

SAMPLE NEW EMPLOYEE ORIENTATION CHECKLIST

This sample is designed to show a typical format for an orientation checklist. All checklists should be customized to your company's specification and needs.

To ensure that the orientation process is successful and that all new employees are introduced to all aspects of employment at _____, please be sure to discuss all of the following with the designated orientation presenter. Questions and comments are encouraged, so please be sure to present any concerns or questions during the orientation process.

| Employee: | | |
|-----------------------------------|--|---------------------------------|
| Department: | | |
| Hire Date: | | |
| Schedule | Topic | Presenter / Date |
| First Day | ▪ Introductions | |
| | ▪ Orientation Program | |
| | ▪ Tour (<i>general building layout, restrooms, cafeteria</i>) | |
| | ▪ Company Overview (<i>history, mission/philosophy, organization chart, products, industry, customers, competition</i>) | |
| | ▪ Job Description | |
| | ▪ Learning Objectives / Timeline | |
| | ▪ Hours of Work | |
| | ▪ Security / Issue ID & Keys | |
| | ▪ Probationary Period | |
| End of 1st Week | Employee Handbook | ▪ Employment-at-will |
| | | ▪ EEO Policy |
| | | ▪ Discipline Policies |
| | | ▪ Attendance/Punctuality |
| | | ▪ Sexual Harassment |
| | | ▪ Substance Abuse |
| | | ▪ Smoking Policy |
| | | ▪ Computer Use |

| Schedule | Topic | | Presenter / Date |
|-----------------------------|-----------------------|-------------------------------|------------------|
| End of 1 st Week | Safety | ▪ Reporting Accidents | |
| | | ▪ Drug/Alcohol Testing | |
| | | ▪ Worker's Compensation | |
| | | ▪ Safety Equipment | |
| | Departmental Workings | ▪ Goals | |
| | | ▪ Work Flow | |
| | | ▪ Internal/External Customers | |
| | | ▪ Chain of Command | |
| | Job Specifications | ▪ Overtime Requirements | |
| | | ▪ Performance Standards | |
| | | ▪ Territories | |
| | | ▪ Incentive Programs | |
| End of 2 nd Week | Benefits | ▪ Group Medical/Dental | |
| | | ▪ Group Life | |
| | | ▪ Disability | |
| | | ▪ Retirement Plans | |
| | | ▪ Leave of Absence | |
| | | ▪ Vacation Days | |
| | | ▪ Sick/Personal Days | |
| | | ▪ Jury Duty | |
| | | ▪ Bereavement Leave | |
| | | ▪ Holidays | |
| | Compensation | ▪ Performance Evaluations | |
| | | ▪ Pay Increases | |
| | | ▪ Overtime/Shift Pay | |
| | | ▪ Direct Deposit | |
| | | ▪ Per Diem | |
| | | ▪ Travel/Expense Accounts | |

| Schedule | Topic | Presenter / Date |
|-----------------------------------|--------------------------------------|------------------|
| End of 3rd Week | ▪ Gifts/Gratuities | |
| | ▪ E-mail / Internet Policy | |
| | ▪ Tuition Reimbursement | |
| | ▪ Child Care | |
| | ▪ Credit Union | |
| | ▪ Employee Assistance Program | |
| | ▪ Company Newsletter | |
| | ▪ Promotions | |
| | ▪ Referral Bonus | |
| | ▪ Employee Discounts | |
| | ▪ Recreation Program | |
| | ▪ Use of Company Equipment | |

The above items have been presented and discussed with me.

Employee Signature

Date

Supervisor

Date

Human Resources

Date