## DEPARTMENTAL ORIENTATION CHECKLIST

Employee's Full Name:	Employee #:	
Department:	Department Contact:	
Date of Hire:	Phone:	
This checklist is designed to assist hiring departments a representatives need to discuss the items below with new completion. The completed form should be placed in the	w hires, then sign and date the back of this f	
DEPARTMENT		Completed( $$ )
Via Telephone with New Employee		
(Prior to first day of er	nployment)	
Confirm first day/work hours		
Discuss dress code/uniform distribution		
Discuss payroll frequency, overtime pay (straight pay		
Discuss parking arrangements; provide directions to l		
Emphasize the importance of benefits/payroll appoint	tment	
Obtain emergency contact phone numbers		
Complete Section 1 of I-9 (online)		
Department Arrang (Prior to first day of en		Completed(√)
Introduce new employee by e-mail or letter	· · · · · · · · · · · · · · · · · · ·	
Select current employee to assist new employee; infor	rm current employee of expectations	
Assign 1st day/1st week checklist activities to approp	riate staff	
Provide workspace and necessary office equipment/su	applies	
Prepare department orientation agenda		
Inform department computer support team of new hir registering for email, etc.	e; request assistance creating accounts,	
1st Day/1st W	eek	Completed( $$ )
Supervisor to greet new employee at start of first day		
Introduce new employee to current employee who wa	as assigned to assist	
Accompany new employee to his/her office		
Review computer set up, log on, e-mail, data security		
Review phone number and phone system training, FA	AC (Forced Access Code), phone mail as	
applicable Discuss/distribute office supplies, UVA directory, Ch	arlottesville directory, name plate, etc.	
Tour office/department (restrooms, break room, intro	<u>*</u>	
identification/access card, and/or appropriate keys)		
Discuss communication opportunities - staff meetings	s, department meetings, newsletters, etc.	
Provide brief history of department		
Provide departmental/university organizational charts	3	

1st Day/1st Week	Completed(√)
Complete Section 2 of I-9 (online)	
Brief discussion of employee's role in department/University (also discuss department's and	
University's mission)	
Provide up-to-date written position description (job duties/scope, essential/non-essential	
employees) and performance expectations	
Discuss Performance Planning and Evaluation (Lead @) process (general overview)	
Discuss recording leave (Self Service Time and Leave -SSTL)	
Discuss/provide reference for leave policies	
Discuss holiday schedule and process for requesting leave	
Discuss lunch/break periods	
Discuss training/educational opportunities/recommended reading	
Discuss tuition waiver/reimbursement—other educational opportunities	
Discuss UTS (University Transit Service) - have bus schedule available in department	
Discuss safety and security/emergency conditions and response, such as:	
a. Fire, disaster preparedness, emergency/ bomb threat procedures	
b. Accident injury procedures	
c. Emergency blue phones on Grounds (Dial 9+911)	
d. Inclement weather policy	
e. Universal precautions and HAZMAT (if applicable)	
Discuss WorkMed's services (refer to: <a href="www.healthsystem.virginia.edu/internet/occupational-">www.healthsystem.virginia.edu/internet/occupational-</a>	
health/)	
Approximately 3 Months From Hire Date	Completed(√)
Consider conducting 3- Month Performance Evaluation (recommended)	
Discuss comprehension of job responsibilities	
Discuss professional development opportunities	
	-
Department-Specific Requirements/Notes - to be customized by each departm	nent.
2 open small specific requirements to so customized sy cuch deput on	
Completion of Checklist: (Both new employee and departmental representative must sign below in	ndicating checklist
Completion of Checklist: (Both new employee and departmental representative must sign below in information has been completed in full).	ndicating checklist
information has been completed in full).	ndicating checklist
	ndicating checklist

Updated: 8-9-11 This form is used with permission from the University of Virginia.

Date

**Department Representative:** 

Signature