

SUPERVISOR ORIENTATION CHECK LIST FOR NEW EMPLOYEES

 INSTRUCTIONS: During check-in process: This process should be accomplished within 5 working days after the new employee reports for duty. First-line supervisors are responsible for introduction of the items in the SUPERVISOR ORIENTATION Section. Supervisor provides a copy of the completed checklist to the new employee and the NAF HR OFFICE within 5 working days of completion. 						
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Location/Department:				Date of Hire:		
/						
Position Title:	Series/Grade:	Step:	Pay:	Pay: FLSA: EXEMPT NON-EXEMPT		
SUPERVISOR ORIENTATION						
Category: Regular Full-Time (RFT) (35-40 hrs week) (issue benefits package, schedule return appointment) Regular Part Time (RPT) (20-34 hrs week) (issue benefits package, schedule return appointment) Flexible Scheduled (0-40 hrs week) no benefits Flexible Seasonal/Temporary (0-40 hrs week) specified period of employment, no benefits Note: Work Schedules/locations may be changed to meet mission needs regardless of employment category.						
				Completion Date	Supervisor Initials	
Explained Mission of Department						
2. Explained Work Performance Appraisals, Goals, and Awards						
3. Explained Safety Rules and Fire Prevention						
4. Explained Employee Privileges (Use of NAFI facilities, etc)						
5. Explained Work Schedule and Notification Procedures						
6. Explained Work Hours, Timekeeping, and Meal Breaks						
7. Explained Chain of Command Procedures						
8. Explained Advancement, Reassignments and Transfers						
9. Explained Resignation Notice Requirements						
10. Explained Customer Service and Training Dates						
11. Explained Training Opportunities						
12. Explained Telephone Usage						
13. Explained Local Facilities (eating, parking, etc)						
14. Explained Appropriate Dress Standards						
15. Completed In-processing at Security Manager						
16. Introduced Employee to Co-workers						
I have received instructions in the above subjects and feel I have a good understanding of the policies and regulations pertaining to me. Items initialed have been covered with employee individually.						
Signature of Employee Date		Signatu	Signature of Supervisor Date			