



NEW EMPLOYEE DEPARTMENTAL ORIENTATION CHECKLIST

Name of New Employee: _____ Start Date: _____

Supervisor: _____ Department: _____ Location: _____

Tiger Buddy Name: _____ Phone: _____

Please review all checklist tasks and return this form to the Office of Human Resources completed no more than three weeks from the new employee's start date.

	Employee Initials	Department Trainer Initials
1. Department Mission /Job Description	_____	_____
<input type="checkbox"/> Provide copy of Department's Mission Statement	_____	_____
<input type="checkbox"/> Review meaning	_____	_____
<input type="checkbox"/> Provide copy of Job Description	_____	_____
<input type="checkbox"/> Perform Planning Session	_____	_____
2. Job Orientation & Training	_____	_____
3. Department Information:	_____	_____
<input type="checkbox"/> Hours of operation		
<input type="checkbox"/> Schedule		
<input type="checkbox"/> Parking location and decal		
<input type="checkbox"/> Lunch hour and break policy		
<input type="checkbox"/> Department safety information		
<input type="checkbox"/> Mail procedures		
4. Obtain Employee Photo ID	_____	_____
5. Telephone System Orientation:	_____	_____
<input type="checkbox"/> Department phone number and extensions		
<input type="checkbox"/> Dialing local and long distance		
<input type="checkbox"/> Call forwarding		
<input type="checkbox"/> Voice mail operation		
<input type="checkbox"/> Office etiquette for answering incoming calls		
6. Location Introductions and Tour with Buddy:	_____	_____
<input type="checkbox"/> Tour of Campus to include but not limited to Campus Security, rest room, break area, and cafeteria		
<input type="checkbox"/> Introductions to various outside departmental staff and key personnel		
7. Workstation Orientation:	_____	_____
<input type="checkbox"/> Provide key to office if applicable		
<input type="checkbox"/> Computer orientation (college web site, email, Banner, etc.)		
<input type="checkbox"/> Order business cards if applicable		
<input type="checkbox"/> Location of forms and office supplies within the department		

Employee Signature of Completion: _____ Date: _____

Supervisor Signature of Completion: _____ Date: _____