# LOCAL HEALTH PERSONNEL BRANCHCHECKLIST 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** |  |