

Employee Orientation Checklist

Employee _____
Department _____

Position _____
Start Date _____

Item

- Department Function and Goals
- Schedule of Hours
- Coworker Introduction
- Locker / Desk / Office
- Supplies and Storage
- Department Safety Procedures
- Equipment and Tools
- Record-Keeping Procedures
- Job Training
- Overtime Policy

Reviewed

Other:

I acknowledge that the items checked have been reviewed with me and I understand them.

EMPLOYEE SIGNATURE

DATE

SUPERVISOR

SUPERVISOR SIGNATURE