telephone, E-mail, Internet <input type="checkbox"/> Dress code	<input type="checkbox"/> Safety Rules <input type="checkbox"/> Discipline <input type="checkbox"/> Performance reviews <input type="checkbox"/> Emergency procedures <input type="checkbox"/> Vehicle use <input type="checkbox"/> Tool & Equipment use <input type="checkbox"/> Other
POSITION SPECIFIC INFORMATION		
<input type="checkbox"/> Job Description review		
<input type="checkbox"/> Initial job assignment duties and performance expectations		
<input type="checkbox"/> Safety procedures for initial job assignment		
<input type="checkbox"/> Training schedule going forward		
<input type="checkbox"/> Driving is required <input type="checkbox"/> N/A		
<input type="checkbox"/> MVR meets entity's "Acceptable Driver" standards		
<input type="checkbox"/> Vehicle operation rules reviewed		
<input type="checkbox"/> Defensive Driving class completed		
<input type="checkbox"/> Mobile Equipment operation required <input type="checkbox"/> N/A		
<input type="checkbox"/> Observe employee operating equipment using the required skills for job		
Equipment: _____		

INTRODUCTIONS/TOURS		
<input type="checkbox"/> Give introductions to department staff and tour facility		
OTHER INFO		
Manager Signature: _____		Date: ___/___/___