

Employee: _____



Employee Orientation Program

This form **MUST** be completed as part of the hiring process.

After completion at all levels, it is signed by the employee and is to be filed in his/her official personnel file.

Department Operations (Department Director)

- | | |
|--|--|
| <input type="checkbox"/> Accreditation Training Police Department | <input type="checkbox"/> Uniform Policy |
| <input type="checkbox"/> Review Job Description | <input type="checkbox"/> Lockers/Locks |
| <input type="checkbox"/> Salary/Payday & Paycheck | <input type="checkbox"/> Restricted Areas |
| <input type="checkbox"/> Time Cards/Time Clocks | <input type="checkbox"/> Smoking Policy |
| <input type="checkbox"/> Vacation/Sick Time | <input type="checkbox"/> Restroom Facilities |
| <input type="checkbox"/> Reporting Absences | <input type="checkbox"/> Employee Parking |
| <input type="checkbox"/> Holidays | <input type="checkbox"/> Employee Bulletin Boards |
| <input type="checkbox"/> Work & Meal Breaks | <input type="checkbox"/> Business Cards |
| <input type="checkbox"/> Assigned Vehicle – Use Policy | <input type="checkbox"/> Citizen/Customer Service |
| <input type="checkbox"/> Property Agreement | <input type="checkbox"/> Introduce to Supervisor |
| <input type="checkbox"/> Safety Equipment Provided/Required | <input type="checkbox"/> Introduce to Co-workers |
| <input type="checkbox"/> Review Safety Manual | <input type="checkbox"/> Review Daily Assignments |
| <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> Overtime Work & Reporting |
| <input type="checkbox"/> Fires & Other Emergencies | <input type="checkbox"/> On-Call Agreement |
| <input type="checkbox"/> Departmental Manuals | <input type="checkbox"/> Other |

Department Director Date

Personnel (Human Resources Director)

- | | |
|---|--|
| <input type="checkbox"/> City Council | <input type="checkbox"/> Customer/Citizen Service |
| <input type="checkbox"/> Organization Chart | <input type="checkbox"/> Disciplinary Action |
| <input type="checkbox"/> Conditions of Employment | <input type="checkbox"/> Code of Conduct – Major/Minor |
| <input type="checkbox"/> At Will Employment | <input type="checkbox"/> Grievance/Appeal Process |
| <input type="checkbox"/> Residency Requirements | <input type="checkbox"/> Chain of Command |
| <input type="checkbox"/> Probationary Period | <input type="checkbox"/> Open Door Policy |
| <input type="checkbox"/> Salary Progression | <input type="checkbox"/> Violence in Workplace |
| <input type="checkbox"/> Policy Manual | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Employee Handbook | <input type="checkbox"/> Discrimination/Title IV/ADA |
| <input type="checkbox"/> Job Announcement | <input type="checkbox"/> Tuition Reimbursement |
| <input type="checkbox"/> Promotions/Transfers | <input type="checkbox"/> Copy of required diploma, Certification/License (CDL) |
| <input type="checkbox"/> Reporting Absences | <input type="checkbox"/> ID Card |
| <input type="checkbox"/> Leaves – Sick/Vacation Forms | <input type="checkbox"/> Public Records Act |
| <input type="checkbox"/> Leave Share | <input type="checkbox"/> Exit Interviews |
| <input type="checkbox"/> FMLA | <input type="checkbox"/> Health Clinic/Fit Program/Gym Deductions |
| <input type="checkbox"/> Second Job Approval | <input type="checkbox"/> Mandatory Retirement Policy (Police Officers/Firefighters) |
| <input type="checkbox"/> Dealing with Mental Illness (Police Dept.) | |

Human Resources Director Date

Employee Orientation Program

Occupational Safety & Health Program (H.R. Department)

- | | |
|--|---|
| <input type="checkbox"/> Safety Program | <input type="checkbox"/> Right-to-Know Policy |
| <input type="checkbox"/> Reporting Accidents | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Personal Protective Equipment (Foot, Eye, Head, etc.) | <input type="checkbox"/> Panel of Physicians |
| <input type="checkbox"/> Work Zone Safety | <input type="checkbox"/> Return-to-Work |
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Modified/Light Duty |
| <input type="checkbox"/> Drug / Alcohol Testing | <input type="checkbox"/> Bloodborne Pathogens |
| <input type="checkbox"/> Occupational Disability / Injury Leave | <input type="checkbox"/> Trenching Safety |
| <input type="checkbox"/> Seatbelt Use | <input type="checkbox"/> LocalGovU Training |
| <input type="checkbox"/> Proper Lifting | <input type="checkbox"/> Hepatitis B Vaccination Information |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Accepted <input type="checkbox"/> Declined |

Safety Coordinator Date

General Sign-up (Compensation/Benefits Coordinator)

- | | |
|---|---|
| <input type="checkbox"/> Personnel Action Form | <input type="checkbox"/> Open Enrollment |
| <input type="checkbox"/> Personal Data Form | <input type="checkbox"/> TCRS |
| <input type="checkbox"/> Physical Examination Form | <input type="checkbox"/> Life Insurance Sign-up |
| <input type="checkbox"/> Withholding Form | <input type="checkbox"/> Health Insurance Sign-up |
| <input type="checkbox"/> I-9 Form | <input type="checkbox"/> Elective Insurance |
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Christmas Club |
| <input type="checkbox"/> Copy of Driver's License | <input type="checkbox"/> Flower & Gift Fund |
| <input type="checkbox"/> Automatic Payroll Deposit | <input type="checkbox"/> Deferred Comp Sign-up |
| <input type="checkbox"/> Payroll Schedule | <input type="checkbox"/> Notices Packet (HIPPA, Employer Sponsored Wellness |
| <input type="checkbox"/> Longevity Pay | Program, Special Enrollment, CHIPRA Premium |
| <input type="checkbox"/> Payroll Check Beneficiary Form | Assistance, Newborns' Act Disclosure, WHCRA, |
| <input type="checkbox"/> Donations (CRMC Foundation, Cookeville /Putnam County Animal Shelter) | Medicare Part D Creditable Coverage, Health Insurance Market Place) |
| <input type="checkbox"/> Other _____ | |

Compensation/Benefits Coordinator Date

The appropriate city official has reviewed the above listed items with me and I understand my duties and responsibilities for the position of _____ in the _____ department.

Employee's Signature

Date