

DEPARTMENT ON-BOARDING CHECKLIST

Employee: _____ Hire Date: _____

Classification: _____ Department: _____

COMPLETED **Before 1st Day**
 (Date & Initial)

Announced to the Department that a new employee is starting, including background information (qualifications, etc.)

Prepared the workspace (order equipment, supplies, etc.)

Designated a work partner/coach to work with the employee

Requested from I.T. access for necessary technology

Made contact with the employee:

- Welcomed to the County and Department
- Provided clear instructions on what location to report to as well as name/title of who to report to upon arrival
- Advised him/her of what location to park
- Advised him/her about the appropriate department uniform, dress code or work attire

Developed a formal work/training schedule to cover the following:

(Training timeframe is typically three weeks to three months in length)

- Emergency Evacuation Plan **To be completed within the first 3 days*
- HRLR Policies/training on LMS **To be completed within first 30 days*
- Department protocols/work rules
- Key contact information
- Job-related technology
- Schedule time with supervisors, trainers and subject matter experts
- Assign job-related activities (as soon as possible)

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Employee: _____ Hire Date: _____

Classification: _____ Department: _____

COMPLETED (Date & Initial)	1st Day
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Welcomed employee and introduced to staff

Provided a tour of the department, building and facility
(work area, restroom, break area, etc.)

Introduced employee to partner/coach

Met with supervisor(s) and reviewed the following:

- Vision, mission, goal and/or purpose of the department
- Specific job duties, responsibilities and relationship of the position to the department
- Expectations for the employee to be successful in the position
- Work/training schedule
- Call-in procedures, time off/sick leave banks, how to request time off
- Key contact information
- Provided training schedule

DEPARTMENT ON-BOARDING CHECKLIST

Employee: _____ Hire Date: _____

Classification: _____ Department: _____

COMPLETED
(Date & Initial) **1st Month**

HRLR Policies/training on the LMS

Job-Related Training Assignments:
