DEPARTMENT ORIENTATION CHECKLIST

SECTION A: EMPLOYEE/POSITION INFORMATION

Department: ____________________________  Position: ____________________________

Employee Name: ____________________________ Last Name ____________________________ First Name ____________________________

Supervisor Name: ____________________________ Last Name ____________________________ First Name ____________________________

Start Date: ____________________________

SECTION B: DEPARTMENT ORIENTATION

1. Introductions
   - Colleagues
   - Department Orientation Partner

2. Department Information
   - Philosophy/Objectives
   - University Policies
   - Telephone system
   - Equipment/Supplies
   - Structure/Organization
   - FOI/POP
   - Computer Systems
   - Housekeeping
   - Department Protocol
   - Accident Reporting
   - Mail Delivery/Pickup
   - Functions/Events
   - Occupational Health & Safety Issues
   - First Aid
   - Bullying & Harassment Training
   - New & Young Worker Training

3. Facilities
   - Tour
   - Notice Boards
   - Cafeterias
   - Lunch Room
   - Washrooms
   - Parking/Keys
   - Security
   - Emergency Exits & Procedures

4. Position
   - Position description, duties and general priorities
   - Probation period/assessment
   - Specific training to be provided by whom and when
   - General training opportunities
   - Procedures Manual

5. Work Schedule
   - Regular/Overtime working hours
   - Illness claim forms/medical certificates
   - Lunch and breaks
   - Peak periods and vacation requests
   - Pay dates (bi-weekly)
   - Reporting of hours and absences
   - ____________________________

SECTION C: SIGNATURES

Please sign and return to Human Resources within five working days of the start date.

Employee signature: ____________________________ Date: __________

Supervisor signature: ____________________________ Date: __________