# LOCAL HEALTH PERSONNEL BRANCH CHECKLIST FOR ALL NEW EMPLOYEE ORIENTATION

SUPERVISORS: PLEASE INITIAL IN THE COLUMN TO THE RIGHT WHEN EACH SECTION IS COMPLETED

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| new employee welcome sUPERVISOR’S INITIALS | | |
|  | INTRODUCE EMPLOYEE TO SUPERVISOR(S), CO-WORKERS AND WORK AREA POINTING OUT RESTROOMS, DRINKING FOUNTAINS, BREAK AREA, ETC. |  |
| WORK SCHEDULE | | |
|  | SCHEDULING PROCEDURES |  |
|  | HOURS OF OPERATION |  |
|  | LUNCH HOUR |  |
|  | HOLIDAY COVERAGE AND HOLIDAYS THAT THE LOCAL HEALTH DEPARTMENTS RECEIVE |  |
|  | VACATION SCHEDULE AND TIME THAT EMPLOYEE WILL ACCRUE |  |
|  | CALL IN PROCEDURE |  |
|  | AGENCY’S INCLEMENT WEATHER POLICY |  |
| PERSONNEL | | |
|  | EMPLOYEE HANDBOOK |  |
|  | TIMEFRAME FOR REQUESTING LEAVE |  |
|  | SCHEDULING AND APPROVAL OF LEAVE REQUESTS |  |
|  | SIGN-IN/SIGN-OUT SHEET OR TIME CLOCK LOCATION IF APPLICABLE |  |
|  | PERSONAL USE OF EQUIPMENT |  |
|  | DRESS/APPEARANCE CODE |  |
| PAYROLL | | |
|  | STANDARD PAY PERIOD |  |
|  | FLSA STATUS |  |
|  | WORK WEEK |  |
|  | METHOD OF COMPLETING TIMESHEETS |  |
|  | TIMESHEET – WHERE TO KEEP AND WHEN THEY ARE DUE |  |
|  | PAYCHECK – WHEN AND WHERE THEY ARE DISTRIBUTED |  |
|  | DIRECT DEPOSIT |  |

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| DEPARTMENT SUPERVISOR’S INITIALS | | | |
|  | DRUG SCREEN POLICY/PROCEDURE |  | |
|  | POLICY AND PROCEDURE MANUAL |  | |
|  | TELEPHONE SYSTEM |  | |
|  | TEAMS AND/OR COMMITTEES |  | |
| RULES AND REGULATIONS | | | |
|  | ATTENDANCE (USAGE OF LEAVE AND PUNCTUALITY) |  | |
|  | EDUCATIONAL LEAVE/TUITION ASSISTANCE |  | |
|  | ACCIDENT/INJURY REPORTING |  | |
|  | HANDLING OF CONFIDENTIAL INFORMATION |  | |
|  | HIPAA |  | |
|  | FORMS THE EMPLOYEE WILL BE USING |  | |
|  | LOCAL HEALTH PERSONNEL REGULATIONS |  | |
|  | GRIEVANCE POLICY |  | |
|  | WORKER’S COMPENSATION |  | |
|  | EMPLOYEE ID NUMBER |  | |
|  | CIVIL RIGHTS/LIMITED ENGLISH PROFIENCY |  | |
| EMERGENCY PROCEDURES | | | |
|  | POINT OUT EMERGENCY EXITS |  | |
|  | FIRE DRILL PROCEDURES |  | |
|  | FIRE EXTINGUISHERS |  | |
|  | EVACUATION PROCEDURES |  | |
|  | MEDICAL EMERGENCY PROCEDURES |  | |
|  | ALARMS |  | |
|  | FIRST AID EQUIPMENT |  | |
| JOB SPECIFIC DISCUSSION | | | |
|  | NEW HIRE PROBATIONARY PERIOD |  | |
|  | POSISTION DESCRIPTION (DISCUSS EACH JOB DUTY AND WHAT IS EXPECTED) |  | |
|  | PERFORMANCE CRITERIA AND STANDARDS |  | |
|  | PERFORMANCE REVIEW DATES (PROBATIONARY AND ANNUAL) |  | |
|  | AGENCY POLICIES RELATED TO POSITION |  | |
|  | TRAININGS REQUIRED FOR POSITION |  | |
|  | AGENCY MANUALS AND REFERENCE MATERIALS REQUIRED OF THE POSITION  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
| BENEFITS | | | |
|  | HEALTH INSURANCE |  | |
|  | LIFE INSURANCE |  | |
|  | COFFEE TREA |  | |
|  | CREDIT UNION |  | |
|  | DEFERRED COMPENSATION |  | |
|  | RETIREMENT |  | |
| OPTIONAL BENEFITS | | | |
|  | DENTAL |  | |
| DEDUCTIONS | | | |
|  | STANDARD DEDUCTIONS  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
|  | OPTIONAL DEDUCTIONS  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
| SIGNATURES | | | |
| EMPLOYEE SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   SUPERVISOR’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| **FORWARD COMPLETED FORM TO LOCAL HEALTH DEPARTMENT HUMAN RESOURCES COORDINATOR** | | |  |