**Orientation Checklist**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To be completed within three days of the employee’s start date.*

Introduction to the Company

[ ] Organization overview

[ ] Corporate culture

[ ] Company mission

[ ] Corporate literature/video

[ ] Organizational chart

New-Employee Paperwork

[ ] W-4 and state tax forms

[ ] I-9 form

[ ] Employee handbook

Benefits and Compensation

[ ] Health, life, disability insurance

[ ] Retirement benefits

[ ] Dependent care FSA

[ ] Educational assistance

[ ] Employee assistance program

[ ] Pay procedures

[ ] Salary increase/performance review process

[ ] Incentive/bonus programs

[ ] Paid and unpaid leave

Administrative Procedures

[ ] Office/desk/workstation

[ ] Computer username and password

[ ] E-mail

[ ] Keys/access card

[ ] ID badge

[ ] Mail (incoming and outgoing)

[ ] Business cards

[ ] Purchase requests

[ ] Telephones

[ ] Conference rooms

[ ] Expense reports

Key Policy Review

[ ] Anti-harassment/discrimination

[ ] Vacation and sick leave

[ ] FMLA/leaves of absence

[ ] Overtime

[ ] Dress code

[ ] Personal conduct standards

[ ] Progressive discipline

[ ] Security

[ ] Confidentiality

[ ] Safety

[ ] Injury reporting

[ ] Emergency procedures

[ ] E-mail and Internet usage

Introductions and Tours

[ ] Department staff and key personnel

[ ] Tour of facility, including:

\_Restrooms

\_Mailroom

\_Copy centers, printers, fax machines

\_Bulletin board

\_Parking

\_Office supplies

\_Break rooms

\_Coffee/vending machines

\_Watercoolers

\_Emergency exits

**ACKNOWLEDGMENT: *(to be signed upon completion of all orientation items)***

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

***Return original to Human Resources - Copies to Manager and Employee***